2025 PERSONAL TAXATION QUESTIONNAIRE

Name: Email Address:		Phone Number:			
		Mobile Number:			
		Your time and effort in completing this form is much approximately by the team at Vision Accounting Solutions Lt		ed	
		·	YES	NO	Docs/Certs Enclosed:
1.	Salary, WaA benefit oWithholding	ive any of the following types of income? Iges or Accident Compensation payments If any sort, NZ Superannuation or Family Support (WFFTC) Iges of Payments (also known as Schedular Income) Income, as IRD will provide it			Liiciosea.
2.	Did you rece	ive any NZ interest, dividends, KiwiSaver or PIE income?			
3.	Did you rece	ive any rental income? Please complete separate questionnaire			
4.	does not ac	areholder or director of a company that Vision Accounting Solutions Ltd t for (excluding shareholdings in publicly listed companies)? salary or dividend from this company, please supply details.			
5.	•	ive any income from an Estate, Trust, Partnership or other it Vision Accounting Solutions Ltd does not act for?			
6.	Did you rece	ive any income from overseas (including interest and dividends)?			
7.	Did you have	any interests in a Foreign Superannuation Scheme?			
8.	•	an interest in a Foreign Investment Fund, unit trust or epolicy offered or entered into outside of NZ?			
9.	•	an income interest of 10% or more in a Foreign Company? b know more about the nature of your involvement in the business activity)			
10.		any foreign bank accounts? Or hold foreign currency accounts in NZ? provide all bank statements for the full financial year.			
11.	foreign incom returning to N	ed to the four year temporary tax exemption on certain types of ne? This may apply if you are a new migrant, or a New Zealander IZ after being non resident for 10 years or more. provide the date of entry into NZ. Date			
12.		rchased, sold, or traded in Cryptocurrency (e.g. Bitcoin, Ethereum)? e trading/investment reports/transactions)			
13.	Income froIncome fro	ive any of the following types of income? m the sale of any shares, bonds or other investments? m any pension, annuity or superannuation scheme? ncome (for example royalties)?			
14.	- Fees paid to - interest on - Income pro	r any expenses relating to earning your income? o investment adviser funds borrowed to invest in an income producing asset tection insurance (only an Indemnity Policy can be claimed, supply nsurance company showing claimable part of premium)			
15.	•	e any donations to charitable organisations or schools during the year? like us to prepare your donations rebate claim, please supply receipts			
16.	Are you eligil	ble for or receiving Family Assistance - Working for Families?			
17.	Do you have	a Student Loan?			
18.	IN ALL CASE	ES, PLEASE ENTER YOUR BANK ACCOUNT DETAILS AT SECTION A2		_	
19.	IN ALL CASE	ES, PLEASE SIGN THE DECLARATION AT A3			

A 1	General					
	 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 us to rappointment 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. 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:					
	Dank Account Number.					
А3	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					
	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.					

Date:

Signed: