## Financial Statements Questionnaire –

Ensure this questionnaire is completed and included with your records

| Liisure tilis questioni   | maile is completed and included with your record   | 13              |  |  |  |
|---|--|-----------------|--|--|--|
| Client Name   |  | Phone:          |  |  |  |
| Balance Date  |  | Email:          |  |  |  |
| To: Business Plus One L   | Ltd  |                 |  |  |  |
| Terms of Engagement   |  |                 |  |  |  |
| Taxation Returns for the out such services and we upon the information p of an opinion on the requirements. I/We undinvestigating non-comp  | I/We hereby instruct you Business Plus One Ltd and staff/contractors as applicable to prepare my/our Financial Statements and Taxation Returns for the year/period ending . I/We undertake to supply all information necessary to carry out such services and will be responsible for the accuracy and completeness of such information. I/We understand that you will rely upon the information provided by me/us. Your services are not intended to, and accordingly will not result in the expression by you of an opinion on the Financial Statements in so far as third parties are concerned, or in the fulfilling of any statutory audit requirements. I/We understand that during preparation of the Financial Statements and Taxation Returns you will not be specifically investigating non-compliance with laws and regulations – however, should anything come to light of this nature during this process, you will bring that to my/our attention. |                 |  |  |  |
| taxation liabilities. If t  | the Financial Statements and Taxation Returns are proteins should change in any material respect, I/we was serson, other than me/us, for the contents of the Finance   | vill inform you | u immediately. You will not accept any   |  |  |
| All other terms and cor when I/we became a cli  | nditions of this engagement are the same as those relient.   | ferred to in th | e original Engagement Letter I/we signed |  |  |
| are due for payment by  | ou have the right to charge interest on overdue accou<br>y the 20 <sup>th</sup> of the month following invoice date. The ch<br>on costs you incur will be fully recoverable from me/u  | narging of such |  |  |  |
| types (except child su  | btain information from Inland Revenue, other govern<br>upport), bank and loan accounts in order to comp<br>I Inland Revenue media and communication channels   | lete the abov   | ve assignments. This includes obtaining  |  |  |
| I/We authorise your organisation to act as our agent for ACC levy purposes for all associated entities. This authorisation allows your organisation to query and change information on my/our ACC levy account(s) through ACC staff, and through MyACC for Business. This authority will also allow your organisation's main representative discretion to delegate access to my/our ACC information to other members of your organisation. Other delegated members of your organisation will also be able to query and change information on my/our ACC levy account. |  |                 |  |  |  |
|   | ne/us as my/our tax agent. All income tax returns will arn on behalf of myself/ourselves or any of my/our ass  |                 |  |  |  |
|   |  |                 |  |  |  |
| Signature   | Date   |                 |  |  |  |
| Convenient time to ca   | all you is:  |                 |  |  |  |
| Alternative phone nu  | imbers are:  |                 |  |  |  |
| When do you want yo   | our accounts completed by?   |                 |  |  |  |
| Would you like us to  | supply a copy to your bank?  | Yes ? No ?      | (Tick One)                               |  |  |
| If your accounts are t<br>the name of your cur  | to be supplied to your bank, please advise rent bank manager:  |                 | <del></del>                              |  |  |

