

CHARTERED ACCOUNTANTS

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Individual Annual Questionnaire 2024

Client Name:	
Financial Year Ended:	2024
Email Address:	
Postal Address:	
Mobile Phone No:	Other Phone No:
It is a requirement of Inland Revenue tha client.	at this questionnaire be completed in full, signed and dated by the
Authority to Prepare Tax Re	eturn and Financial Reports
in the preparation of our Tax Return and detailed review of our affairs, in order to sunable to provide any assurance on the lidetect any fraud, and that you accept no supplied by us. We further understand the purposes only, and that you will not be lied. In order to assist in the preparation of the bank, solicitor, or any other parties who refollowing invoice date, and acknowledge overdue invoices and on-charge any debiase.	Financial Reports. You are not to complete an audit, or undertake a substantiate the accuracy of the information, and therefore you are Financial Reports. We understand your work cannot be relied on to liability for the accuracy and completeness of the information nat the Financial Reports will be prepared at our request, and for our able for any losses, claims or demands by any third person. Financial Reports, we authorise Ainger Tomlin Ltd to contact our may be able to assist directly. Financial Reports will be prepared at our request, and for our able for any losses, claims or demands by any third person. Financial Reports, we authorise Ainger Tomlin Ltd to contact our may be able to assist directly. Financial Reports will be prepared at our request, and for our able for any losses, claims or demands by any third person. Financial Reports will be prepared at our request, and for our able for any losses, claims or demands by any third person. Financial Reports will be prepared at our request, and for our able for any losses, claims or demands by any third person. Financial Reports will be prepared at our request, and for our able for any losses, claims or demands by any third person. Financial Reports will be prepared at our request, and for our able for any losses.
Full Name	
/	c account details for tax refunds: /// PLATINUM PARTNER PARTNER PARTNER PARTNER PARTNER PARTNER

Checklist

Please $\underline{\text{ONLY}}$ complete the sections of the questionnaire (pages 4 – 6) where you tick "Yes" in this checklist.

		Yes	No	If 'Yes' complete
1.	Do you receive any rental income?			<u>1</u>
2.	Did you personally buy / sell residential property during the year other than your primary residence?			2
3.	Do you receive dividend income?			<u>3</u>
4.	Do you receive interest income?			4
5.	Do you receive any overseas income?			<u>5</u>
6.	Do you have any overseas investments, superannuation or pensions?			<u>6</u>
7.	Do you have an investment in a managed portfolio?			7
8.	If you received schedular income (as a contractor), are there any withholding payment expenses you can claim?			<u>8</u>
9.	Do you have an outstanding Student Loan?			<u>9</u>
10.	Have you made any donations?			<u>10</u>
11.	Is Working for Families applicable to you?			<u>11</u>
12.	Do you have income protection insurance?			<u>12</u>

		Yes	No	If 'Yes' Complete
	Please provide the following information where Ainger Tomlin is not accountant for the associated entity:			
13.	Did you receive any beneficiary income from a Trust?			<u>13</u>
14.	Are you a shareholder in a Company?			<u>14</u>
15.	Are you a member of a Partnership, and if so, did you derive a share of income / share of losses?			<u>15</u>
16.	Did you receive any other income not mentioned above?			<u>16</u>

If you require assistance to complete this questionnaire, please call us on (03) 343 0046

1 Residential Rental Property

Please provide bank statements for your rental property or property manager's annual statement.

If you do not operate a separate rental bank account please provide the following information along with supporting documentation

Property Address _____

Total Rent Received	\$ Repairs	\$
Insurance	\$ Mortgage Interest	\$
Rates	\$ Other (detail)	\$

Property Address _____

Total Rent Received	\$ Repairs	\$
Insurance	\$ Mortgage Interest	\$
Rates	\$ Other (detail)	\$

2 Sale of Residential Property

To be N/A sent

You may need to pay tax on the profit made on the sale of any residential property (other than your primary residence) bought after 1 October 2015. Please provide details of the sale of any residential property (other than your primary residence) during the year.

Please note, this also includes residential bare land.

3 Dividend Income

Please supply <u>all</u> dividend statements. The <u>payment date</u> is the relevant date to determine whether the statements should be included in the financial period.

Please identify shares purchased and sold during the 2024 tax year.

4 Interest Income

Please provide all interest certificates.

5 Overseas Income

Please provide full details and schedules including dividends, interest, rental income, any other income received of an overseas origin.

To be sent N/A

6 Overseas Investments, Superannuation or Pensions

The tax legislation in regard to this type of investment is complex. We require details and numbers of shares/units owned at the beginning of the financial year, the market value at that date, shares/units purchased and sold during the twelve month period, details and number of shares/units owned at the end of the financial year and their market value at that time.

It is important to identify the specific dates, the currency applicable, as the financial amounts have to be translated to New Zealand dollars

7 Investment in Managed Portfolio Schemes

Please supply copies of all managed portfolio annual reports.

8 Schedular Income Expenses

Please supply details of expenses incurred relating to your schedular income e.g. as a Contractor

9 Student Loan Details

If you have a student loan, please confirm

10 Donations

Please send us receipts for charitable and school donations

11 Working for Families Tax Credits

If you are registered for Working for Families (and have not already advised us), please advise:

- 1 Full names of all children 18 and under attending secondary or tertiary education providers, still in your care
- 2 Dates of birth
- 3 IRD numbers

Each year, please advise the following:

- 1 Details of any periods during the year when they were not in your care
- 2 Child support payments received and/or paid

12 Income Protection Insurance Premiums

Please supply a copy of the premiums paid during the 2024 tax year including policy terms

13 Beneficiary Income (where Ainger Tomlin is not the Accountant)

Please identify the Trusts for which you are a beneficiary

Please supply a copy of the relevant Trust financial statements and tax returns.

14 Shareholding in a Company (where Ainger Tomlin is not the Accountant)

Please identify the name of the Company of which you are a shareholder, also the number of shares held.

Please supply details of all dividends received and any exempt dividends received.

15 Partnership Income (where Ainger Tomlin is not the Accountant)

Please supply details of the Partnerships you are involved with, please identify your percentage share of income / losses, IRD number

Please supply details of your share of income, share of losses

Please provide a copy of the financial statements and tax return

16 Other Income

Please provide full details of any other income received not mentioned above

Thank you

Your time and effort in completing this form is much appreciated by the team at Ainger Tomlin