

# Financial Statements Trust Questionnaire – 2017

Ensure this questionnaire is completed and included with your records

|              |  |        |                         |
|--------------|--|--------|-------------------------|
| Client Name  |  | Phone: | Business :<br>Cellular: |
| Balance Date |  | Fax:   |                         |
|              |  | Email: |                         |

## **Terms of Engagement**

I/We hereby instruct Lawson Avery Ltd to prepare my/our Financial Statements and Taxation Returns for the year/period ending 2017. 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.

I/We understand that the Financial Statements and Taxation Returns are prepared for my/our own use and to determine my/our taxation liabilities. If this should change in any material respect, I/we will inform you immediately. You will not accept any responsibility to any person, other than me/us, for the contents of the Financial Statements.

All other terms and conditions of this engagement are the same as those referred to in the original Engagement Letter I/we signed when I/we became a client.

I/We also accept that you have the right to charge interest on overdue accounts at the rate of 1.5% per month, and that all accounts are due for payment by the 20<sup>th</sup> of the month following invoice date. The charging of such interest will be at your discretion. I/We accept that any collection costs you incur will be fully recoverable from me/us.

You are hereby authorised to communicate with my/our bankers, solicitors, finance companies and all government agencies to obtain such information as you require in order to complete the above assignments.

You are to represent me/us as my/our tax agent. All income tax returns will be signed by me/us however you are authorised to sign any other taxation return on behalf of myself/ourselves or any of my/our associated entities.

Signature \_\_\_\_\_

Date \_\_\_\_\_

|  |   |
|--|---|
| Convenient time to call you is:  |   |
| Alternative phone numbers are:   |   |
| When do you want your accounts completed by?   |   |
| Would you like us to supply a copy to your bank?   | Yes <input type="checkbox"/> No <input type="checkbox"/> (Tick One) |
| If your accounts are to be supplied to your bank, please advise the name of your current bank manager: |   |



|   |  |                                  |
|---|--|----------------------------------|
| <b>Legal and Loan Documents</b><br>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. Please include a copy of your latest Rateable Valuation for any properties you own. | <input type="checkbox"/>   |                                  |
| <b>Business Expenses</b><br>There are a number of invoices that we specifically require. Please ensure the records you provide us with include all paid accounts for: <ul style="list-style-type: none"> <li>▪ Insurance premiums</li> <li>▪ Legal fees</li> <li>▪ ACC payments and arrangements</li> </ul>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                                  |
| <b>Gifting Programme</b><br>Please advise the date of gifts made to your trust during the financial year. If you have copies of the gifting documentation from your solicitor, please attach this.  | <input type="checkbox"/>   | Date of Gift _____               |
| <b>Major Transactions</b><br>Please provide a list of any major transactions that have occurred during the financial year that affect the Trust.  | <input type="checkbox"/>   | _____<br>_____<br>_____<br>_____ |
| <b>Mixed Use Holiday Home</b><br>Do you have a property (such as a holiday home or a bach) that is used privately and also to derive income?<br><div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div> <b>NB:</b> If yes we will contact you for additional; information we will require                              |  |                                  |

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

Schedule 1 – Accounts Receivable (Debtors)  
 Amounts owing to you at the end of 2017

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

| Name of Debtor | Description of Sale | Code | Total Incl GST |
|----------------|---------------------|------|----------------|
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|               |  |
|---------------|--|
| <b>Totals</b> |  |
|---------------|--|

Schedule 2 – Accounts Payable (Creditors)  
 Amounts owing by you at the end of 2017

| Name of Creditor | Description of Goods | Code | Total Incl GST |
|------------------|----------------------|------|----------------|
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|               |  |
|---------------|--|
| <b>Totals</b> |  |
|---------------|--|