

Trust Information Questionnaire

Nexia New Zealand

Annual Trust Questionnaire

Taxpayer Name:

Financial Year Ended:

Contact Person:

Email Address:

Phone Number:

Fax Number:

It is a requirement of Inland Revenue that this questionnaire be completed in full, signed and dated by the client.

This firm is mindful of providing efficient and cost effective service. Fees are charged on a time basis, therefore a well ordered submission of all data will enable us to complete your financial accounts with the minimum of delay.

Please complete the questionnaire in full and sign as requested. We are unable to start your work until these tasks have been completed.

If you require assistance to complete this Questionnaire, please call us on (03) 379 0829.

Nexia New Zealand

Nexia House
Level 4, 123 Victoria Street Christchurch 8013
P O Box 4160
Christchurch 8140

Telephone: (03) 379 0829
Fax: (03) 366 7144
Email: office@nexiachch.co.nz
Website: nexia.co.nz

Annual Trust Questionnaire

Please complete the checklist below to determine which parts of the questionnaire you need to complete.

Only complete the section of the questionnaire if you answer 'yes' to the relevant question.

This is a general TRUST questionnaire. If your Trust is in business, please complete the Business Questionnaire

	YES	NO	If 'Yes' complete
1. Trust information (in all cases, please complete this section)	<input type="checkbox"/>	<input type="checkbox"/>	A1
2. Did the Trust purchase or dispose of any fixed assets during the year?	<input type="checkbox"/>	<input type="checkbox"/>	A2
3. Did the Trust have any Loans or Hire Purchase Agreements during the year?	<input type="checkbox"/>	<input type="checkbox"/>	A3
4. Did the Trust buy or sell any Real Estate or Investments during the year?	<input type="checkbox"/>	<input type="checkbox"/>	A4
5. Did the Trust have a property, boat or plane which is used both privately and for income earning use, and is also unused for 62 days or more?	<input type="checkbox"/>	<input type="checkbox"/>	A5
6. Was any Investment or Dividends received during the year, or were any investments in a Managed Portfolio Scheme?	<input type="checkbox"/>	<input type="checkbox"/>	A6
7. Did the Trust receive any foreign income or incur any foreign expenses or own foreign shares?	<input type="checkbox"/>	<input type="checkbox"/>	A7
8. Would you like us to prepare your personal tax return? Please complete the Individual Questionnaire.	<input type="checkbox"/>	<input type="checkbox"/>	A8
9. General information (in all cases, please complete this section)	<input type="checkbox"/>	<input type="checkbox"/>	A9

DECLARATION

I accept responsibility for the accuracy and completeness of the information supplied in this questionnaire which is to be used in the preparation of my taxation return. You are not to complete an audit, nor do I wish you to undertake a detailed review of my affairs in order to substantiate the accuracy of my information, and therefore you are not asked to provide any assurance on my taxable income. I understand your work cannot be relied on to detect error and fraud and that you accept no liability for the accuracy and completeness of the information supplied by me. I further understand that the tax return 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 also accept responsibility for all other records and information supplied to you other than those listed above. I accept responsibility for any failure by me to supply all relevant records and information to you.

I hereby authorise Nexia New Zealand to obtain from any third party, any records or information required for the purpose of preparing my Financial Statements and Income Tax Returns.

Signed: Date:

Trust Information Questionnaire

A1	General Trust Information	Enclosed	N/A
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Please provide the following records (if any):

- | | | |
|---|--------------------------|--------------------------|
| <ul style="list-style-type: none"> • Details of any changes in Trustees (including the name and contact details for a new Trustee, the name of any existing Trustee and the date of the change) | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Details of any changes in Beneficiaries during the year (including the name, date of birth, address and IRD number of any new Beneficiary and the date of the change) | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Copy of Trust Deed (if new) | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Copies of any Deeds of Acknowledgement of Debt or Forgiveness in Reduction of Indebtedness actioned during the year | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Details of any Gifts made to the Trust during the year (including copies of Gift Statements) | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Details of the taxable income of any beneficiary that we do not complete a personal income tax return for | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Details of any beneficiary expenditure that was not paid through the Trust | <input type="checkbox"/> | <input type="checkbox"/> |

