

REQUIRED FOR YEAR END 31 MARCH 2016

Your personal information



Your details

Personal details	
Name	
IRD number	
Contact details - to ensure our records are up to date, please complete the following	Preferred contact method
Home phone	
Fax	
West share	
Work phone	
Mobile	
Email	
Website	
Home address	

Please sign the Privacy Act authorisation on page 3

Privacy Act authorisation

- 1 I/We authorise Grant Thornton New Zealand Ltd (Grant Thornton) and any employees or contractors of Grant Thornton to act as our tax agent with Inland Revenue on matters relating to ALL tax types. This includes authority to:
 - discuss and make enquiries verbally or in writing to Inland Revenue from time to time regarding my/our tax affairs
 - obtain and access information via telephone/info express, fax or online services provided by Inland Revenue.
- 2 I/We authorise any person or company to provide Grant Thornton with such information as Grant Thornton may require to complete the Financial Statements, and/or Tax Return, and any other work Grant Thornton carries out on behalf of myself/ourselves.
- 3 I/We further authorise Grant Thornton to furnish to any third party, financial information of mine/ours as Grant Thornton sees fit that is requested in furtherance of our business activities.
- 4 I/We further authorise that all information is true and correct and is supplied under the terms pursuant to the signed terms of engagement previously issued.
- 5 I/We authorise Grant Thornton to act on my/our behalf in respect of the Accident Compensation Corporation (ACC) for the purposes of querying and/or changing information on my/our ACC levy account(s) through ACC staff, and through ACC Online Services. This authority will also allow Grant Thornton's main representative discretion to delegate access to your ACC information to any member of Grant Thornton. Other delegated members of Grant Thornton will also be able to query and change information on your ACC levy account.

Signature		
Name		
Date		

Bank account details

The Inland Revenue Department no longer provides the option for refunds via cheque for any tax returns submitted for future income tax years. All tax refunds will now be paid by direct credit to the designated bank account. It is crucial that the bank account details Inland Revenue currently hold for you, if any, are correct.

We would appreciate it if you could confirm your current bank account details by sending us a bank deposit slip for the relevant entities or individuals. Please note them below so we can advise Inland Revenue of these details (please let us know if these details change):

Entity name(s)

Your income

Indicate whether you had income from the following sources and attach relevant documentation eg interest and dividend certificates, etc.

1	Wages or salaries, New Zealand superannuaton or income support		Yes	No	N/A	GT use
1	Did you receive salary and/or wages?					
2	Did you receive New Zealand Superannuation?					
3	Did you receive any taxable benefits (eg unemployment benefits or ACC pay type of benefit received below:	yments). If yes, detail				
	i					
	ii					
	iii					
	iv					
	v					
2	Interest (New Zealand)		Yes	No	N/A	GT use
1	Did you receive any NZ sourced interest during the year? If yes, attach resid (RWT) certificates and detail sources below. Please note that banks will on interest received over \$50. However, you are required to account for all you therefore you should request certificates from your bank, irrespective of how earned.	ly issue certificates for our interest income and				
	Name of bank	it				
	Name of bank	Grant Thornton Wealth Ma	nagement			
	Name of bank	Government or local body	stock			
	Name of bank	Other - name				

3	Dividends (New Zealand)		Yes	No	N/A	GT use
1	Did you receive any NZ sourced dividends during the year (including from yes, attach dividend statements and detail sources below:	your power suppliers)? If				
	Company name(s)					
2	Have you sold or purchased any shares during the year including any divident of the sear including any divident of the search and the search	dend reinvestment plans?				
4	Portfolio investment entities (PIEs)		Yes	No	N/A	GT use
1	Did you have any investments in PIEs? If yes, attach any investment sumn for the year including details of the Prescribed Investor Rate (PIR) used.	nary schedules received				
5	Estate or trust income		Yes	No	N/A	GT use
1	Did you receive income from an estate or trust? If yes, provide full details	including:				
	Name	IRD number				
	Type of income	Amounts				
6	Overseas income		Yes	No	N/A	GT use
1	Did you receive income from the following sources? Specify currencies fo receipt.	r each below and date of				
	i Overseas interest or dividends? If yes, attach interest/dividend statem	ients				
	Name	Advise principal invester	d overseas			
	ii Overseas pension scheme? If yes, provide full details:					
	Name					
	Other overseas income? Provide details of any other income from ove question 20 on page 9).	rseas (please also refer to				
	*If you have any interest in any other asset or liability that we haven't	asked about, please contact	us to discuss	i.		

7	Partnership		Yes	No	N/A	GT use
1	Did you receive income from a partnership? If yes, provide full details includ	ing:				
	Name	IRD number				
	Type of income	Amounts				
8	Shareholder/employee salary		Yes	No	N/A	GT use
1	Have you earned any salary from a company (with no PAYE deducted) in you shareholder/employee? If yes, provide full details:	ır capacity as a				
	Name of company	Amount				
9	Rental income		Yes	No	N/A	GT use
1	Did you receive any rental income during the year?					
	Rental property address:					
2	Attach details of rents received and expenses incurred (eg mortgage interes repairs, etc)	st, rates, insurance,				
3	If you commenced or ceased renting during the year, provide details of the provide copy of latest Government valuation or independent valuations.	dates. If possible,				
10	Self employed/farming income		Yes	No	N/A	GT use
1	Did you receive any self-employed or farming income during the year? If yes income and expenses.	, attach details of				
11	Other income		Yes	No	N/A	GT use
1	Did you receive any other income during the year, eg sale of land and/or bu or securities; cash jobs; tips. If yes, provide full details.	ilding; sale of shares				
12	Losses brought forward		Yes	No	N/A	GT use
1	Are there any claimable losses brought forward from previous years?					

