

2024 Trust Accounts Questionnaire

Trust name:	
Email:	
Phone:	
IRD number:	
Bank account no (for IRD refunds):	

**Please check the list below to ensure you have provided all the applicable information.
Incomplete information may cause processing delays and an increase in cost.**

Records Required		Comment
Bank Information		
Where an online accounting system is used (e.g. Banklink / Xero / MYOB), please provide:	<input type="checkbox"/>	
<ul style="list-style-type: none"> Final bank statement for the year for all bank accounts 		
Where a complete computerised accounting system is used (e.g. MYOB), please provide:	<input type="checkbox"/>	
<ul style="list-style-type: none"> A backup of software as at end of financial year (by email) Final bank statement for the year for all bank accounts 		
Where a manual system is used, please provide:	<input type="checkbox"/>	
<ul style="list-style-type: none"> Cashbook (if one is kept) Copy of bank reconciliation as at balance date for all bank accounts Cheque & Deposit butts (if used) Bank statements for the full year for all bank accounts 		
Where no system is used, please provide:	<input type="checkbox"/>	
<ul style="list-style-type: none"> bank statements for the year noting the exact nature of all deposits and withdrawals. 		
Loan Statements		
Supply a copy of any loan transaction statements for the financial year up to your balance date.	<input type="checkbox"/>	

Covid-19 Wage Subsidy and Small Business Loan		
Have you received any Covid-19 wage subsidy and/or any other Covid-19 support payments during the year? If yes, please note all dates and receipts.	<input type="checkbox"/>	Date: _____ \$: _____ Date: _____ \$: _____ Date: _____ \$: _____ Date: _____ \$: _____ Date: _____ \$: _____
Have you repaid any Covid Subsidies?	<input type="checkbox"/>	Date: _____ \$: _____
Have you received the Government Small Business Loan?	<input type="checkbox"/>	Date: _____ \$: _____
Goods & Services Tax (GST) Returns		
If you file the Goods & Services Tax (GST) yourself – please provide copies of all returns and work papers.	<input type="checkbox"/>	
Interest and Dividend Certificates		
Please provide copies of all Interest RWT and Dividend certificates.	<input type="checkbox"/>	
Accounts Receivable (Debtors)		
All accounts or amounts owing to you at balance date should be scheduled. <u>Exclude</u> bad debts. To enable bad debts to be excluded from income, these must be written off prior to balance date. Please provide a copy of debtor statement at year end.		Total at Balance Date: \$ _____ GST: <input type="checkbox"/> Included <input type="checkbox"/> Excluded
Accounts Payable (Creditors)		
All accounts or amounts owing by you at balance date should be scheduled indicating name of creditor, amount and what the debt is for. Holiday pay or bonuses paid within 63 days of your balance date may be included. Please provide a copy of creditor statement at year end.		Total at Balance Date: \$ _____ GST: <input type="checkbox"/> Included <input type="checkbox"/> Excluded
Capital Expenditure		
Attach details of assets purchased or sold during the year such as motor vehicles, plant and equipment and properties. Where applicable please provide the details of the following: <ul style="list-style-type: none"> ▪ Hire purchase or loan agreements. ▪ Lease agreements 		

<ul style="list-style-type: none"> ▪ All legal statements and agreements ▪ Trade-in details ▪ Lost, stolen or scrapped items ▪ Copy of Tax Invoices <p>We suggest you review last year's Asset and Depreciation Schedule and indicate any assets that no longer exist.</p>		
Other Non-Taxable Income		
<p>Did you receive non-taxable income from any other sources?</p> <p>If Yes, please provide details</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Property Details		
<p>Please complete rental questionnaire.</p>		
Mortgage Interest Paid on Residential Property		
<p>Have you incurred interest on residential properties owned (which is not your main family home or a 'new build*')? Is the interest also against properties other than residential rentals? If so, please provide details of amount of interest and dates paid.</p> <p>* A new build is a self-contained residence that receives a Code Compliance Certificate confirming the residence was added to the land on or after 27 March 2020.</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential Land Withholding Tax		
<p>Have you sold residential property in New Zealand where Residential Land Withholding Tax has been deducted and paid to the IRD?</p> <p>If so, provide details e.g. IR1100 Residential land withholding tax return and other sale and purchase documents.</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential Property Sales		
<p>Have you sold any residential property during the year (not otherwise detailed on the information provided)?</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No Date Purchased: _____ Date Sold: _____

