



Grant Thornton
An instinct for growth™

REQUIRED FOR YEAR END 31 MARCH 2019

Your personal information



Your details

Personal details

Name

Contact details - to ensure our records are up to date, please complete the following

Preferred contact method

Home phone

Fax

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.

I agree with the terms of the Privacy Act authorisation

Name

IRD number

Date

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 superannuation or income support		Yes	No	N/A	GT use
1	Did you receive salary and/or wages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Did you receive New Zealand Superannuation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Did you receive any taxable benefits (eg unemployment benefits or ACC payments). If yes, detail type of benefit received below:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i	<hr/>			
	ii	<hr/>			
	iii	<hr/>			
	iv	<hr/>			
	v	<hr/>			
2 Interest (New Zealand)		Yes	No	N/A	GT use
1	Did you receive any New Zealand sourced interest during the year? If yes, attach resident withholding tax (RWT) certificates and detail sources below. Please note that banks will only issue certificates for interest received over \$50. However, you are required to account for all your interest income and therefore you should request certificates from your bank, irrespective of how much interest is earned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Name of bank	<hr/>			
	Inland Revenue	<hr/>			
	Name of bank	<hr/>			
	Grant Thornton Wealth Management	<hr/>			
	Name of bank	<hr/>			
	Government or local body stock	<hr/>			
	Name of bank	<hr/>			
	Other - name	<hr/>			

3 Dividends (New Zealand)		Yes	No	N/A	GT use
1	Did you receive any New Zealand sourced dividends during the year (including from your power suppliers)? If yes, attach dividend statements and detail sources below:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company name(s) <hr/> <hr/> <hr/>					
2	Have you sold or purchased any shares during the year including any dividend reinvestment plans? If yes, attach all relevant statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Portfolio investment entities (PIEs)		Yes	No	N/A	GT use
1	Did you have any investments in PIEs? If yes, attach any investment summary schedules received for the year including details of the prescribed investor rate (PIR) used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name IRD number <hr/> Type of income Amounts <hr/>					
6 Overseas income		Yes	No	N/A	GT use
1	Did you receive income from the following sources? Specify currencies for each below and date of receipt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Overseas interest or dividends? If yes, attach interest/dividend statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name Advise principal invested overseas <hr/>					
ii	Overseas pension scheme? If yes, provide full details:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name <hr/>					
iii	Other overseas income? Provide details of any other income from overseas (please also refer to question 20 on page 9).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
*If you have any interest in any other asset or liability that we haven't asked about, please contact us to discuss.					

7 Partnership		Yes	No	N/A	GT use
1	Did you receive income from a partnership? If yes, provide full details including:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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 your capacity as a shareholder/employee? If yes, provide full details:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Name of company	_____			
	Amount	_____			
9 Rental income		Yes	No	N/A	GT use
1	Did you receive any rental income during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rental property address:	_____			
2	Attach details of rents received and expenses incurred (eg mortgage interest, rates, insurance, repairs, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	If you commenced or ceased renting during the year, provide details of the dates. If possible, provide copy of latest government valuation or independent valuations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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, attach details of income and expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 building; sale of shares or securities; cash jobs; tips. If yes, provide full details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Losses brought forward		Yes	No	N/A	GT use
1	Are there any claimable losses brought forward from previous years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13	Income/loss from look through company (LTC)	Yes	No	N/A	GT use
1	Were you allocated income/loss from an LTC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Name	<hr/>			
	IRD number of LTC	<hr/>			
	Amount of income/loss	<hr/>			
14	Expense against income	Yes	No	N/A	GT use
1	If you received income from schedular payments (previously withholding payment income) or were self-employed, do you have any expenses you can claim against this income? If yes, provide full details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Accident compensation corporation (ACC)	Yes	No	N/A	GT use
1	Please provide us with your ACC number:	<hr/>			
2	Provide copies of all invoices issued to you by the ACC during the year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Income protection insurance	Yes	No	N/A	GT use
1	Do you have income protection insurance? If yes, provide full details:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i Copy of policy/invoice (in order to determine tax deductibility)	<hr/>			
	ii Insurance company	<hr/>			
	iii What is the premium payment?	<input type="checkbox"/>	per month	<input type="checkbox"/>	per annum
17	Student loan	Yes	No	N/A	GT use
1	Do/did you have a student loan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Donations	Yes	No	N/A	GT use
1	Did you make any donations during the year? If yes, attach all receipts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Note: You can claim a rebate for each of the following, as long as you donate or pay \$5 or more:</p> <ul style="list-style-type: none"> • donations to any IRD approved charitable (donee) organisations • 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 Working for families tax credits (WFTC)		Yes	No	N/A	GT use
1	Do you think you may be entitled to WFTC? If yes, provide the following details:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i Name of principal caregiver	_____			
	ii Children for whom you were the "principal caregiver"				
	Name	Date of birth	IRD number	Were you the principal caregiver for the whole year?	
	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Have you registered with the Inland Revenue for WFTC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are you eligible for an in work tax credit? If yes, please advise the number of weeks where you worked more than 20 hours per week for a solo parent or more than a combined 30 hours per week for a couple.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Overseas holdings		Yes	No	N/A	GT use
1	Provide full details of any holding in offshore entities, for example: <ul style="list-style-type: none"> • Bank accounts • Superannuation schemes • Unit Trusts • Life insurance policies • Shares in overseas companies • Loans to foreign entities • Foreign credit cards 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Note: If you have offshore investments we will need to contact you in relation to applying the foreign investment fund (FIF) rules.				
21 Sundry		Yes	No	N/A	GT use
1	Did you purchase or sell any government or local body stock or corporate bonds this year? If yes, provide documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are you considered a tax resident of another country? Please advise what country:			<input type="checkbox"/>	<input type="checkbox"/>
3	If you have relocated to New Zealand during the year, please advise date of relocation (entry):			<input type="checkbox"/>	<input type="checkbox"/>
4	Did you acquire any shares or exercise any rights or options to acquire shares under an employee share or option scheme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you recently reviewed your business and personal insurances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you recently reviewed your will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Have you settled a trust during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21 Sundry (continued)		Yes	No	N/A	GT use
8	Have you made any gifts during the year? If yes, please provide deeds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Do you wish to discuss trusts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Do you wish to discuss wealth management issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	If this questionnaire is being completed for someone under the age of 16 (as at balance date), please advise date of birth.	_____			
22 Changes in income for the 2019/2020 year notes		Yes	No	N/A	GT use
1	Has your income changed/or will be likely to change for the coming year? This is particularly relevant for provisional taxpayers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23 Do you have any other information that you consider relevant? Please note below.					

