

Financial Statements Questionnaire -

If your accounts are to be supplied to your bank, please advise the name of your current bank manager:

Ensure this questionnaire is completed and included with your records							
Client Name				Phone:			
Balance Date				Email:			
To: Smith Mitchell Lin	mited						
Terms of Engageme	ent						
I/We hereby instruct you Smith Mitchell Limited and staff/contractors as applicable to prepare my/our Financial Statements and Taxation Returns for the year/period ending . I/We undertake to supply all information necessary to carry out such services and will be responsible for the accuracy and completeness of such information. I/We understand that you will rely upon the information provided by me/us. Your services are not intended to, and accordingly will not result in the expression by you of an opinion on the Financial Statements in so far as third parties are concerned, or in the fulfilling of any statutory audit requirements. I/We understand that during preparation of the Financial Statements and Taxation Returns you will not be specifically investigating non-compliance with laws and regulations – however, should anything come to light of this nature during this process, you will bring that to my/our attention.							
I/We understand that the Financial Statements and Taxation Returns are prepared for my/our own use and to determine my/our taxation liabilities. If this should change in any material respect, I/we will inform you immediately. You will not accept any responsibility to any person, other than me/us, for the contents of the Financial Statements.							
All other terms and conditions of this engagement are the same as those referred to in the original Engagement Letter I/we signed when I/we became a client.							
I/We also accept that you have the right to charge interest on overdue accounts at the rate of 1.5% per month, and that all accounts are due for payment by the 20th of the month following invoice date. The charging of such interest will be at your discretion. I/We accept that any collection costs you incur will be fully recoverable from me/us.							
Authority is given to obtain information from Inland Revenue, other government agencies and financial institutions about all tax types (except child support), bank and loan accounts in order to complete the above assignments. This includes obtaining information through all Inland Revenue media and communication channels including electronic ones.							
I/We authorise your organisation to act as our agent for ACC levy purposes for all associated entities. This authorisation allows your organisation to query and change information on my/our ACC levy account(s) through ACC staff, and through MyACC for Business. This authority will also allow your organisation's main representative discretion to delegate access to my/our ACC information to other members of your organisation. Other delegated members of your organisation will also be able to query and change information on my/our ACC levy account.							
You are to represent me/us as my/our tax agent. All income tax returns will be signed by me/us however you are authorised to sign any other taxation return on behalf of myself/ourselves or any of my/our associated entities.							
Name	Name IRD Number Signature Date						
Convenient time to call you is:							
Alternative phone numbers are:							
Would you like us to supply a copy to your bank? Yes ☐ No ☐ (Tick One)							

Records Required:		✓	Comment:			
Employer – Wages paid to Employees						
Supply a month-by-month summary of gross wages, termination or incentive payments and PAYE deductions as returned to the IRD. (Not required if you use Xero Payroll).						
Covid-19 Wage Subsidy and other Covid-19	support pay	mer	nts			
Have you received the Covid-19 Leave Support Payments						
Date rec: _/_/_ \$	Date rec:/_/					
Date rec:// \$	Date rec://_					
	Date rec://_	<u> </u>		<u> </u>		
Where Covid-19 Leave Support Payments have been received (shareholders/partners/trustees/beneficiaries/owners) of the bu		vide o	details of the following:			
Amounts received for each stakeholder						
Whether amounts received were for full-time or part-ti	imes					
Have you received a Covid-19 Cultural Sector Emergency	Relief Grant or ar	ny otł	ner Covid-19 support payments?			
Please provide details if it is an "other" Covid-19 support payment				4		
Date rec:// \$						
Date rec:// \$						
11				<u> </u>		
Have you received the Covid-19 Small Business Loan?				-		
Date rec:// \$						
Have any amounts of Covid-19 support payments been re	paid back?					
Please provide details of payment and reason for repayment	•					
Date paid back:/\\$ Reason:						
Fringe Benefit Tax (FBT) Returns				1		
Supply copies of Fringe Benefit Tax (FBT) returns and work	papers.					
Final Bank Statement						
First hard statement of the control						
Final bank statement for the year for all bank accounts						
Loan Statements						
Supply a copy of any loan transaction statements for the financial year up to your balance date, including loans that have been refinanced or repaid						
during the year.						
Interest and Dividend Certificates						
Supply copies of certificates.						
Lease details						
Supply copies of lease agreements for non-building assets (e.g. motor vehicles, equipment).						
Foreign Income						
Details of any foreign income received, and any tax deducte	d from this.					

