

2024 PERSONAL TAXATION QUESTIONNAIRE

Name: _____ Phone Number: _____
 Email Address: _____ Mobile Number: _____

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

	YES	NO	Docs/Certs Enclosed:
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 (also known as Schedular Income) <i>There is no need to supply documentation for this income, as IRD will provide it</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2. Did you receive any NZ interest, dividends, KiwiSaver or PIE income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you receive any rental income? Please complete separate questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you a shareholder or director of a company that Vision Accounting Solutions Ltd does not act for (excluding shareholdings in publicly listed companies)? If you have a salary or dividend from this company, please supply details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you receive any income from an Estate, Trust, Partnership or other 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 (including interest and dividends)?	<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"/>
8. Did you hold an interest in a Foreign Investment Fund, unit 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. Do you have any foreign bank accounts? Or hold foreign currency accounts in NZ? If yes, please provide all bank statements for the full financial year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you entitled to the four year temporary tax exemption on certain types of foreign income? This may apply if you are a new migrant, or a New Zealander returning to NZ after being non resident for 10 years or more. If so, please provide the date of entry into NZ. Date _____	<input type="checkbox"/>	<input type="checkbox"/>	
12. Have you purchased, sold, or traded in Cryptocurrency (e.g. Bitcoin, Ethereum)? (we will need the trading/investment reports/transactions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. 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)? - Government Wage Subsidies?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14. 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 (only an Indemnity Policy can be claimed, supply notice from insurance company showing claimable part of premium)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
15. Did you make any donations to charitable organisations or schools during the year? If you would like us to prepare your donations rebate claim, please supply receipts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are you eligible for or receiving Family Assistance - Working for Families?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Do you have a Student Loan?	<input type="checkbox"/>	<input type="checkbox"/>	
18. IN ALL CASES, PLEASE ENTER YOUR BANK ACCOUNT DETAILS AT SECTION A2	<input type="checkbox"/>		
19. IN ALL CASES, PLEASE SIGN THE DECLARATION AT A3	<input type="checkbox"/>		

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:

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

3. It is our practice to send a copy of your income tax return by email, followed by a paper copy in the post. Please indicate whether you wish to receive a paper copy in the mail.

Yes please No paper copy thanks

A2 Bank Account Details

Inland Revenue no longer issues refunds by cheque. Refunds can be paid directly into your bank account. 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: _____