

## Annual checklist for personal tax return

## For the year ended 31 March \_\_\_\_

## (Note: Please use a separate new form for each individual person. We are happy to receive all information electronically).

Please note that where we are acting for any of your companies, trusts, partnerships, etc we will incorporate the relevant information into your personal tax return.

## Your full name:

1.	PERSONAL DETAILS						
	Please provide any important changes or additional contact details below (This is option	al).					
	Business telephone						
	Home phone						
	Mobile						
	Email addresses						
	Fax						
	Preferred postal address						
	Home address						
2.	BIG ISSUES?	Yes?	N/A?				
	Has there been (e.g.):						
	Any redundancy payment?						
	<ul> <li>Any major changes from the last financial year? e.g.</li> </ul>						
	<ul> <li>Inheritance received?</li> </ul>						
	<ul> <li>Payments from overseas?</li> </ul>						
	<ul> <li>Are you a non New Zealand tax resident? If you are unsure please talk to us.</li> </ul>						
	<ul> <li>Any income or expenses not shown below (i.e. to be provided later)?</li> </ul>						
	,						
3.	WAGES, SALARIES, SUPERANNUATION, SELF-EMPLOYED INCOME (that has	Yes?	N/A?				
	been taxed when received as PAYE)						
	Please list employers/payers of the above. (We will obtain the amounts from Inland records).	Revenu	le's				
4.		Yes?	N/A?				
	Please provide interest certificates and/or amounts from each payer.						
	riease provide interest certificates and/or amounts nom each payer.						
5.	DIVIDENDS RECEIVED	Yes?	N/A?				
	Please provide dividend statements and/or amounts from each payer.	L	1				

6.	OVERSEAS MONEY & INVESTMENTS	Yes?	N/A?				
	Please provide details of any payments received from overseas. This will include withdrawals from overseas savings/pension funds as well as overseas interest received, or overseas dividend certificates.						
	If you have an overseas pension scheme, please provide details of where this is held, amounts held and payments received from any scheme.						
	If you have any overseas investments please let us know what these are.						
7.	PORTFOLIO INVESTMENT ENTITY (PIE) INVESTMENTS	Yes?	N/A?				
	Please provide details of your investments including a statement showing your Prescribed Investor Rate (this is the rate at which tax is deducted in your managed PIE investment).						
8.	TRUST or ESTATE DISTRIBUTIONS RECEIVED	Yes?	N/A?				
	Please provide details of any distributions you have received from family, estates or other trusts.						
9.	SHAREHOLDER SALARY	Yes?	N/A?				
	Please provide details of any shareholder salary you have been allocated from a company (that has not been taxed as PAYE).						
10.	LOOK THROUGH COMPANY (LTC) INCOME or LOSS	Yes?	N/A?				
	Please provide details of any income or loss from any Look Through Companies.						
11.	RENTAL INCOME (please request a Rental Income Checklist).	Yes?	N/A?				
12.	SELF EMPLOYED OR FARMING INCOME (UNTAXED)	Yes?	N/A?				
	(please request a Rental Income Checklist).						
13.	PARTNERSHIP INCOME RECEIVED	Yes?	N/A?				
	Please provide details of any income from partnerships that you have received. (e.g. a forestry partnership).						
14.	OTHER INCOME	Yes?	N/A?				
	Please provide details of any other personal income (taxed or untaxed) not included elsewhere.						
15.	INCOME PROTECTION INSURANCE	Yes?	N/A?				
	If you have a policy could you please provide a copy of the policy and invoice.						
	If you do not have income protection would you like to discuss this with us? (yes or no)						
16.	STUDENT LOAN	Yes?	N/A?				
	Do you have a student loan?						

17. WORKING FOR	RFAMILIES			Yes?	N/A?			
Do you think you are eligible for Working For Families Tax Credits? If so, please provide:								
Name c	of principal caregiver							
Childre	n for who you were th							
	Were you the principal caregitori							
Child's name	Date of Birth	IRD Number	the whole year?					
			,	,				
				s or no)				
				es or no)				
				es or no) es or no)				
		(yes						
				or no)				
			() ==					
				Yes?	N/A?			
18. DONATION RE								
	ch receipts for any do ing the year.	nations to approved cl	haritable organisations, kinder	gartens	or			
	ing the year.							
19. OTHER NOTES	S AND COMMENTS				•			
			re about. If in doubt about v	whether	to			
include something,	we suggest you throw	r it in!						
If you have suggest	ions about how to imp	prove this checklist ple	ase also let us know.					
PRIVACY ACT								
	for directors and emr	plovees of Blackler Sn	nith & Co. (BSCO Ltd) to be	ahle to	file			
			rovide information to: Inland					
			er, payroll provider and other a					
fax, or in-person me		airs. This may be by t	way of telephone, email/online	e servic	es,			
	ing on bonan or.							
		•						
Signed and dated		20	)2					