COMPANY OR SOLE TRADER INCOME YEAR ENDED 31 MARCH 2018							
CLIENT IDENTIFICATION:	METHOD OF CONTACT: Email or Post						
Please provide a copy of your Passport for each individual	al Please indicate your preference for all communications (1 only)						
(a new requirement under anti-money laundering Rules)	My Current Email is:						
A. BANK RECORDS REQUIRED	Checklist now at most questions (please indicate) Y N				N		
Coded bank statements for the income year to 31 March 2018 for all Company accounts. Please write beside each payment and deposit details (i.e. Purchases, Phone, Sales, Transfer etc.) (NB. We only require you to code and supply bank statements if we have not had your bank records during the year to do GST Returns or we rely on your computer printouts to verify the details.)							
All cheque butts or cheque details for the year and also the Receipt books/deposit books for all bank accounts for the second seco		•	•	GST)			
B. COMPUTER OR CASHBOOK RECORDS	Tall illeonic year. (a	THESS WE COMP	ete your cor)				
Where you have a computerised cash book, please provide a copy of relevant printouts in PDF format at the end of the financial year by post or email. Please send to admin@westons.co.nz .							
Copy of bank reconciliations as at balance date for all bank a	accounts.			Y	N		
Final bank statement for the year for all bank accounts.							
Transaction Listing for accounts payable and accounts receive	able at balance dat	е					
C. MORTGAGES/LOANS/HIRE PURCHASE Legal, Lease/Mortgage and or Hire Purchase Documents for any new Finance arrangements. Provided:							
SOLE TRADER/PARTNERSHIPS ONLY - Vehicles D. VEHICLES - Sole Trader/Partnerships Question If it has been three years since you have completed a logbook, please do so now. If more than one vehicle, list all vehicles below and the Business percentage use for each. Business usage: % Vehicle Make							
Business usage: %							
- Companies Question Vehicles owned by Companies are covered under FBT rules	Fringe Benefit Tax).					
Is there more than 1 vehicle available for private use? Y N Please Indicate Vehicle Details:							
If Yes, are there any days the business vehicle (s) are availa Advise which days:	If Yes, are there any days the business vehicle (s) are available for private use? Advise which days:						
E. GOODS AND SERVICES TAX Copies of all returns filed and worksheets during the year, including the return spanning the end of year balance date. (Please provide your worksheets).							
Has there been any one-off adjustments made during the tax year? If so please provide the date and nature of the	Adjustments:						
adjustment. (i.e. Sale of vehicle, adjustment from last year, errors etc.)							
F. WAGES		.4-		Υ	N		
Paid to staff, please provide your monthly calculation sheets or computer print outs. G. LEGAL Solicitors statements for all business transactions e.g. Sale and Purchase Agreement, Finance Statement of Account,							
fees invoice etc. (Where you have paid legal fees, we need a breakdown on what the expense was for) H. ENTERTAINMENT							
Please advise on your bank statement or cashbook those restaurant /alcohol bills that were for entertaining clients. Overseas or out of town travel/entertainment Expenses:							
Please also advise whether you were entertaining a client or were paying your own food and travel bills. Also, please advise the predominant reason for the trip, days away and days spent on business.							