Mixed Use Holiday Home		
<p>Do you have a property (such as a holiday home or a bach) that is used privately and also to derive rental or BnB income?</p> <p>If yes, provide address of property:</p> <p>Was the property empty for 62 days in the income year?</p> <p>If yes, please complete the following section so we can determine the amount of allowable deductions.</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Mixed Use Holiday Home – Additional Information		
<p>The number of days the property was empty during the income year.</p> <p>The number of days the asset was used by family or associated persons* during the income year OR where income from any person received was less than 80% of market rate.</p> <p>* Associated persons include close relatives, or if owned by an entity, persons associated with the entity owning the property</p> <p>The number of days the property was rented at market rate:</p> <p>Please also complete a separate Rental Questionnaire, available on our website (www.pcca.co.nz)</p>		<p>_____ days</p> <p>_____ days</p> <p>_____ days</p>
Cryptocurrency		
<p>Have you received or traded in cryptocurrency (or similar) during the income year? If so, please provide full details of the type, dates, amounts in NZD, units traded and units held at year end.</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Trust Administration	
Has there been a change in Trustees during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the following:
• Name of New Trustee	
• Address of New Trustee	
• Phone Number of New Trustee	
• Name of Outgoing Trustee	
• Date of Appointment of New Trustee	
• Date of Termination of Outgoing Trustee	
Were any gifts made to the Trust during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please enclose gift statements.
Were there any Deeds of Acknowledgement of Debt or Deeds of Reduction of Debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please enclose copies.
Do you want Trust income distributed to beneficiaries	<input type="checkbox"/> Yes <input type="checkbox"/> No
IRD Enhanced Disclosures	
If not provided already, please provide a copy of the trust deed and any amendments made to this.	
Please provide the following information for all settlers of the trust.	
1. Full name	
Date of birth or commencement date (for non-individuals)	
Jurisdiction of tax residency (if not NZ)	
IRD number (or TIN for those not resident in NZ)	
2. Full name	
Date of birth or commencement date (for non-individuals)	
Jurisdiction of tax residency (if not NZ)	
IRD number (or TIN for those not resident in NZ)	
Please continue on a separate page if there are more than two settlers.	
Please provide details of any settlements made to the trust by settlers or any other persons (including those valued at zero):	
Please provide the following information for all beneficiaries of the trust.	
1. Full name	

Date of birth or commencement date (for non-individuals)	
Jurisdiction of tax residency (if not NZ)	
IRD number (or TIN for those not resident in NZ)	
2. Full name	
Date of birth or commencement date (for non-individuals)	
Jurisdiction of tax residency (if not NZ)	
IRD number (or TIN for those not resident in NZ)	
3. Full name	
Date of birth or commencement date (for non-individuals)	
Jurisdiction of tax residency (if not NZ)	
IRD number (or TIN for those not resident in NZ)	
4. Full name	
Date of birth or commencement date (for non-individuals)	
Jurisdiction of tax residency (if not NZ)	
IRD number (or TIN for those not resident in NZ)	
Please continue on a separate page if there are more than four beneficiaries.	
Please provide details of any distributions made to beneficiaries, including the following:	
Distributions of accounting income	
Distributions of capital or trust assets	
Use of trust property for less than market value	
Forgiveness of debt	
If not already provided above, can you please provide the following details of any person who has the power to appoint/dismiss a trustee, add/remove a beneficiary, or to amend the trust deed.	
Full name	
Date of birth or commencement date (for non-individuals)	
Jurisdiction of tax residency (if not NZ)	
IRD number (or TIN for those not resident in NZ)	

DECLARATION

I accept responsibility for the accuracy and completeness of the information supplied in this questionnaire which is to be used in the preparation of my financial statements. You are not to complete an audit, nor do I wish you to undertake a detailed review of my affairs in order to substantiate the accuracy of my information, and therefore you are not asked to provide any assurance on my financial statements. I understand your work cannot be relied on to detect error and fraud and that you accept no liability for the accuracy and completeness of the information supplied by me. I further understand that the financial statements will be prepared at my request and for my purposes only and that you will not be liable for any losses, claims or demands by any third person. I also accept responsibility for all other records and information supplied to you other than those listed above. I accept responsibility for any failure by me to supply all relevant records and information to you.

I hereby authorise Phibbs & Co. Limited to obtain from any third party any records or information you require for the purpose of preparing my Financial Statements and Income Tax Returns and accordingly any such third party is authorised to provide you with information required.

I/We being duly authorised give authority to Phibbs & Co Limited to act on behalf of for all tax types. Authority is given to obtain information from Inland Revenue about all tax types. This includes obtaining information through all Inland Revenue media and communications channels.

Name:

Position: Trustee

Signed:

Date:

If the other Trustees have authorised you to provide information to us, then you do not need to obtain the signature of other Trustees. If the Trust requires another Trustee to sign off on these information disclosures, then please have them sign below.

Name:

Position: Trustee

Signed:

Date: