



Once completed please return to:

Ainger Tomlin Ltd
Level 1, AMI House
116 Riccarton Road
PO Box 8237
CHRISTCHURCH 8440

INDIVIDUAL

WORK PHONE _____ **FAX** _____

HOME PHONE _____ **CELL** _____

EMAIL _____ **WEB** _____

TERMS OF ENGAGEMENT

I accept responsibility for the accuracy and completeness of the information supplied, which will be used in the preparation of my Financial Reports. 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 unable to provide any assurance on my Financial Reports. 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 Reports 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.

In order to assist in the preparation of the Financial Reports I hereby authorise Ainger Tomlin Ltd to contact my bank, solicitor or any other parties who may be able to assist directly.

I agree to Ainger Tomlin Ltd's payment terms being that payment is due by the 20th of the month following invoice date, and acknowledge that Ainger Tomlin Ltd reserve the right to charge interest on overdue invoices.

CLIENT SIGNATURE _____ **DATE** _____

INFORMATION REQUIRED FOR YOUR TAX RETURN

Please ensure this form is completed in full and signed

INTEREST AND DIVIDENDS

All Interest Certificates and Dividend Advices should be provided. With online bank accounts, you may need to print these yourself.

OVERSEAS INCOME

If you received any overseas income please provide details including any tax deducted.

OVERSEAS SHARES

If you held overseas shares please provide details of date(s) of purchase, cost and market value at 31 March 2009.

RENTAL INCOME

If you received rental income please contact us for a Rental Checklist.

OTHER INCOME

Please attach details of any other income received.

WORKING FOR FAMILIES TAX CREDITS (WFFTC)

If you or your partner started or stopped receiving WFFTC, had a relationship status change or think you may be eligible, please advise the following:

Are you registered at Inland Revenue for WFFTC? _____

Average number of hours worked per week

You _____ Your Partner _____

Name all children in your care, date of birth & IRD number

_____	___/___/___	___-___-___
_____	___/___/___	___-___-___
_____	___/___/___	___-___-___
_____	___/___/___	___-___-___

DATE OF BIRTH

Please provide your date of birth for our records.

_____/_____/_____
DAY MONTH YEAR

INFORMATION REQUIRED FOR YOUR REBATE RETURN

Please provide the following information if applicable

HOUSEKEEPER REBATE

If unable to work due to illness:

Name of Housekeeper _____

Total Paid for the Year _____

CHILDCARE REBATE

If living with a partner and both working or unable to due to illness or if single with a child under 18:

Name of Childcare _____

Total Paid for the Year _____

DONATIONS REBATE

Please attach receipts of donations paid to Charitable Organisations

Rebates owing are paid directly into a bank account, please provide your current bank account number in order to receive any rebate owing.

_____/_____/_____/_____
BANK BRANCH ACCOUNT SUFFIX