

2013 PERSONAL TAXATION QUESTIONNAIRE

Name: _____ Phone Number: _____

Email Address: _____ Fax Number: _____

Mobile Number: _____

Your time and effort in completing this form is much appreciated by the team at Vision Accounting Solutions Ltd.

	YES	NO	If 'YES', Enclose Docs/Certs:
1. Did you receive any of the following types of income? - Salary, Wages or Accident Compensation payments - A benefit of any sort, NZ Superannuation or Family Support (WFFTC) - Withholding Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> n/a <input type="checkbox"/> n/a <input type="checkbox"/> n/a
2. Did you receive any interest or dividends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you a shareholder or director of a company that Vision Accounting Solutions Ltd does not act for (excluding shareholdings in publicly listed companies)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you receive any rental income? Please complete separate questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you receive any income from an Estate, Trust, Partnership or Business that Vision Accounting Solutions Ltd does not act for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you receive any income from overseas (excluding interest or dividends included above)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you receive any of the following types of income? - Income from the sale of any shares, bonds or other investments? - Income from any pension, annuity or superannuation scheme? - Any other income (for example royalties)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. Did you incur any expenses relating to earning your income? - Fees paid to investment adviser - interest on funds borrowed to invest in an income producing asset - Income protection insurance (Indemnity Policy only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9. Did you make any donations or pay for child care during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you want us to assess your eligibility for Family Assistance?	<input type="checkbox"/>	<input type="checkbox"/>	A1
12. IN ALL CASES, PLEASE COMPLETE SECTION A2	<input type="checkbox"/>		A2
13. IN ALL CASES, PLEASE SIGN THE DECLARATION AT A4	<input type="checkbox"/>		A4

A1 General

- 2. Do you have an entitlement to benefits from any foreign company, unit trust, superannuation scheme or life insurance policy? If so, please provide details as additional disclosures may be required.
- 3. If there are any other matters, not included above which you feel might be relevant in determining your tax position, please note them here:

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A2 Bank Account Details

If you are due a tax refund, it is more efficient to have this directly credited by the IRD. Please provide us with your preferred bank account details:

Bank Account Number:

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A3 DECLARATION

I accept responsibility for all records and information supplied to you for the purpose of preparing my Income Tax return. I accept responsibility for any failure by me to supply all relevant records and information to you.

I hereby authorise Vision Accounting Solutions Ltd to obtain from any third party any records or information you require for the purpose of preparing my Income Tax Return and accordingly any such third party is authorised to provide you with information required.

Signed: _____ Date: _____