COMPAN	Y INFORMATION REQUIRED							
A. CASH ON HAND Cash float/cash sales prior to balance date not yet banked				Amount:				
NB. This is not your bank balance B. ACCOUNTS RECEIVABLE (DEBTORS) - INVOICES/MONEY OWING TO YOU AT BALANCE DATE Schedule of Individual accounts which make up this total. (Please specify whether GST is included or not)				GST Included?	Y	N		
	imber/payee detail (Please list of		eet if insufficient s	space)		Total Debtors Am	ount	
Are there a	any Bad Debts? (Please Indicate	Amounts)					Y	N
Stock shou	NG STOCK ON HAND uld be taken at balance date and harket value. Please note that if second as at balance date							
Olock off	iand as at balance date			1		T		
			Total	\$		*GST Included? (Please Indicate)	Y	N
D. FIXED ASSETS Please supply full details of purchases (DURING THIS TAX YEAR) greater than \$500 and a copy of all invoices. (e.g. vehicle, equipment, computer etc.) Please advise whether New or Used. (GST Exclusive) Full details of all fixed assets sold - including trade-ins (DURING THIS TAX YEAR). Please advise if any assets need to be scrapped (refer last year's asset schedule)								
Date of Sale				Write Off	Amount			
				\$				
				\$				
				\$				
					\$			
	JNTS PAYABLE (CREDITORS)			T BALAN	ICE DATE:	GST Included? (Please indicate)	Υ	N
	of all outstanding amounts and fu of what each payment was for (ed or not)	. i.e. Telepho	one Materials etc.		
Creditor N	lame (attach list)	What For?	or? Amount					
			\$					
				\$				
	Total		(Please		GST Inclusive? (Please Indicate)	Y	N	
F. HOME OFFICE/STORAGE AREA If you have a room set aside as a study or you use any part of your home for business purposes, please provide details of the following:								
If there has been no change to your home office expenses or area please indicate here: No Change from last year (indicate Y/N)			If changed from previous year (complete summary below)					
Indicate percentage of area used if different from prior year				Percent				
Rates/Water rates				\$				
House Insurance (Home and Contents)				\$				

Home Office Expenses continued			_			
Interest Paid – Mortgage \$				\$		
Power			\$			
Rent Paid			\$	\$		
Other			\$			
G. BUSINESS INCOME NOT BANKED INTO BUSINESS ACCOUNT Has all business banking been banked into your trading account during the year? Please provide details of any amounts which were not banked by 31 March 2018.			Total Not Banked at 31/03/2018.			
PERSONAL INFORMATION REQUIRED			1			
Income Received (Provide Advice Notices).		Tax Deducted	Imputati Credits	on	Y	N
1. Pensions or annuities (not NZ Superannuation)						
2. Interest and Dividends (Including Withholding T and Kiwisaver Annual Summary)	ax Deducted, Imputation Cred	lits				
3. PIE Income (See below Foreign dividends)						
3. Other e.g. Rental, Trust and Estate Income to b	e claimed.					
4. Any other income not already detailed. (Worldw	ide Income)					
Foreign Investment Funds and Foreign Dividends		Ple	ease Indica	ate:	Y	N
Foreign Investments Funds (certain Foreign Investments may fall under new tax rules)	ertain Foreign Investments may fall under new			me	Please enclose investment or dividend statements	
6. Any dividends received or re-invested during the year to 31 March 2018. At 01 April 2017 \$ At 31 March 2018						
H. DONATIONS If you require us to complete your annual rebate for donations made, please include all donation receipts that you have.			Total Donations:			
I. WORKING FOR FAMILIES TAX CREDITS Please indicate if you have received this before:					Υ	N
Please indicate as a household how many per week hours you have worked this year. Please tick: Hours: 0 to 20 Hours: 20			to 30 Hours :30 and over			
If we need to apply for IRD numbers for children, please supply copies of birth certificates:						
Name of child Date of		IRD number				
1.		birth				
2.						
3						
4.						
SUPPLEMENTARY QUESTIONS (ALL CLIENTS) J. TRUST INCOME Are you the Settler of a Trust? Please Indicate: Y N					N	
Did the Trust have any income during the 2018 year? If so, please supply a copy of the Accounts and Tax return for the year ended 31 March 2018.			Amount:			
K. EMPLOYMENT BENEFITS (Please supply details)		Please Indicate: Y		N.		
Did you receive any non-taxed benefits from an employer? Such as: Use of a motor Vehicle or loan at nil or low interest.			Details:			
L			1			