A2	Assets	Enclosed	N/A
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Please provide the following records:

Purchases

- | | | |
|--|--------------------------|--------------------------|
| <ul style="list-style-type: none"> • A detailed list of any assets purchased during the year including the date purchased, purchase price (GST inclusive), and advising if the asset purchased was new or second hand | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Copies of invoices for any assets over \$500 in value | <input type="checkbox"/> | <input type="checkbox"/> |

Sales

- | | | |
|--|--------------------------|--------------------------|
| <ul style="list-style-type: none"> • A detailed list of any assets sold, including the date sold and sale value | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Disposals/Write offs

- | | | |
|--|--------------------------|--------------------------|
| <ul style="list-style-type: none"> • A detailed list of assets written off/disposed of for no value during the year and the reason for the write off/disposal | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

A3 Loans, Hire Purchase and Lease Agreements
Enclosed N/A

Please provide the following records:

- | | | |
|--|--------------------------|--------------------------|
| • Copies of any agreements that have been entered into during the financial year | <input type="checkbox"/> | <input type="checkbox"/> |
| • Details of any agreements repaid or refinanced during the year | <input type="checkbox"/> | <input type="checkbox"/> |
| • Confirmation of loan balances as at balance date | <input type="checkbox"/> | <input type="checkbox"/> |
| • Loan account statements if available | <input type="checkbox"/> | <input type="checkbox"/> |

A4 Buying/Selling Investments, Real Estate or a Business
Enclosed N/A

Please provide the following records:

- | | | |
|---|--------------------------|--------------------------|
| • A copy of all documentation relating to the purchase or sale of investments (shares, foreign investments, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| • A copy of all documentation including legal statements and Sale and Purchase Agreements relating to the purchase or sale of any Real Estate | <input type="checkbox"/> | <input type="checkbox"/> |
| • A copy of all documentation including legal statements and Sale and Purchase Agreements relating to the purchase or sale of a business | <input type="checkbox"/> | <input type="checkbox"/> |

A5 Mixed Use Assets

You have a mixed-use asset if, during the tax year, it is used for both private use and income-earning use, and it is also unused for 62 days or more. The rules apply to any:

- Property, regardless of cost price or current value e.g. holiday home
- Aircraft or boat which had a cost or market value of \$50,000 or more when you bought it

Note: "Private use" of an asset is by you, your family or associated person. It can also include when the asset is used by a non-associated person who pays you at less than 80% of market rate

If you have any of the above, please advise:

Enclosed N/A

- | | | |
|--|--------------------------|--------------------------|
| • Details of income earning days | <input type="checkbox"/> | <input type="checkbox"/> |
| • Days it was used privately | <input type="checkbox"/> | <input type="checkbox"/> |
| • Days it was unused | <input type="checkbox"/> | <input type="checkbox"/> |
| • Income from income earning days and "private" days | <input type="checkbox"/> | <input type="checkbox"/> |
| • Expenses relating to the asset for the year e.g. rates, power, insurance, fuel | <input type="checkbox"/> | <input type="checkbox"/> |

A6	Interest and Dividends, Managed Portfolio Schemes	Enclosed	N/A
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Please provide the following records:

- | | | |
|--|--------------------------|--------------------------|
| • A copy of all Resident Withholding Tax Certificates received | <input type="checkbox"/> | <input type="checkbox"/> |
| • A copy of all Dividend Advice notices | <input type="checkbox"/> | <input type="checkbox"/> |
| • Please supply information from your financial planner detailing opening balances, movements, income received and closing market value as at balance date, and deductible fees incurred | <input type="checkbox"/> | <input type="checkbox"/> |

A7	Foreign Income/Expenses for Foreign Shares	Enclosed	N/A
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Please provide the following records:

- | | | |
|--|--------------------------|--------------------------|
| • Details of the nature and amounts of any foreign income received and any related foreign tax credits | <input type="checkbox"/> | <input type="checkbox"/> |
| • Overseas shares – we require details and numbers of shares owned at the beginning of the financial year, the market value at that date, shares purchased and sold during the twelve month period, details and the number of shares owned at the end of the financial year and their market value at that time. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Details of the nature and amounts of any expenses paid to people or businesses who are not New Zealand residents. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Details of any investment with OM-IP, MAN Investments, or Liontamer Investments | <input type="checkbox"/> | <input type="checkbox"/> |