| Records Required:   | ? | Comment: |
|---|---|----------|
| Bank Statements, Cheque butts, Cash books, etc  |   |          |
| <u> </u>  |   |          |
| Where an <b>online accounting system</b> is used (e.g. Banklink / Xero / MYOB), please provide:   | ? |          |
| <ul> <li>Final bank statement for the year for all bank accounts</li> </ul>   |   |          |
| Where a non cloud based computerised accounting system is used (e.g. MYOB), please provide the following:   | ? |          |
| <ul> <li>General Ledger Detailed, General Ledger Summary, Trial Balance, Profit &amp; Loss,<br/>Balance Sheet, GST Reconciliation.</li> </ul>   |   |          |
| <ul> <li>Copy of bank reconciliation as at balance date for all bank accounts.</li> </ul>   |   |          |
| <ul> <li>Final bank statement for the year for all bank accounts</li> </ul>   |   |          |
| Where a Cashbook (computerised / manual) or no system is used, please provide:  | ? |          |
| <ul> <li>Cashbook (if one is kept, including one-month past balance date)</li> </ul>  |   |          |
| <ul> <li>Copy of bank reconciliation as at balance date for all bank accounts</li> </ul>  |   |          |
| <ul> <li>Bank statements for the full year for all bank accounts</li> </ul>   |   |          |
| •   |   |          |
| <b>Note</b> : If no cashbook has been kept, please ensure that bank statements include the details of what each deposit and withdrawal was for.   |   |          |
| IRD Disclosure requirement information (excluding non-active trusts)  |   |          |
| If not provided already, could you please provide a copy of the trust deed and any amendments made to this.   | ? |          |
| Please provide the following information for all <b>settlors</b> and <b>beneficiaries</b> of the Trust:   |   |          |
| Full name   |   |          |
| <ul> <li>Date of birth or commencement date (for non-individuals)</li> </ul>  | ? |          |
| <ul> <li>Jurisdiction of tax residency (if not NZ)</li> </ul>   | ? |          |
| <ul> <li>IRD number (or Tax Identification Number for those not resident in NZ)</li> </ul>  | ? |          |
|   | ? |          |
| Please provide details of any settlements made to the Trust by settlors or any other persons (including those valued at zero)   |   |          |
| Please provide details of any distributions made to beneficiaries, including the following:   | ? |          |
| <ul> <li>Distributions of accounting income</li> </ul>  |   |          |
| <ul> <li>Distributions of accounting meome</li> <li>Distributions of capital, corpus or trust assets</li> </ul>   |   |          |
| <ul> <li>Use of trust property for less than market value</li> </ul>  | ? |          |
| ■ Forgiveness of debt   | ? |          |
| •   | ? |          |
| If not already provided above, can you please provide the following details of any person who has the power to appoint/dismiss a trustee, add/remove a beneficiary, or to amend the trust deed. | ? |          |
| ■ Full name   |   |          |
| <ul> <li>Date of birth or commencement date (for non-individuals)</li> </ul>  |   |          |
| <ul> <li>Jurisdiction of tax residency (if not NZ)</li> </ul>   | ? |          |
| <ul> <li>IRD number (or Tax Identification Number for those not resident in NZ)</li> </ul>  | ? |          |
|   |   |          |
|   | ? |          |
|   | ? |          |
|   | 1 | <u>l</u> |

