

ANNUAL CLIENT QUESTIONNAIRE - Individual

Name:

Tax File Number (TFN): Year End:

Phone Number:

E-Mail Address: Date of Birth:

To assist us in preparing your income tax return, please use this questionnaire as a checklist when you compile your information. With respect to your income, please keep in mind that the Australian Taxation Office has the ability to check your return income against independent sources. In particular, this applies to PAYG Payment Summary income, interest received and dividends. For deductions, keep in mind that self-assessment applies. In the event of a Tax Office audit you will need to be able to substantiate the deductions claimed. Finally, if you have sold any assets during the year please provide full details so we can determine whether Capital Gains Tax may apply to the transaction.

INSTRUCTIONS:

Please tick all sections either **YES** or **NO**. If you are unsure tick the box marked **?** and we can contact you to discuss further. **IMPORTANT:** Where you tick **YES** please provide all relevant documents. Please note we welcome and encourage you to email all appropriate information to us at jobreceipting@gra.co.nz When you have completed the Questionnaire please sign and date the last page as well.

If you are self-employed or own Rental Property personally, please complete the General Questionnaire as well.

If your contact details have changed in the last 12 months, please tick if applicable and provide details

1. If we are preparing your return for the first time		YES	NO	?
		✓ PLEASE TICK ONE		
Please Provide:				
1.1	Copy of your last tax return, taxation assessment and PAYG instalment notices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Copies of any other correspondence with the Tax Office such as objections penalties, Statement of Account, Garnishee Notice, Final Notice to lodge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Income		YES	NO	?
2.1	Have you received any of the following payments (if YES, provide documents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	PAYG Payment Summaries from employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.1	Any allowances, benefits and other earnings not on your PAYG Payment Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.2	Lump sum payments EG: Pro Rata Annual Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.3	Employment Termination Payments Payment Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.4	Government pensions, allowances and payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.5	An Australian Annuity or Superannuation Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.6	Reportable fringe benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.7	Interest from any source within Australia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.8	Dividends from companies in Australia (Including any reinvested)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YES NO ?

✓ PLEASE TICK ONE

- 2.2.9 Income from a foreign pension or annuity
- 2.2.10 Interest, royalties, dividends, rent or any other foreign income
- 2.2.11 Money from the sale of foreign income (*Such as property or shares*)
- 2.2.12 Have sold or disposed of any assets
- 2.2.13 Have you received rental income or made your property available for rental?
(If so please fill General Questionnaire)
- 2.2.14 Have you received any other income?
- 2.3 Please provide details of any other income you have received:

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3. Deductions

YES NO ?

- 3.1 Have you incurred any of the following work related expenses?
(if YES, provide documents/Summary)
- 3.1.1 Motor vehicle expenses
- 3.1.2 Expenses in relation to your employment that was covered in part (*or in Full*)
by a corresponding allowance
- 3.1.3 Travel in relation to your employment
- 3.1.4 Occupation Specific clothing
- 3.1.5 Protective Clothing
- 3.1.6 Compulsory Uniform
- 3.1.7 Laundry expenses
- 3.1.8 Sun protection products
- 3.1.9 Self education
- 3.1.10 Union Fees
- 3.1.11 Purchase, insurance or repairs to work related equipment
- 3.1.12 Meals when working overtime
- 3.1.13 Sickness and Accident or Income Protection insurance premiums
- 3.1.14 Telephone expenses for work related telephone calls
- 3.1.15 Computer and/or software for work related purposes
- 3.1.16 Books, journals and professional libraries
- 3.1.17 Seminars, conferences and other training

	YES	NO	?
	✓ PLEASE TICK ONE		
3.1.18 Home office expenses for income producing activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.19 Subscriptions to professional bodies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.20 Formal education provided by a professional organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.21 Super contributions to a complying superannuation fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.22 Expenses relating to any dividend or interest income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.23 Gifts or donations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.24 Preparation and lodgement of previous year's tax return or advice from a registered tax agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.25 Interest to the Australian Taxation Office for late payment of income tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Tax Offsets YES NO ?

4.1 Are you eligible for Senior Tax Offset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Are you over 55 years of age and have income from working of less than \$63,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Do you have a spouse (<i>married or de facto</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3.1 Has your spouse received the basic parenting allowance or additional parenting allowance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 Has your child, adopted child or stepchild kept house for you on a full-time basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5 Have you lived in a remote or isolated area of Australia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6 Have you contributed any superannuation on behalf of your spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7 Have you paid medical expenses in excess of \$2,060?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(<i>after Medicare and private health insurance refunds</i>)			
4.8 Are you exempt from paying the Medicare Levy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.9 Were you a member of a private health fund with hospital cover?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.10 Did you claim the Baby Bonus last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.11 Do you have a HECS/HELP debt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.12 Have you received any Family Tax Benefit during the financial year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.13 Please provide details of your spouse's taxable income if we do not prepare his/her tax return • Please provide their Centrelink Payment Advice			

5. Adjustments YES NO ?

	✓ PLEASE TICK ONE		
5.1 Have you become a resident of Australia during this financial year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, please advise date: / /			
5.2 Have you ceased to be a resident of Australia during this financial year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, please advise date: / /			
5.3 Were you under the age of 18 years on 30 June 2013?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. DECLARATION

- (a) I confirm that I have provided you with all the relevant information for the preparation of my Financial Statements and tax returns. I hereby instruct you to prepare any Financial Statements and tax returns on a special purpose-reporting basis to comply with the requirements of the Income Tax Assessment Act 1997 (ITAA97) and Income Tax Assessment Act 1936 (ITAA36). I understand that the Financial Statements should not be relied on for any other purpose and as a result may not comply with Generally Accepted Accounting Principles.
- (b) I accept responsibility for the accuracy and completeness of the information supplied above. You are not to complete an Audit, nor do I wish you to undertake a detailed review of my affairs in order to substantiate the accuracy of my information and therefore you are unable to provide any assurance of my Financial Statements. I understand your work cannot be relied on to detect error and fraud and that you accept no liability for any losses, claims, and demands by any third party.
- (c) I also accept responsibility for all other records and information supplied to you other than those listed below. I accept accountability for any failure by me to supply all relevant records and information to you for the preparation of the Financial Statements. I understand that the onus for tax liability ultimately rests with me and that I should be accountable for meeting my tax liabilities.
- (d) You are authorised to contact banks and/or relevant parties to obtain missing information. Naturally, I will reimburse your firm for any incidental cost in doing so.
- (e) I authorise you to act as my agent with the Australian Taxation Office and to link myself and related entities to your agency list. I also authorise you to transfer any tax refund to my spouse/partner where they may have tax to pay.
- (f) I have read and agree to the Standard Engagement Terms for the Provision of Services by Gilligan Rowe & Associates LP as available on your website. I also acknowledge that these terms may change from time to time (at least 6 monthly) and I will let you know should I disagree with any condition of service. If I don't contact you, you may assume that I agree with your terms.

Name:

Signed:

Date:

NOTE: Electronic signing of this document shall constitute agreement to the terms as it would if it were physically signed.

Your time and effort in completing this form is much appreciated by the team at GRA.



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