

Personal Tax Return Checklist for the Year ended _____

Client: _____

The following information may be required to complete your tax return. If applicable, please tick the appropriate box and provide details or write details in the space provided.

Income:

1. SALARY, Wages, National Superannuation, Pensions, Accident Compensation etc
2. INTEREST — provide certificates from financial institutions or other
3. DIVIDENDS — provide details of dividend warrants (indicate any deductions for withholding tax and/or imputation credits).
4. RENTS — Please complete the Rental Checklist if applicable.
5. INCOME FROM ESTATES/TRUSTS — provide details of any income (i.e. interest, dividends, rents, business income or other) and any tax paid by the estate/trust
6. PARTNERSHIPS — advise your share of income or losses in all partnerships.
7. SHARE TRADING — if you have been dealing in shares or you have purchased shares for the purpose of selling at a profit, advise full details of such transactions.
8. STUDENT LOAN — advise details of loan, repayments, etc.
9. FAMILY ASSISTANCE – advise if you have received any family assistance payments during the financial year from either IRD or WINZ . **Please print Working for Families Tax Credit adjustments form and complete.**
10. OTHER INCOME — provide full details.

Deductions:

1. LOOK THRU COMPANY (LTC) — if you are a shareholder of an LTC other than from a company for whom we act, please provide details.
2. EXPENSES incurred for return preparation or against withholding payments.
3. INCOME REPLACEMENT INSURANCE POLICIES — provide details of
4. INTEREST PAID ON MONEY BORROWED TO BUY SHARES – provide details

Foreign Transactions:

Do you have any of the following:

- 1. Foreign Bank Accounts/Foreign credit cards.
- 2. Overseas borrowings.
- 3. Offshore property.
- 4. An Offshore Trust.
- 5. Foreign Pension Schemes.
- 6. Foreign Life Insurance Policies..

Shares or Share Options:

Please provide details of all shares held.

Donation Rebates:

These returns are processed separately. If you would like us to do this calculation for you please attach the appropriate receipts.

Please provide your bank account number for deposit of rebates:

ACCEPTANCE

I accept responsibility for the accuracy and completeness of the information supplied above which is to be used in the preparation of my financial statements. You are not to complete an audit, nor do I wish you to undertake a detailed review of my affairs. I understand that you are unable to provide any assurance on my financial statements and that you accept no liability for the accuracy and completeness of the information supplied by me and that the financial statements will be prepared at my request and for my purposes only and that you will not be liable for any losses, claims or demands by any third person.

I hereby authorise Giles & Associates Chartered Accountants Limited to act as agents for all tax information in relation to myself and or my company and obtain, any information required from my bankers, solicitors, finance companies and other persons as required. These arrangements continue in effect from year to year unless we agree to change them.

NAME OF CLIENT.....

SIGNED.....

DATE.....