

**MCISAACS Mixed Use Holiday Home/
Boat/Plane Checklist**



Client Name:
 Year End:

Please note the following:
 If there is more than one holiday home, boat or plane, please complete this checklist for each asset

Mixed Use Holiday Home

1. Please provide details of the property:

Address

**2. Was the property empty for 62 days between 1 April 2025 and 31 March 2026?
any other party?**

No	Yes

If Yes, please complete the following section so we can calculate your allowable deductions

1. The number of days the property was empty during the period 1 April 2025 to 31 March 2026

2. The number of days the property was used by family or associated persons during
the period 1 April 2025 to 31 March 2026

OR Where income from any person received was less than 80% of the market rate

*(associated persons includes close relatives, or if owned by an entity (company/trust)
persons associated with the entity owning the property*

3. If there is more than one tenant who used the property through the year, please provide the following details:

Name of tenant	
Relationship to the owner (if any)	
Amount of rent they paid	
Dates rented (from - to)	

4. Expenses

Advertising the property for rent	\$	
Any repairs for damage caused by tenants	\$	
Number of days spent in the property personally while repairing damage caused by tenants		
Mortgage interest	\$	
Rates	\$	
Water rates	\$	
Insurance (House & contents)	\$	
Repairs and Maintenance	\$	
lawn mowing	\$	
Other - please provide details	\$	

Mixed Use Boat or Plane (with a market value of \$50,000 or more)

Does this entity have a boat or plane with a market value of \$50,000 or more , which is used privately and also to derive income? No / Yes

If Yes, please provide details:

Description _____

Market Value \$

Was the asset unused for 62 days between 1 April 2025 and 31 March 2026? No / Yes

If Yes, please complete the following section so we can calculate your allowable deductions

1. The number of days the asset was unused during the period 1 April 2025 to 31 March 2026

2. The number of days the asset was used by family or associated persons during the period 1 April 2025 to 31 March 2026

OR Where income from any person received was less than 80% of the market rate

(associated persons includes close relatives, or if owned by an entity (company/trust) persons associated with the entity owning the property

3. For non associated persons where payment received is at least 80% of market value:

Number of days the asset was used during 1 April 2025 and 31 March 2026
 Income Received during the period 1 April 2025 to 31 March 2026 \$

4. Expenses \$
 Advertising the asset for hire \$
 Any repairs for damage caused by hireage \$
 Catering \$
 Fuel \$
 Insurance \$
 Repairs and Maintenance/ Services/Surveys \$
 Subscriptions/ Licences \$
 Other - please provide details \$

ANY QUERIES? PLEASE CONTACT US FOR ASSISTANCE

**DECLARATION (PLEASE READ AND SIGN)
 Professional Engagement Procedures**

1. We carry out the compilation of your income tax returns from the information supplied by you and therefore we rely on you to provide us with accurate information.
2. It is your responsibility to pay all taxes by due date so as not to incur penalties. We will forward to you advance notice of when tax payments are due along with pay in slips.
3. In completing and signing this Checklist you are accepting MclsaaCs terms of trade and in particular the payment of our fees.

Your signature below confirms the following:

I accept responsibility for the completeness of all records and information supplied to MclsaaCs for the purpose of them preparing my Income Tax Return.

Where information cannot be located by me I hereby authorise MclsaaCs to obtain from third parties including IRD any records or information that they require to prepare my Income Tax Return and accordingly these third parties are authorised to provide to MclsaaCs this information.

I acknowledge that additional accounting costs may be incurred for collecting such missing information where this ordinarily should have been included with this checklist.

If information is not supplied I acknowledge that this may delay the completion of my Income Tax Return.

Please refer to MclsaaCs Letter of Engagement which sets out terms and conditions for provision of services and payment of fees incurred.

Signed: _____

Date: _____

Your time and effort in completing this Checklist is greatly appreciated by MclsaaCs

ANY QUERIES? PLEASE CONTACT US FOR ASSISTANCE