Accounts Receivable (Debtors) – see attached Schedule 1	
All accounts or amounts owing to you at balance date should be scheduled. Exclude bad debts. To enable bad debts to be excluded from income, these must be written off prior to balance date.	Total at Balance Date: \$ GST Included Excluded
Accounts Payable (Creditors) – see attached Schedule 2	
All accounts or amounts owing by you at balance date should be scheduled indicating name of creditor, amount and what the debt is for.	Total at Balance Date: \$ GST IncludedExcluded
Cash on Hand	
*Cash on Hand \$ Date banked//	
Petty Cash \$	
Till Floats/Cash Floats \$	
*Incl cash sales prior to balance date but not banked until after balance date Stock on Hand	
Stock on Hand	
Stock Stock should be physically counted at balance date and adequate records retained to substantiate the dollar value arrived at.	Valued at lower of: ■ cost □ ■ net realisable value □
Please note that if you estimate your stock to be less than \$10,000 at the end of your income year, you may have the option of not physically counting your stock. In these circumstances we will assume that your closing stock is the same as your opening stock. Please indicate if you would like to use this option.	market value
Work in Progress Include material costs, labour costs and overhead costs. Briefly, how was this calculated?	\$ GST Included
Prepayments Made Balance of any payments made before balance date for goods or services not received or used by balance date.	\$ GST Included
Income in Advance Balance of any receipts received before balance date for goods or services not provided by balance date.	\$ GST Included
Capital Expenditure	
Attach details of assets purchased or sold during the year such as motor vehicles, plant and equipment and properties. Where applicable please provide the following details:	
Hire purchase or loan agreements	
■ Lease agreements	
All legal statements and agreements Trade in details	
Trade-in details	
Lost, stolen or scrapped itemsInsurance pay out	
Copy of Tax Invoices	

Transactions Not Through the Business	1		
Were all sales banked into your business trading bank account? Yes No			
If No. liet amounts not hanked and when they were ladged			
If No, list amounts not banked and when they were lodged:		Personal	\$
		Business	\$
		Other	\$
Other Taxable or Non-Taxable Income	1		
Did you receive income from any other courses either toyable or non toyable?			
Did you receive income from any other sources either taxable or non-taxable?			
If Yes, please provide details (e.g. Uber, Airbnb, services through platforms such as Pocket Job, Airtasker etc).			
Legal and Loan Documents			
Please attach any solicitor's statements and Sale and Purchase Agreements			
relating to any legal transactions during the year. Please also include			
Statements and Agreements relating to any mortgages, hire purchase, leases or loans.			
Business Expenses			
There are a number of invoices that we specifically require. Please ensure the records you provide us with include all paid accounts for:			
- Inquironno promiumo			
Insurance premiumsLegal fees	H		
Private Use	1	Г	
Value of goods taken for private use at their cost price.		\$	
		GST Included E	xcluded 🗌
Expenses paid in Cash or from Personal Funds		GST Included E	xcluded
	L	GST Included E	xcluded 🗌
Please provide a list if applicable.		GST Included E	xcluded 🗌
		GST Included E	xcluded 🗌
Please provide a list if applicable. Residential Land Withholding Tax Have you sold residential property in New Zealand where Residential Land	<u> </u>	GST Included E	xcluded 🗌
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Research and Development							
Have you spent an amount on research and development during year? If so, provide ledger accounts and details of expenditure	the income						
Motor Vehicles							
The proportion of motor vehicle business use as established by y	our vehicle log book(s) is/are:						
Vehicle Description:	-						
Business km							
Total km							
Percentage Business %							
Vehicle Description:	-						
Business km							
Total km							
Percentage Business %							
Please note that a detailed and accurate log book must be completed for a three month period every three years or vehicle expense claims will be limited to a maximum of 25% of expenses incurred. If you are operating as a Company, please indicate which vehicles you are currently paying Fringe Benefit tax for:							
Home Office Expenses							
If part of your home is set aside principally for use as an office/wo	orkshop/storage area, please provide the following details:						
Address for Home Office	process provide the following details.						
Home Office area: - no change as per previous year OR							
Area used for Business: m²							
Total Area of House & Workshop: m²							
Actual Cost Method	OR IRD Square Metre Rate Method (see below note)*						
Power \$							
Insurance (Building & Contents) \$							
Interest (House Mortgage) \$	Interest (House Mortgage) \$						
Rates (including regional council rates) \$	Rates (including regional council rates) \$						
Rent \$	Rent \$						
Repairs & Maintenance \$	*Would you like to use the IRD rate? Currently it is \$47.85 per						
Telephone rental \$ square metre. This allowance doesn't cover Mortgage							
Other \$	Interest, Rates or Rent costs so we would still require these amounts.						
Total \$							