13	Income/loss from look through company (LTC)		Yes	No	N/A	GT use
1	Were you allocated income/loss from an LTC?					
	Name					
	IRD number of LTC	Amount of income/loss				
14	Expense against income		Yes	No	N/A	GT use
1	If you received income from schedular payments (previously withholding pa self-employed, do you have any expenses you can claim against this incom full details.					
15	Accident Compensation Corporation (ACC)		Yes	No	N/A	GT use
1	Please provide us with your ACC number:					
2	Provide copies of all invoices issued to you by the ACC during the year.					
16	Income protection insurance		Yes	No	N/A	GT use
1	Do you have income protection insurance? If yes, provide full details:					
	i copy of policy/invoice (in order to determine tax deductibility)					
	ii insurance company					
	iii What is the premium payment?		per mo	nth	per ar	num
17	Student loan		Yes	No	N/A	GT use
1	Do/did you have a student loan?					
18	Donations		Yes	No	N/A	GT use
1	Did you make any donations during the year? If yes, attach all receipts.					
	Note: You can claim a rebate for each of the following, as long as you done • donations to any IRD approved charitable (donee) organisations	ate or pay \$5 or more:				

• donations to any school (including schools for the disabled), to school Board of Trustees, or parent teacher associations. These payments must be donations, not payment of activity or stationery fees

• payment of state school fees, as long as these go to the school's general fund. You cannot claim fees for tuition, specific activities such as school trips, or attendance dues.

19	w	orking for families tax credits (WFTC)			Yes	No	N/A	GT use
1	Do	you think you may be entitled to WFTC? If yes, pro	vide the following details:					
	i	Name of principal caregiver						
	ii	Children for whom you were the "principal caregiv	er"					
		Name	Date of birth	IRD number		Were you t for the who	he principal o ble year?	caregiver
						Yes	No No	
						Yes	No No	
						Yes	No	
						Yes	No	
2	Ha	we you registered with the Inland Revenue Departm	nent for WFTC?					
3	W	e you eligible for an in work tax credit? If yes, plea orked more than 20 hours per week for a solo pare eek for a couple.						
20.	0	verseas holdings			Yes	No	N/A	GT use
1	• • •	ovide full details of any holding in offshore entities, Bank accounts Superannuation schemes Unit Trusts Life insurance policies Shares in overseas companies Loans to foreign entities Foreign credit cards	for example:					
		ote: If you have offshore investments we will need to reign investment fund (FIF) rules.	o contact you in relation to app	lying the				
21	Sı	ındry			Yes	No	N/A	GT use
1		d you purchase or sell any government or local boo ovide documentation.	ly stock or corporate bonds th	is year? If yes,				
2	Ar	e you considered a tax resident of another country	Please advise what country:					
3	lf	you have relocated to New Zealand during the year	, please advise date of relocati	on (entry):				
4		d you acquire any shares or exercise any rights or are or option scheme?	options to acquire shares unde	er an employee				
5	На	ive you recently reviewed your business and person	nal insurances?					
6	На	ve you recently reviewed your will?						
7	На	ive you settled a trust during the year?						

21	Sundry (continued)		Yes	No	N/A	GT use
8	Have you made any gifts during the year? If yes, p	please provide deeds.				
9	Do you wish to discuss trusts?					
10	Do you wish to discuss wealth management issue	is?				
11	If this questionnaire is being completed for some please advise date of birth.	one under the age of 16 (as at balance date),				
22	Changes in income for the 2016/2017 year	notes	Yes	No	N/A	GT use
1	Has your income changed/or will be likely to chan relevant for provisional taxpayers.					
23	Do you have any other information that you o	consider relevant? Please note below.				
24	Other services	of services. Please indicate any services you may wish t				
	Assurance Audit of a service performance Internal audit Due diligence review Corporate governance Fraud protection and investigation Review engagements/agreed upon procedures Trust account Audits prospectuses Privately held business Trusts and asset protection Strategic planning Remuneration consultancy Accounting service and taxation compliance Management information and control systems Financial advice Cashflow management Business planning and restructuring Company secretarial Ownership issues Financial performance analysis	Corporate finance Independent financial investigation and reports Business and share valuations Expert evidence in financial matters Forensic accounting Accounting interpretations and analysis Financial arbitration and dispute resolution Resolution of professional partnership disputes Quantification of claims for damages for economic loss Matrimonial/relationship property settlements Specialist advisory services Asset recovery and tracing Litigation and dispute resolution support Contractual disputes Fraud investigations Forensic accounting Turnaround management Receiverships, liquidations, compromises Specialist services Family business		Fax consulting Faxation consul Personal tax Expatriates inter- backages High net worth Corporate tax nternational tax Acquisitions an Fax due diligend Trusts and esta Family business GST and indirect RD investigation fax risk audits Business Tran Strategic plann mplementation Process improve Procurement st	ting planning ernational rem individuals d divestment ce tes ses ct tax ns and ruling sformation ing rement	5

Auckland

L4, Grant Thornton House 152 Fanshawe Street Auckland 1140 T +64 (0)9 308 2570 F +64 (0)9 309 4892 E info.auckland@nz.gt.com

Wellington

L15, Grant Thornton House 215 Lambton Quay Wellington 6143 T +64 (0)4 474 8500 F +64 (0)4 474 8509 E info.wellington@nz.gt.com

Christchurch

L3, 2 Hazeldean Road Addington Christchurch 8024 T +64 (0)3 379 9580 F +64 (0)3 366 3720 E info.christchurch@nz.gt.com



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