

2018 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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input style="border: 1px solid black; width: 20px; height: 15px; margin: 2px;" type="checkbox"/> <input style="border: 1px solid black; width: 20px; height: 15px; margin: 2px;" type="checkbox"/> <input style="border: 1px solid black; width: 20px; height: 15px; margin: 2px;" type="checkbox"/>
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 have any interests in a foreign superannuation scheme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From the 1st April 2014 lump sums from foreign superannuation schemes are taxed when they are withdrawn or transferred to a New Zealand or Australian scheme			
8. Did you hold an interest in a foreign investment funds including units trust or life insurance policy offered or entered into outside of NZ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did you hold an income interest of 10% or more in a foreign company? (We will need to know more about the nature of your involvement in the business activity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you purchased, sold, or traded in Cryptocurrency (e.g. Bitcoin, Ethereum Litecoin)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. 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"/> <input type="checkbox"/>	<input style="border: 1px solid black; width: 20px; height: 15px; margin: 2px;" type="checkbox"/> <input style="border: 1px solid black; width: 20px; height: 15px; margin: 2px;" type="checkbox"/> <input style="border: 1px solid black; width: 20px; height: 15px; margin: 2px;" type="checkbox"/>
12. 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 asse - Income protection insurance (Indemnity Policy only)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input style="border: 1px solid black; width: 20px; height: 15px; margin: 2px;" type="checkbox"/> <input style="border: 1px solid black; width: 20px; height: 15px; margin: 2px;" type="checkbox"/> <input style="border: 1px solid black; width: 20px; height: 15px; margin: 2px;" type="checkbox"/>
13. Did you make any donations to charitable organisations or schools during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you eligible for or receiving Family Assistance - Working for Families? (There have been changes to the types of income you must declare when applying for and receiving WFFFTC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you a new migrant or a New Zealander returning to NZ after being non residen for 10 years or more & hold temporary tax exemption on applicable foreign income? If so, please provide the date of entry into NZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Date _____

16. IN ALL CASES, PLEASE COMPLETE SECTION A2

A2

17. IN ALL CASES, PLEASE SIGN THE DECLARATION AT A3

A3

A1 General

1. If there are any other matters, not included above which you feel might be relevant in determining your tax position, please note them here:

2. If you would like to have a meeting to discuss any of the above matters, please contact Jane to make an appointment with one of the team, and please bring all the relevant documentation with you.

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.

Accident Compensation Corporation

I authorise Vision Accounting Solutions Ltd to act as my agent for ACC levy purposes for all associated entities. This authorisation allows Vision Accounting Solutions Ltd to query and change information on my ACC levy account(s) through ACC staff, and through ACC Online Services. This authority will also allow Vision Accounting Solutions Ltd's main representative discretion to delegate access to my ACC information to other members of Vision Accounting Solutions Ltd. Other delegated members of Vision Accounting Solutions Ltd will also be able to query and change information on my ACC levy account.

Signed: _____

Date: _____