A8	Individuals
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For details of your Individual (personal) income you should complete the Individual Information Questionnaire

A9	General Information (to be completed in all cases)	Enclosed	N/A
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Please supply the following information:

- | | | |
|--|--------------------------|--------------------------|
| • Copies of all insurance invoices | <input type="checkbox"/> | <input type="checkbox"/> |
| • Copies of any invoices relating to repairs and maintenance where the amount exceeds \$500 | <input type="checkbox"/> | <input type="checkbox"/> |
| • Details of any Contingent Liabilities or future commitments including lease commitments, (e.g. guarantees provided by the Trust) or a commitment to buy a large capital item | <input type="checkbox"/> | <input type="checkbox"/> |
| • Details of any Trust expenses paid from private funds which have not been reimbursed by the Trust | <input type="checkbox"/> | <input type="checkbox"/> |

- Details of any other matters which you feel might be relevant to determining the tax position of the business for the financial year

General Questions

	YES	NO
Has your address changed during the period?	<input type="checkbox"/>	<input type="checkbox"/>
Has your contact phone number changed during the period?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to receive an electronic (PDF) copy of your accounts?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to receive a printed copy of your accounts?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require your accounts by a specific date?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like us to supply a copy of your financial statements to your bank?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like your invoices & statements from us sent by email?	<input type="checkbox"/>	<input type="checkbox"/>

Email address to send invoices/statements to:

Please provide your bank account details so that we can confirm this is the one held by the IRD:

Can we assist you with, or would you like to discuss any of the following:

	YES	NO
Preparing a tax plan so you pay less tax in the future?	<input type="checkbox"/>	<input type="checkbox"/>
Meeting us more regularly to improve your business performance?	<input type="checkbox"/>	<input type="checkbox"/>
Removing the regular hassle of preparing your GST/FBT/RWT/PAYE returns (if we are not currently providing assistance) so you can focus on making money?	<input type="checkbox"/>	<input type="checkbox"/>
Setting targets for improved profitability by preparing a budget and controlling the cash flow difficulties by preparing a cash flow forecast?	<input type="checkbox"/>	<input type="checkbox"/>
Lowering your overhead cost by having your financial administration (payment of accounts, receipts, banking, etc) handled by us?	<input type="checkbox"/>	<input type="checkbox"/>
Lowering your overhead cost by having your ACC administration handled by us?	<input type="checkbox"/>	<input type="checkbox"/>
Preparation of periodic financial reports (e.g. monthly or quarterly) to assist in the management of your business?	<input type="checkbox"/>	<input type="checkbox"/>
Achieving your financial goals by us providing advice on profit improvement and business growth?	<input type="checkbox"/>	<input type="checkbox"/>
Identifying your future direction with a strategic plan and a business plan?	<input type="checkbox"/>	<input type="checkbox"/>
Achieving greater sales through marketing and promotion of your business?	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with successful business turnaround management?	<input type="checkbox"/>	<input type="checkbox"/>
Areas for improvement with a Business Financial Health Check?	<input type="checkbox"/>	<input type="checkbox"/>
KPI reporting/benchmarking (annual or quarterly)?	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring the continuation of your business by developing a succession plan?	<input type="checkbox"/>	<input type="checkbox"/>
Being updated on the Trusts Act?	<input type="checkbox"/>	<input type="checkbox"/>
Whether you are achieving the most cost effective and efficient Business Insurance cover?	<input type="checkbox"/>	<input type="checkbox"/>
Business acquisition/merger appraisal and due diligence to assist you in achieving the right outcome?	<input type="checkbox"/>	<input type="checkbox"/>
Any specific business problems you would like us to call you about and resolve immediately or any other matters you wish to raise?	<input type="checkbox"/>	<input type="checkbox"/>

Thank you. Your time and effort in completing this form is much appreciated by the team at Nexia New Zealand.