| Covid-19 Wage Subsidy and other Covid-19 support paymer   | nts                   |                              |  |   |
|---|-----------------------|------------------------------|--|---|
| Have you received the Covid-19 Leave Support Payments? (please  | note all dates and re | eceipts                      |  | ? |
| Date rec://\$   | Date rec://           | \$                           |  |   |
| Date rec://\$   | Date rec://           | \$                           |  |   |
| Date rec://\$   | Date rec://           | \$                           | <del></del>                            |   |
| Where Covid-19 Leave Support Payments have been received for store of the business please provide details of the following:   | akeholders (sharehol  | lders/p                      | artners/trustees/beneficiaries/owners) | ? |
| Amounts received for each stakeholder   |                       |                              |  |   |
| Whether amounts received were for full-time or part-time  | 25                    |                              |  |   |
| Have you received a Covid-19 Cultural Sector Emergency Relief Gra   | ant or any other Cov  | id-19 s                      | upport payments?                       | ? |
| Please provide details if it is an "other" Covid-19 support payment   |                       |                              |  |   |
| Date rec://\$   |                       |                              |  |   |
| Date rec://\$   |                       |                              |  |   |
| Have you received the Covid-19 Small Business Loan?   |                       |                              |  | ? |
| Date rec://\$   |                       |                              |  |   |
| Have any amounts of Covid-19 support payments been repaid bac   | k?                    |                              |  |   |
| Please provide details of payment and reason for repayment  | ν:                    |                              |  | ? |
| Date paid back:/_/_ \$  | Reason:               |                              |  |   |
|   |                       |                              |  |   |
|   |                       |                              |  |   |
|   |                       |                              |  |   |
|   |                       |                              |  |   |
|   |                       |                              |  |   |
| Loan Statements   |                       |                              |  |   |
| Supply a copy of any loan transaction statements for the financial ye balance date, including loans that have been refinanced or repaid do  |                       | ?                            |  |   |
| Goods & Services Tax (GST) Returns  |                       |                              |  |   |
| Please supply your copies of Goods & Services Tax (GST) returns a not filed via Xero.   | nd work papers if     | ?                            |  |   |
| Interest and Dividend Certificates  |                       | 1                            |  |   |
| Supply copies of certificates.  |                       | ?                            |  |   |
| Lease details   |                       |                              |  |   |
| Supply copies of lease agreements for non-building assets (e.g. me equipment).  | otor vehicles,        | ?                            |  |   |
| Foreign Income  |                       | 1                            |  |   |
| Details of any foreign income received, and any tax deducted from   | n this.               | ?                            |  |   |
| Accounts Receivable (Debtors) – see attached Schedule 1   |                       | 1                            |  |   |
| All accounts or amounts owing to you at balance date should be scheduled. Exclude bad debts. To enable bad debts to be excluded from income, these must be written  Total at Balance Date: \$ |                       | Total at Balance Date:<br>\$ |  |   |
| off prior to balance date.  GST Included 2 Excluded 2   |                       |                              |  |   |
| Accounts Payable (Creditors) – see attached Schedule 2  |                       | 1                            |  |   |
| All accounts or amounts owing by you at balance date should be sch name of creditor, amount and what the debt is for.   | eduled indicating     | ?                            | Total at Balance Date:                 |   |
|   |                       |                              | GST Included ② Excluded ②              |   |

| Capital Expenditure  | 1    | T   |
|--|------|---|
| Attach details of assets purchased or sold during the year such as motor vehicles, plant and equipment and properties. Where applicable please provide the following details:  | ?    |   |
| <ul> <li>Hire purchase or loan agreements</li> </ul>   |      |   |
| <ul><li>Lease agreements</li></ul>   | ?    |   |
| <ul> <li>All legal statements and agreements</li> </ul>  | ?    |   |
| ■ Trade-in details   | ?    |   |
| <ul><li>Lost, stolen or scrapped items</li></ul>   |      |   |
| <ul><li>Insurance pay out</li></ul>  | ?    |   |
| <ul><li>Copy of Tax Invoices</li></ul>   | ?    |   |
| A copy of last year's Asset and Depreciation Schedule is attached for your information. We suggest you review the schedule and indicate any assets that no longer exist.   | ?    |   |
| Other Taxable or Non-Taxable Income  |      |   |
| Did you receive income from any other sources either taxable or non-taxable?   |      |   |
| If Yes, please provide details (e.g. Uber, Airbnb, services through platforms such as Pocket Job, Airtasker etc).  |      |   |
| Legal and Loan Documents   | 1    |   |
| Please attach any solicitor's statements and Sale and Purchase Agreements relating to any legal transactions during the year. Please also include Statements and Agreements relating to any mortgages, hire purchase, leases or loans. | ?    |   |
| Business Expenses  |      |   |
| There are a number of invoices that we specifically require. Please ensure the records you provide us with include all paid accounts for:  |      |   |
| ■ Insurance premiums   | ?    |   |
| <ul> <li>Legal fees</li> </ul>   | ?    |   |
|  |      |   |
| Gifting Programme  | 1    | I   |
| Please advise details of gifts made to your trust during the financial year. If you have   |      | Date of Gift                                  |
| copies of the gifting documentation from your solicitor, please attach   | ?    |   |
| γ,   |      | Amount \$                                     |
| Please provide any acknowledgement of debts if available.  | ?    |   |
| Major Transactions   |      |   |
| Please provide a list of any major transactions that have occurred during the financial year that affect the Trust.  | ?    |   |
|  |      |   |
| Rental Property Details  |      |   |
| Please provide us with the addresses of any rental properties you have.  |      | property was not rented for a full 12 months, |
| Address:   | plea | se provide details of why it was vacant.      |
| Address:   |      |   |
| Address:   |      | <del></del>                                   |
|  |      |   |

