

Client Information for 2019 Individual Questionnaire

PLEASE RETURN THIS QUESTIONNAIRE WITH THE DOCUMENTS FOR YOUR TAX RETURNS

As recommended by The Institute of Chartered Accountants of Australia & New Zealand, this checklist outlines our engagement terms and conditions and the information that we will need from you in order to compile your Tax Returns.

TAX RETURN REQUIREMENTS

To assist us in the completion of your *personal* taxation return please answer the following questions in all cases.

(a) Did you receive any of the following - attach details

Unemployment or other income tested benefits

Family Support Payments from WINZ

Withholding Payments

Other NZ pensions, annuities and superannuation

Interest

Dividends

Rental income including rental from a holiday house/ Bach which is more than \$4,000 per year.

Any other income

Yes	No

(b) Other information required:

Details, if eligible for Tax Rebate credit for charitable or school donations

Attach receipts

Yes	No

On the basis of information you provide, we will compile accounts and/or tax returns in accordance with Service Engagement Standard No.2 *Compilation of Financial Information* (SES-2) issued by The Institute of Chartered Accountants of Australia & New Zealand.

TAX ASSESSMENTS

Our address is used by the Inland Revenue Department for service of notices and we are responsible for checking tax assessments. We shall also endeavour to advise the amounts and due dates of tax instalments, however the responsibility for paying the correct tax and paying on time rests with the taxpayer and not us as agent. Any penalties or interest arising from lateness, errors, wrong estimates or for any other reason are payable by you as the taxpayer. We shall give you every assistance in meeting your obligations but any advice on payments, and/or reminder letters received from us, should be reviewed by yourself to check that the payment proposed appears reasonable and the date of payment is correct.

PRIVACY ACT

You hereby agree to allow us to pass information to and receive information from the Inland Revenue Department and any other agency that we have a statutory obligation to. You also agree to allow us to pass on any information required to allow a third party to collect debts outstanding to us.

DURATION

The arrangements outlined in this form will continue in effect from year to year unless we agree to change them.

DISCLAIMER

We will provide a disclaimer to be attached to the financial statements. A copy of the standard wording may be obtained from us or our website www.cathomas.co.nz. Our compilation services will not result in the expression of an audit or review opinion or provide any other form of assurance on the financial statements. Independence is not a requirement for a compilation engagement. If we are aware that we are not independent, this fact will be stated in our report.

FEES & PAYMENT TERMS

Our fees, other than fixed fees, are normally based on hours worked charged at rates appropriate to the work performed and the levels of expertise required.

Payment terms are 20 days from the date the invoice was issued. The due date will be indicated on your invoice. Cockcroft & Thomas Ltd reserves the right to charge interest on overdue accounts calculated at ANZ base rate from the time to time plus a margin of six percent. Any costs incurred by Cockcroft & Thomas Ltd in collecting overdue accounts including (but not limited to) legal costs, court costs, debt collection agency costs, process servers charges and the like are payable by the clients.

ACCEPTANCE

If you have any questions about the contents of this engagement form please contact us. If the services outlined are in accordance with your requirements and if the above terms are acceptable to you, please sign this form in the space provided below and return it to us.

I accept responsibility for the accuracy and completeness of the information supplied above 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. I understand that you are unable to provide any assurance on my financial statements and that you accept no liability for the accuracy and completeness of the information supplied by me and 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.

NAME OF CLIENT

PHONE NUMBERS

EMAIL

SIGNED.....

DATE.....