L. PIE INCOME					
Do you have any PIE Investments? If so, please supply the annual Income Certificate for 2018				N	
M. CHILDREN'S INCOME					
Do your children receive any Interest, Dividends, Pie income, Distributions from	Child	Amount	Υ	N	
Trusts?					
If so, please add the amounts received for each child and if this is more than \$500.00,					
supply the certificates to us.					
N. NON - RESIDENT SPOUSE					
	ution	Amount:	Υ	N	
Is your spouse a tax resident? We will require details of overseas income for this calculate	uon.	Amount.	1	IN	
O TAV EVENDT NOOME	Ī				
O. TAX EXEMPT INCOME		D ("			
Do you or your spouse receive any Tax-exempt Income?	Amount:	Details:	Υ	N	
Indicate here any Tax Exempt special arrangements:					
P. PENSIONS AND ANNUITIES					
Do you receive either of these (excluding NZ Super)?		Amount:	Υ	N	
If so, please supply details as 50% of the gross has to be included in the calculation.		Amount.	1	IN	
ii 30, picase suppry details as 50% of the gross has to be included in the calculation.					
R. OTHER PAYMENTS					
Did your family receive \$5000.00 or more in total towards day to day living? This includes amounts received and used					
to pay cost or paid directly for items such as:					
Payments from Insurance for loss of earnings/employment Amount:					
Amount.					
Developed of visual costs such as work whom a wayyer was suctor bills by company also		Amanumti			
Payment of usual costs such as rent, phone, power, gas, water bills by someone else. Amount:					
Payment of children's private school fees Amount:					
Afficult.					
Please include loans with no set date for repayment, with no or little interest. If so, please supply Amount:				Amount:	
details. Do not supply Gifts such as Birthday or Christmas					
Anything else not previously specified. Please provide as much information as you can. Amount:					
Tillowith					

TERMS OF ENGAGEMENT

Weston & Associates Limited will compile your financial statements, in accordance with the standards applicable to Compilation Engagements, from information provided by you. We will not audit, review or otherwise attempt to verify the accuracy or completeness of that information.

Our service will not result in the expression of an audit or any other form of assurance on the Financial Statements nor the fulfilling of any statutory or other audit requirement. Our services cannot be relied upon to detect any fraud or error in the organisation.

- a You must provide us with accurate and complete information necessary to compile such statements and you accept responsibility for any failure to supply us with all the relevant records and information. The responsibility for the accuracy and completeness of the assertions in the financial statements remains with you.
- b The financial statements will be conspicuously marked as unaudited and you will attach our disclaimer (which is in a form approved by the Chartered Accountants Australia and New Zealand) when distributing the financial statements to third parties.
- c If we sign any GST returns on your behalf, it is with your authority and as your duly authorised Accountant and is not in a capacity as an employee. It is your responsibility to provide all relevant information to us when preparing your GST returns.
- d If not all of the receipts, invoices or vouchers are supplied to us we will assume that all receipts are held by you at the time of preparation of your Financial Accounts and GST returns.
- e **IMPORTANT** If any part of this document is not completed we will assume that the required figure is nil or this question does not apply to your business.

TERMS TO SERVICE

- 1. I / We agree to the terms above and confirm that the information supplied in this questionnaire is accurate and complete in all respects.
- 2. I / We hereby authorise Weston & Associates Limited to seek any additional information they may require for the purpose of preparing our financial statements and statutory requirements with the Inland Revenue Department, (for all tax types), Registrar of Companies, from your Solicitor, Adviser, Employees, Bank or other financial institution and we hereby also authorise your Solicitor, Adviser, Employees, bank or other financial institution to supply such information.
- 3. I/ We authorise Weston & Associates Limited to obtain and provide any information required under law, but not limited to Anti-money laundering and Terrorism Act Regulations.

If you have any questions, please discuss these with us before signing this checklist.

Print Name:	Signature:	Designation (e.g. Director, Owner, Partner, Trustee)	Date:
Email:	Business:	Mobile:	Private:
		Text ok?	