



Overseas Expenses continued...			
<b>COMPANY INFORMATION REQUIRED</b>			
<b>A. CASH ON HAND</b> Cash float/cash sales prior to balance date not yet banked <b>NB. This is not your bank balance</b>		Amount:	
<b>B. ACCOUNTS RECEIVABLE (DEBTORS) - INVOICES/MONEY OWING TO YOU AT BALANCE DATE</b> Schedule of Individual accounts which make up this total. (Please specify whether GST is included or not)		GST Included?	Y N
Invoice number/payee detail (Please list on back of this sheet if insufficient space)		Total Debtors Amount	
Are there any Bad Debts? (Please Indicate Amounts)			Y N
<b>C. TRADING STOCK ON HAND</b> Stock should be taken at balance date and adequate records retained to substantiate this figure. It should be valued at the lower of cost and market value. Please note that if stock is less than \$10,000 you have the option of using the same as the opening value.			
<b>Stock on hand as at balance date</b>			
		Total	\$ *GST Included? (Please Indicate) Y N
<b>D. FIXED ASSETS</b> Please supply full details of purchases ( <b>DURING THIS TAX YEAR</b> ) 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 ( <b>DURING THIS TAX YEAR</b> ). Please advise if any assets need to be scrapped (refer last year's asset schedule)			
Date of Sale	Asset Description	Purchased	Sold Write Off Amount
			\$
			\$
			\$
			\$
<b>E. ACCOUNTS PAYABLE (CREDITORS) - ACCOUNTS OWING BY YOU AT BALANCE DATE:</b>		GST Included? (Please indicate) Y N	
Schedule of all outstanding amounts and full name of Creditor. Full details of what each payment was for (please specify whether GST included or not). i.e. Telephone Materials etc.			
<b>Creditor Name (attach list)</b>	<b>What For?</b>	<b>Amount</b>	
		\$	
		\$	
		\$	
	Total	\$	GST Inclusive? (Please Indicate) Y N
<b>F. HOME OFFICE/STORAGE AREA</b> 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		\$	

Home Office Expenses continued...				
House Insurance (Home and Contents)	\$			
Interest Paid – Mortgage	\$			
Power	\$			
Rent Paid	\$			
Other	\$			
<b>G. BUSINESS INCOME NOT BANKED INTO BUSINESS ACCOUNT</b>				Total <b>Not Banked</b> at
Has all business banking been banked into your trading account during the year? Please provide details of any amounts which were <b>not</b> banked by 31 March 2018.				31/03/2018. \$
<b>PERSONAL INFORMATION REQUIRED</b>				
Income Received (Provide Advice Notices).	Tax Deducted	Imputation Credits	Y	N
1. Pensions or annuities (not NZ Superannuation)				
2. Interest and Dividends (Including Withholding Tax Deducted, Imputation Credits and Kiwisaver Annual Summary)				
3. PIE Income (See below Foreign dividends)				
3. Other e.g. Rental, Trust and Estate Income to be claimed.				
4. Any other income not already detailed. (Worldwide Income)				
Foreign Investment Funds and Foreign Dividends			Please Indicate: Y N	
Foreign Investments Funds (certain Foreign Investments may fall under new tax rules)	If you have any of the following:			Please enclose investment or dividend statements
	a) Shares in a Foreign Company, Foreign Unit Trust or Managed International Portfolio. b) An Interest in a Life Insurance Policy issued by a foreign Company. c) An Interest in a foreign superannuation scheme d) You receive a pension or annuity from a foreign life insurance policy.			
6. Any dividends received or re-invested during the year to 31 March 2018.	At 01 April 2017 \$	At 31 March 2018 \$		
<b>H. DONATIONS</b>				Total Donations:
If you require us to complete your annual rebate for donations made, please include all donation receipts that you have.				
<b>I. WORKING FOR FAMILIES TAX CREDITS</b>			Please indicate if you have received this before: Y N	
Please indicate <b>as a household</b> 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 birth	IRD number		
1.				
2.				
3.				
4.				
<b>SUPPLEMENTARY QUESTIONS (ALL CLIENTS)</b>				
<b>J. TRUST INCOME</b>		Please Indicate: Y N		
Are you the Settler of a Trust?		Amount:		
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.				

<b>K. EMPLOYMENT BENEFITS (Please supply details)</b> Did you receive any non-taxed benefits from an employer? Such as: Use of a motor Vehicle or loan at nil or low interest.		Please Indicate:	Y	N
		Details:		
<b>L. PIE INCOME</b> Do you have any PIE Investments? If so, please supply the annual Income Certificate for 2018			Y	N
<b>M. CHILDREN'S INCOME</b> Do your children receive any Interest, Dividends, Pie income, Distributions from Trusts? If so, please add the amounts received for each child and if this is more than \$500.00, supply the certificates to us.		Child	Amount	Y
				N
<b>N. NON - RESIDENT SPOUSE</b> Is your spouse a tax resident? We will require details of overseas income for this calculation.		Amount:	Y	N
<b>O. TAX EXEMPT INCOME</b> Do you or your spouse receive any Tax-exempt Income? Indicate here any Tax Exempt special arrangements:		Amount:	Details:	Y
				N
<b>P. PENSIONS AND ANNUITIES</b> Do you receive either of these (excluding NZ Super)? If so, please supply details as 50% of the gross has to be included in the calculation.		Amount:	Y	N
<b>R. OTHER PAYMENTS</b> 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:			Y	N
Payments from Insurance for loss of earnings/employment		Amount:		
Payment of usual costs such as rent, phone, power, gas, water bills by someone else.		Amount:		
Payment of children's private school fees		Amount:		
Please include loans with no set date for repayment, with no or little interest. If so, please supply details. Do not supply Gifts such as Birthday or Christmas		Amount:		
Anything else not previously specified. Please provide as much information as you can.		Amount:		

## 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: Text ok?	Private: