



Annual Questionnaire – Trust

For the financial year:

CLIENT NAME: SIGNATURE:

The following list contains all the relevant information that will allow us to use your information to finalise the tax accounts. Please answer ALL the questions. Where lists of information are required please compile separate schedules. Tick the relevant box if the information is enclosed or "N/A" if the schedule is not required. **By providing this information, we will be able to efficiently prepare your end of year taxation accounts and returns. If you are not sure of any of the information required, please contact us.**

INCOME	Please provide the following:	Enclosed/Yes	N/A
TRUST	Details of any income from another trust, unit trust or an estate (where we don't prepare the information for you).	<input type="checkbox"/>	<input type="checkbox"/>
PARTNERSHIP	Details of any income from a partnership (where we don't prepare the information for you).	<input type="checkbox"/>	<input type="checkbox"/>
INVESTMENT	Details of any foreign investments including managed funds, portfolios, overseas investments including overseas property, shares, deposits, super schemes, insurance, bank accounts etc. Details including gross distributions, any overseas tax deducted and country the income was derived from.	<input type="checkbox"/>	<input type="checkbox"/>
LTC LOSSES	Details of any income and expenses from a Look Through Company (where we don't prepare the information for you).	<input type="checkbox"/>	<input type="checkbox"/>
RENTAL INCOME	Details of any rental income plus complete the 'Annual Questionnaire – Rental'.	<input type="checkbox"/>	<input type="checkbox"/>
INTEREST DIVIDENDS	Details of any dividends/bonuses/insurance payments/interest income/partnership income or any other sundry income received during the period (attach documentation including RWT and dividend slips)	<input type="checkbox"/>	<input type="checkbox"/>

EXPENSES	Please provide the following:	Enclosed / Yes	N/A
DEDUCTIBLE EXPENSES	Details of any expenses incurred in deriving income.	<input type="checkbox"/>	<input type="checkbox"/>



INFORMATION	Please provide the following:	Enclosed/Yes	N/A
BANK ACCOUNT	Copies of the final bank statement as at the above date and the one after it, for every bank account, as well as your deposit and cheque butts.	<input type="checkbox"/>	<input type="checkbox"/>
TRUST DOCUMENTS	Do you have any trust documents or minutes that we have not prepared on your behalf, included anything from your lawyer? Provide copies.	<input type="checkbox"/>	<input type="checkbox"/>
	Are there any Trusts, which you have an interest in that we have not been advised of?	<input type="checkbox"/>	<input type="checkbox"/>
	If so, do they own any residential property?	<input type="checkbox"/>	<input type="checkbox"/>

BENEFICIARY DETAILS		YES	N/A
TRANSACTIONS	Have there been any transactions with beneficiaries during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If YES:			
	Beneficiary 1	Beneficiary 2	Beneficiary 3
Name		
Date of Birth		
IRD Number		
Money Advanced		
Tax Paid on Behalf		
School Fees Paid		
	Beneficiary 4	Beneficiary 5	Beneficiary 6
Name		
Date of Birth		
IRD Number		
Money Advanced		
Tax Paid on Behalf		
School Fees Paid		

GENERAL COMMENTS

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