

2025 Trust 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"/>	

Records Required:		Comment:
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"/>	
Managed Portfolios		
Please supply copies of the Portfolio Tax Report(s).	<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 ▪ All legal statements and agreements ▪ Trade-in details ▪ Lost, stolen or scrapped items ▪ Copy of Tax Invoices We suggest you review last year's Asset and Depreciation Schedule and indicate any assets that no longer exist.		
Other Non-Taxable Income		
Did you receive non-taxable income from any other sources? If Yes, please provide details		<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Property Details		
Please complete attached rental questionnaire		

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. IR1 100 Residential land withholding tax return and other sale and purchase documents.</p>		
Residential Property Sales		
<p>Have you sold any residential property during the year (not otherwise detailed on the information provided)?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Purchased: _____</p> <p>Date Sold: _____</p>
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>_____ days</p> <p>_____ days</p>
Mixed Use Holiday Home – Additional Information Continued		
<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>

Cryptocurrency		
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.		<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	
Has there been a change in Beneficiaries during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the following:	
• Name of Beneficiary		
• Address of Beneficiary		
• Date of Birth of Beneficiary		
• IRD number of Beneficiary		
• Name of outgoing Beneficiary		
• Date of Change		
Do you want Trust income distributed to beneficiaries	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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: