${\sf Individual\ Questionnaire-2018}$

Ensure this questionnaire is completed and included with your records

			_
Client Name		Phone:	Business : Cellular:
Balance Date		Fax:	
Dalance Date		Email:	
Terms of Engagement			
I hereby instruct Lawson Avery Ltd to p information necessary to carry out such information. You are hereby authorised government agencies to obtain such in	services, and will be responsible for the to communicate with my bankers, sol	he accuracy and icitors, finance c	completeness of such ompanies and all
I/We also accept that you have the righ accounts are due for payment by the 2 discretion. I/We accept that any collect	Oth of the month following invoice date.	The charging o	f such interest will be at your
You are authorised to sign any other ta	kation return on behalf of myself/ourse	lves or any of m	/our associated entities.
Signature			
Account Name			
Account Name :		·	
Account Number: Records Required Wages/National Superannuation Please provide us with the names of a from: Wages ACC payments National Superannuation Any other benefits		ne following	Comments
Account Number:	n/Benefits any organisations you have received th	ne following	Comments
Account Number:	n/Benefits any organisations you have received th	ne following	Comments

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Portfolio Investment Entity Please provide; • PIE distribution statements • Kiwisaver annual tax statemen					
Interest Please provide; Witholding Tax Deduction Certi List below, details of any interest including all bank account interest provided a certificate or statement. Payer	st received for the year ende			<u>GROSS</u>	
					- - -
Dividends Please provide; Dividend statements for all div March 2018 Details of bonus shares issued The amount of NZ currency fo Contract Settlement statemen year ended 31 March 2018 List below, details of any divid	d in lieu of dividends r overseas dividends receive ts if you have bought or sold	ed any shares during the		NZ CURRENC	<u>>Y</u> - -
Home Office Expenses If part of your home is set aside p	rincipally for use as an office	/workshop/storage area, p	lease pr	rovide the following	g details:
Power \$					
Insurance (Building & Contents) \$		Cost of House and S	action	¢	
		Cost of Section	JUII 1	\$ \$	
			o: (timb :	*	
Rates \$		Construction material	ร. (แท ก 6	er, brick, etc):	
Repairs & Maintenance \$					
Other \$		Area used for Busine	ss:		m²
Total \$		Total Area of House	& Works	shop:	m²
Partnerships, Trusts, Estate Please supply details of incom					

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Any Other Income Attach details Income Replacement Insurance Policy – provide detail Look Through Company – if you have been allocated a than from a company that we are aware of, please pro	a share of income or loss other						
Mixed Use Holiday Home Do you have a property (such as a holiday home or a bach) that is used privately and also to derive income? Yes _ No _ NB: If yes we will contact you for additional; information we will require							
Rental and Leased Property Please complete attached rental questionnaire							
Donations, Housekeeping and Childcare Tax Cr Do you want us to complete your rebate claim form? Ye If so, please attached receipts.							
Working for Families Tax Credits and Parental T Please supply full names and birth dates of all children. If you had a child born within the current financial year Parental Tax Credit. Please include their IRD Number you will need to obtain one for them in order to claim a Where a child has become financially independent dur please advise the date they left school or home If you have received Working for Families Tax Credits du the certificate issued to you by IRD, detailing the amount Also provide details of any child support or maintenance Child's Name	Please note the following: you may be eligible for the below. If you do not have this ny entitlement for them ing the current financial year, ring the year, please supply s.	Date	e of Birth	Date left School			

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

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