24 Other services					
1 Grant Thornton New Zealand offers a wide range of services. Please indicate any services you may wish to discuss with us.					
Assurance <input type="checkbox"/> Audit of a service performance <input type="checkbox"/> Internal audit <input type="checkbox"/> Due diligence review <input type="checkbox"/> Corporate governance <input type="checkbox"/> Fraud protection and investigation <input type="checkbox"/> Review engagements/agreed upon procedures <input type="checkbox"/> Trust account <input type="checkbox"/> Audits prospectuses		Corporate finance <input type="checkbox"/> Independent financial investigation and reports <input type="checkbox"/> Business and share valuations <input type="checkbox"/> Expert evidence in financial matters <input type="checkbox"/> Forensic accounting <input type="checkbox"/> Accounting interpretations and analysis <input type="checkbox"/> Financial arbitration and dispute resolution <input type="checkbox"/> Resolution of professional partnership disputes <input type="checkbox"/> Quantification of claims for damages for economic loss <input type="checkbox"/> Matrimonial/relationship property settlements		Tax consulting <input type="checkbox"/> Taxation consulting planning <input type="checkbox"/> Personal tax <input type="checkbox"/> Expatriates international remuneration packages <input type="checkbox"/> High net worth individuals <input type="checkbox"/> Corporate tax <input type="checkbox"/> International tax <input type="checkbox"/> Acquisitions and divestments <input type="checkbox"/> Tax due diligence <input type="checkbox"/> Trusts and estates <input type="checkbox"/> Family businesses <input type="checkbox"/> GST and indirect tax <input type="checkbox"/> IRD investigations and rulings <input type="checkbox"/> Tax risk audits	
Business advisory services <input type="checkbox"/> Trusts and asset protection <input type="checkbox"/> Strategic planning <input type="checkbox"/> Remuneration consultancy <input type="checkbox"/> Accounting service and taxation compliance <input type="checkbox"/> Management information and control systems <input type="checkbox"/> Financial advice <input type="checkbox"/> Cashflow management <input type="checkbox"/> Business finance <input type="checkbox"/> Business planning and restructuring <input type="checkbox"/> Company secretarial <input type="checkbox"/> Ownership issues <input type="checkbox"/> Financial performance analysis <input type="checkbox"/> PRIMA <input type="checkbox"/> Payroll services <input type="checkbox"/> Business grants <input type="checkbox"/> Business valuations		Specialist advisory services <input type="checkbox"/> Mid corporate lender services <input type="checkbox"/> Asset recovery and tracing <input type="checkbox"/> Litigation and dispute resolution support <input type="checkbox"/> Contractual disputes <input type="checkbox"/> Fraud investigations <input type="checkbox"/> Forensic accounting <input type="checkbox"/> Turnaround management <input type="checkbox"/> Receiverships, liquidations, compromises		Business transformation <input type="checkbox"/> Strategic planning <input type="checkbox"/> Implementation <input type="checkbox"/> Process improvement <input type="checkbox"/> Procurement strategy	
Specialist services <input type="checkbox"/> Family business <input type="checkbox"/> Healthcare services <input type="checkbox"/> Not for profit organisations <input type="checkbox"/> Wealth management <input type="checkbox"/> Professional services organisations					

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