| Rental Income and Expenditure   |  |         |          | ?        |
|---|--|---------|----------|----------|
| OR  | ifying and detailing all transactions that relate  |         |          | ?        |
| Please provide details of the following for e   | ach rental property. Use a separate sheet if ne  | ecessar | y.       | ?        |
| Income: Total Rent Received \$  |  |         |          |          |
| Expenses:   |  |         |          |          |
| Accounting fees \$  | Phone  |         | \$       |          |
| Advertising (to rent) \$  | Power  |         | \$       |          |
| Bank fees \$  | Rates  |         | \$       |          |
| Insurance \$  | (including regional counci   |         | )        |          |
| Legal fees \$   | Repairs and Maintenance  |         | \$       |          |
| Management fees \$  | (please attach details or in   |         | s)       |          |
| Mortgage Interest \$  | <del></del>  | \$      |          |          |
| (attach copy of loan summary/statements f   |  |         | \$       |          |
| Details of any other expense relating to ren  | tal property:  |         |          |          |
|   | \$<br>\$   |         |          |          |
| Details of visits to inspect property/conduct   |  |         |          |          |
| Date Details  |  | Kilome  | tres     |          |
|   |  |         |          |          |
|   |  |         |          |          |
|   |  |         |          |          |
| Residential Land Withholding Tax  |  |         |          |          |
|   | Realand where Residential Land Withholding Plf so, provide details e.g. IR1100 Residential and purchase documents. | ?       |          |          |
| Residential Property Sales  |  |         |          |          |
| Have you sold any residential property during information provided)?  | ng the year (not otherwise detailed on the   | ?       |          |          |
| If yes, when was the property purchased?  |  |         |          | _        |
| If it was purchased with 10 years of the sale   | date,  |         | ė        |          |
| • what was the original purchase pr   | rice   |         | \$<br>\$ | <u> </u> |
| • and the sale price?   |  |         | -        | _        |
|   | ne for the full time it has been owned? If   |         |          |          |
| not, please provide dates and detai   | ls on the nature of the shared use.  | ?       |          |          |
|   |  |         |          |          |
| Mortgage Interest Paid on Residential   | Properties   |         |          |          |
|   |  |         |          |          |
| Have you incurred interest on residential pr<br>family home or a 'new build*')? Is the inter<br>residential rentals? If so, please provide de | est also against properties other than   | ?       |          |          |
| * A new build is a self-contained residence confirming the residence was added to the   |  |         |          |          |
|   |  |         |          |          |

| Mixed Use Holiday Home  |   |                         |                   |   |
|---|---|-------------------------|-------------------|---|
| Does this entity have a property (such  | as a holiday home or a bach) that is used   | I privately and also to |                   | ? |
| If yes, provide details of property:  |   |                         | Yes ? No ???<br>  |   |
| Was the property empty for 62 days of lf yes, please complete the following states. | or more in the income year?<br>Rection so we can determine the amount   |                         | es 2 No 22<br>ns. |   |
| Mixed Use Holiday Home – Inform   | nation Required   |                         |                   |   |
| The number of days the property was   | empty during the income year  | _                       |                   |   |
| OR where income from any person re  | d by family or associated persons* during ceived was less than 80% of market rate s, or if owned by an entity, persons associated | -<br>-                  | the property      |   |
| If there is more than one tenant who  | used the property through the year, plea  | se attach details.      |                   |   |
| Name of tenant:   |   |                         |                   |   |
| Relationship to owner (if any):   |   |                         |                   | _ |
| Amount of rent they paid:   | \$  |                         |                   | ? |
| Dates rented (From: To)   |   |                         | <del></del>       |   |
| Cost of advertising for tenants  Cost of repairing damages caused by                |   | \$\$                    | · · ·             |   |
|   | while repairing damages caused by tena  | nts                     |                   | ? |
| Mortgage interest   |   | \$ <sub>.</sub>         |                   |   |
| Rates   |   | ,                       |                   |   |
| Insurance   |   | \$                      | <del></del>       |   |
| Repairs/maintenance for general wea   |   | \$                      |                   |   |
| Other (please give details) :   |   |                         |                   |   |

