

## Individual Questionnaire – 1 April 2023 to 31 March 2024 Ensure this questionnaire is completed and included with your records

Client Name:		Phone	e:	
Balance Date:		Email	:	
To: Toni Walker Limited				
Terms of Engagement				
	er Limited and staff as applicablion necessary to carry out such			
nstitutions about all tax types (e	formation from Inland Revenue (cept child support), bank and loa on through all Inland Revenue	an accounts in order to c	omplete the above	e assignments.
	ax agent. All income tax returns		wever you are aut	horised to sign
,	, , ,			
Signature:		ΙΓ	Date:	



Records Required	✓	Comments
Wages/National Superannuation/Benefits		
Please provide us with the names of any organisations you have received the following from:  Wages ACC payments National Superannuation  Any other benefits In most cases IRD will have sent us these details direct, however we do need to check all details have been included.		
Interest and Dividends	1	
Please supply the advice slips.  For interest received, you should have an annual advice notice showing the withholding tax deducted.		
If any dividends are taken as bonus shares, also include these advice slips		
Rental and Leased Property		
Please complete a separate rental questionnaire		
Partnerships, Trusts, Estates and Companies		
Please supply details of income earned from any entity for which we do not prepare the accounts and tax returns.		
Overseas		T
<ul> <li>Supply details of overseas interest, dividends, wages received and taxation paid</li> </ul>		
<ul> <li>Provide details of any overseas investments held at any time during the financial year</li> </ul>		
Attach all of your investments advisor's reports		
Any Other Income		1
Attach details:  Income Replacement Insurance Policy – provide details of premiums and claims		
<ul> <li>Look Through Company – if you have been allocated a share of a loss other than from a company that we are aware of, please provide details</li> </ul>		
Did you receive non-taxable income from any other sources? If Yes, please provide details.		
Donations		
Do you want us to complete your rebate claim form? Yes \_ No \_  If so, please attach receipts.		

Thank you for completing this questionnaire Don't forget to sign it