



Financial Statements Questionnaire –

Ensure this questionnaire is completed and included with your records

Client Name		Phone:	
Balance Date		Email:	

To: Smith Mitchell Limited

Terms of Engagement

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 have also instructed you to prepare our GST Returns on a regular basis. I/We accept that it is my/our responsibility to advise you of all relevant transactions on a timely basis as well as obtain valid tax invoices that comply with the GST legislation.

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	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 <input type="checkbox"/> No <input type="checkbox"/> (Tick One)
If your accounts are to be supplied to your bank, please advise the name of your current bank manager:	

Records Required:	✓	Comment:
Final Bank Statement		
Final bank statement for the year for all bank accounts	<input type="checkbox"/>	
IRD Disclosure requirement information (excluding non-active trusts)		
<p>If not provided already, could you please provide a copy of the trust deed and any amendments made to this.</p> <p>Please provide the following information for all settlers and beneficiaries of the Trust:</p> <ul style="list-style-type: none"> ▪ Full name <input type="checkbox"/> ▪ Date of birth or commencement date (for non-individuals) <input type="checkbox"/> ▪ Jurisdiction of tax residency (if not NZ) <input type="checkbox"/> ▪ IRD number (or Tax Identification Number for those not resident in NZ) <input type="checkbox"/> <p>Please provide details of any settlements made to the Trust by settlers or any other persons (including those valued at zero) <input type="checkbox"/></p> <p>Please provide details of any distributions made to beneficiaries, including the following:</p> <ul style="list-style-type: none"> ▪ Distributions of accounting income <input type="checkbox"/> ▪ Distributions of capital, corpus or trust assets <input type="checkbox"/> ▪ Use of trust property for less than market value <input type="checkbox"/> ▪ Forgiveness of debt <input type="checkbox"/> <p>If not already provided above, can you please provide the following details of any person who has the power to appoint/dismiss a trustee, add/remove a beneficiary, or to amend the trust deed.</p> <ul style="list-style-type: none"> ▪ Full name <input type="checkbox"/> ▪ Date of birth or commencement date (for non-individuals) <input type="checkbox"/> ▪ Jurisdiction of tax residency (if not NZ) <input type="checkbox"/> ▪ IRD number (or Tax Identification Number for those not resident in NZ) <input type="checkbox"/> 		
Covid-19 Wage Subsidy and other Covid-19 support payments		
<p>If you have received the Covid-19 Small Business Loan, have any interest payments and / or repayments been made?</p> <p>Date rec: __/__/__ \$ _____</p> <p>Date rec: __/__/__ \$ _____</p> <p>Date rec: __/__/__ \$ _____</p> <p>Date rec: __/__/__ \$ _____</p>	<input type="checkbox"/>	

Mixed Use Holiday Home

Does this entity have a property (such as a holiday home or a bach) that is used privately and also to derive income?

Yes No

If yes, provide details of property: _____

Was the property empty for 62 days or more in the income year?

Yes No

If yes, please complete the following section so we can determine the amount of allowable deductions.

Mixed Use Holiday Home – Information Required

The number of days the property was empty during the income year _____

The number of days the asset was used by family or associated persons* during the income year _____
OR where income from any person received was less than 80% of market rate _____

* Associated persons include close relatives, or if owned by an entity, persons associated with the entity owning the property

If there is more than one tenant who used the property through the year, please attach details.

Name of tenant: _____

Relationship to owner (if any): _____

Amount of rent they paid: \$ _____

Dates rented (From: To) _____

Expenses incurred in respect of the property (the list below is not exhaustive – details of all expenses will be required):

Cost of advertising for tenants \$ _____

Cost of repairing damages caused by tenants \$ _____

Number of days spent in the property 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 market value of \$50,000 or greater), that is used privately and also to derive income? Yes No

If Yes, provide details:

Description: _____

Market value: \$ _____

Was the asset unused for 62 days or more in the income year? Yes No

If yes, please complete the following section so we can determine the amount of allowable deductions.

Mixed Use Boat or Plane – Information Required

The number of days the asset was **unused** during the income year _____

The number of days the asset was used by family or associated persons* during the income year _____

OR where income from any person received was less than 80% of market rate _____

* Associated persons include close relatives, or if owned by an entity, persons associated with the entity owning the property

For non-associated persons where payment received is at least 80% of market value:

Number of days the asset was used: _____

Income received: \$ _____

Expenses incurred in respect of the property (the list below is not exhaustive – details of all expenses will be required):

Cost of advertising for hireage \$ _____

Cost of repairing damages caused by hireage \$ _____

Operating costs / supplies \$ _____

Insurance \$ _____

Repairs/maintenance for general wear and tear \$ _____

Other (please give details) _____

Cryptoassets

Have you received or traded in cryptoassets during the income year? If so, please provide the following information:

- The type of cryptoasset
- For each transaction provide the date, type of transaction i.e. received or disposed of, number of units, value in NZD
- Total units of each cryptoasset held at the beginning and end of the year
- Exchange records and bank statements
- Wallet addresses

**Thank you for completing this questionnaire
Don't forget to sign it**



Smith Mitchell
CHARTERED ACCOUNTANTS

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

Client Name	
-------------	--

Name of Debtor	Description of Sale	Code	Total Incl GST

Totals	
---------------	--

Schedule 2 – Accounts Payable (Creditors)
 Amounts owing by you at [Balance Date]

Name of Creditor	Description of Goods	Code	Total Incl GST

Totals	
---------------	--