| Mixed Use Boat or Plane  |                                      | 1   |
|--|--------------------------------------|-----|
| Does this entity have a boat or plane (with a market value of \$50,000 or greater), that i   | is used privately and also to derive | [7] |
|  |                                      | ?   |
| income?  | Yes 🛽 No 📆                           |     |
| If Yes, provide details:   |                                      |     |
| Description:   | <del></del>                          |     |
| Market value: \$   |                                      |     |
| Was the asset unused for 62 days or more in the income year?   | Yes 2 No 22                          |     |
| If yes, please complete the following section so we can determine the amount of allow  | able deductions.                     |     |
| Mixed Use Boat or Plane – Information Required   |                                      |     |
| The number of days the asset was <b>unused</b> during the income year  |                                      |     |
| The number of days the asset was used by family or associated persons* during the inc  | come year                            |     |
| OR where income from any person received was less than 80% of market rate  |                                      |     |
| * Associated persons include close relatives, or if owned by an entity, persons associated with the  | e entity owning the property         |     |
| For non-associated persons where payment received is at least 80% of market value:   |                                      |     |
| Number of days the asset was used:   |                                      |     |
| Income received: \$  |                                      |     |
| Expenses incurred in respect of the property (the list below is not exhaustive – details of  | of all expenses will be required):   |     |
| Cost of advertising for hireage  | \$                                   | ?   |
| Cost of repairing damages caused by hireage  | \$                                   |     |
| Operating costs / supplies   | \$                                   |     |
| Insurance  | \$                                   |     |
| Repairs/maintenance for general wear and tear  | \$                                   |     |
| Other (please give details)  |                                      |     |
|  |                                      |     |
| Cryptoassets   |                                      |     |
| Have you received or traded in cryptoassets during the income year? If so, please provide the following information:                           | 2                                    |     |
| The type of cryptoasset  |                                      |     |
| <ul> <li>For each transaction provide the date, type of transaction i.e. received or<br/>disposed of, number of units, value in NZD</li> </ul> |                                      |     |
| Total units of each cryptoasset held at the beginning and end of the year  |                                      |     |
| Exchange records and bank statements   |                                      |     |
| Wallet addresses   |                                      |     |
|  |                                      |     |

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

## Schedule 1 – Accounts Receivable (Debtors) Amounts owing to you at

| Client Name |  |  |
|-------------|--|--|
|-------------|--|--|

| Name of Debtor | Description of Sale | Code | Total Incl GST |
|----------------|---------------------|------|----------------|
|                |                     |      |                |
|                |                     |      |                |
|                |                     |      |                |
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|                |                     |      |                |
|                |                     |      |                |
|                |                     |      |                |

| Totals |  |
|--------|--|
|--------|--|

## Schedule 2 – Accounts Payable (Creditors) Amounts owing by you at

| Name of Creditor | Description of Goods | Code | Total Incl GST |
|------------------|----------------------|------|----------------|
|                  |                      |      |                |
|                  |                      |      |                |
|                  |                      |      |                |
|                  |                      |      |                |
|                  |                      |      |                |
|                  |                      |      |                |
|                  |                      |      |                |
|                  |                      |      |                |
|                  |                      |      |                |
|                  |                      |      |                |

| Totals |  |
|--------|--|
| Totals |  |