Mixed Use Holiday Home				
Does this entity have a property (su	uch as a holiday home or a bach) that is used priva	ately and also to		
derive income? Details of property		Yes 🗌 No 🗌		
Was the property empty for 62 days	s or more in the income year?	Yes		
If yes, please complete the following	ng section so we can determine the amount of allo	wable deductions.		
Mixed Use Holiday Home – Inf	formation Required			
The number of days the property w	as empty during the income year			
OR where income from any person	used by family or associated persons* during the received was less than 80% of market rate tives, or if owned by an entity, persons associated with the			
If there is more than one tenant who	o used the property through the year, please attac	h details.		
Name of tenant:				
Relationship to owner (if any):				
Amount of rent they paid:	\$			
Dates rented (From: To)				
Expenses incurred in respect of the required):	e property (the list below is not exhaustive – details	s of all expenses will be		
Cost of advertising for tenants		\$		
Cost of repairing damages caused	by tenants	\$		
Number of days spent in the proper	rty while repairing damages caused by tenants			
Mortgage interest		\$		
Rates		\$		
Insurance		\$		
Repairs/maintenance for general wear and tear \$				
Other (please give details)				

Mixed Use Boat or Plane			
Does this entity have a boat or plane (with a derive income?	a market value of \$50,000 or greater), t	that is used privately and also to Yes ☐ No ☐	
If Yes, provide details: Description: Market value: \$			
Was the asset unused for 62 days or more If yes, please complete the following section	n so we can determine the amount of al	Yes No lowable deductions.	
Mixed Use Boat or Plane – Information	on Required		
The number of days the asset was unused	during the income year		
The number of days the asset was used by OR where income from any person receive * Associated persons include close relatives, or it	d was less than 80% of market rate		
For non-associated persons where paymer	nt received is at least 80% of market val	lue:	
Number of days the asset was used:			
Income received:	\$		
Expenses incurred in respect of the propert required):	ty (the list below is not exhaustive – deta	ails of all expenses will be	
Cost of advertising for hireage		\$	
Cost of repairing damages caused by hirea	ge	\$	
Operating costs / supplies		\$	
Insurance		\$	
Repairs/maintenance for general wear and	tear	\$	
Other (please give details)			
Cryptoassets			
Have you received or traded in cryptoasset please provide the following information:	s during the income year? If so,		
 The type of cryptoasset 			
 For each transaction provide the or or disposed of, number of units, va 	late, type of transaction i.e. received alue in NZD		
 Total units of each cryptoasset he year 	ld at the beginning and end of the		
 Exchange records and bank state 	ments		
 Wallet addresses 			

Thank you for completing this questionnaire

Don't forget to sign it



Schedule 1 – Accounts Receivable (Debtors) Amounts owing to you at

Client Name			
Name of Debtor	Description of Sale	Code	Total Incl GST
Name of Debior	Description of Sale	Code	Total Ilici GG1
Totals			

Schedule 2 – Accounts Payable (Creditors) Amounts owing by you at

C	Client Name			
	Name of Creditor	Description of Goods	Code	Total Incl GST
Т	otals			