

Financial Statements – 2009

Individual Questionnaire

Taurus ref:

Ensure this questionnaire is completed and included with your records

Client Name:		Phone:	
Balance Date:		Fax:	
Email:		Cellphone:	
Physical Address:			
Postal Address:			

To: Taurus Group Ltd

You are hereby authorised to communicate with my/our bankers, solicitors, finance companies and all government agencies to obtain such information as you require in order to carry out the preparation of my/our financial statements and tax returns.

I/We authorise you to act as my/our Agent for Inland Revenue Department matters, and to have access to all tax types and all tax information pertinent to the completion of my financial statements and tax returns.

Signature _____

Date _____

Records Required For 12 months to Balance Date	✓	Comment
Interest Received		
An Interest Withholding Tax Deduction Certificate (IR15) will be sent to you by your bank, or other financial institutions, indicating the amount of tax deducted from interest earned. We require these for joint accounts also	<input type="checkbox"/>	
Dividends Received		
A dividend payment advice will accompany dividend cheques indicating withholding tax deductions or imputation credits.	<input type="checkbox"/>	

Other Income & Expenses

Self Employed Income

Please complete Business Questionnaire.

Rents Received

Please complete Rental Questionnaire.

Partnerships/Trusts/Estates/Other Companies

Income from Partnerships/Trusts/Estates/Other Companies, where accounts are prepared by another accountant.

Overseas Investments

Details of all foreign investments and income.

Income Protection Insurance

Please supply details of Income Protection Insurance paid during the financial year.

Rebates (Reducing Your Tax Liability)

Low Income (less than \$9,880)

Did you work more than 20 hours per week? If so, for how many weeks?

No. of weeks _____

Donations

Attach all receipts for donations to schools, churches, charitable organisations. Minimum donation is \$5.

\$ _____ Total

Housekeeper/Childcare

Provide name of Housekeeper/Childcare provider and total amount paid.

Name _____

\$ _____ Total

Family Assistance & Parental Tax Credit

Please supply full names and birth dates of all children. Note the following;

- If you had a child born within the current financial year you may be eligible for the Parental Tax Credit, please include a copy of the child's birth certificate or their IRD number if you already have one.
- Where a child is now financially independent during the current financial year, please advise the date they left school.

If you have received Family Assistance during the year, please supply the certificate issued to you.

Also provide details of any maintenance payments made or received.

<u>Child's Name</u>	<u>IRD No.</u>	<u>Date of Birth</u>	<u>Date left School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Information

Details of anything else we should be aware of in relation to the preparation of your accounts.

**Thank you for completing this questionnaire
Don't forget to sign it on page 1**