



Individual Questionnaire 2021

Ensure this questionnaire is completed and included with your records

Client Name:		Address:			
Balance Date:		Phone:			
		Email:			
To: McCoy & Co I	Ltd				
Terms of Engage	ment				
and will be respon	nsible for the accuracy and completeness of such infor	mation. You are	pply all information necessary to carry out such services, nereby authorised to communicate with my bankers, you require in order to carry out the above assignments.		
	ent me/us as my/our tax agent. All income tax returns ν behalf of myself/ourselves or any of my/our associate		me/us however you are authorised to sign any other		
payment by the 2	,		te of 2.0% per month, and that all accounts are due for will be at your discretion. I/We accept that any collection		
Accident Compe	nsation Corporation				
query and change your organisation	organisation to act as my agent for ACC levy purposes for a count (s) through ACC levy account (s) through ACC is main representative discretion to delegate access to ers of your organisation will also be able to query and or the country are considered.	staff, and throug my/our ACC info	h ACC Online Services. This authority will also allow ormation to other members of your organisation. Other		
All other terms an	nd conditions of this engagement are the same as those	e referred to on t	he McCoy & Co Ltd website www.mccoyandco.co.nz		
Signature		Date			
Tax Refunds					
Please provide the bank account number that you would like any tax refunds credited into.					
Bank account		/	_		





Records Requir	red			Comments
Wages/National S	uperannuation/Bene	fits		
WagesACC paymentsNational SuperannuAny other benefits	uation	sations you have received t		
Interest and Divid	ends			
deducted. This may	d, you should have an and be on the bottom of you	nual advice notice showing to bank statement dated 31 M lso include these advice slip	arch.	
Rental Income and	d Expenditure			
Please supply bank st rental properties. OR	atements clearly identifyin	al property. Please provide t ng and detailing all transacti rental property. Use a sepa	ons that relate to the	
Income:				
Total Rent Received	\$			
Expenses:				
Accounting fees	\$	Phone	\$	
Advertising (to rent)	\$	Power	\$	
Bank fees	\$	Rates	\$	
Insurance	\$	(including regional co	ouncil rates)	
Legal fees	\$	Repairs and Mainten	ance\$	
Management fees	\$	(please attach details	or invoices)	
Mortgage Interest	\$	Valuation fees	\$	
(attach copy of loan se	ummary/statements from	oank) Water rates	\$	
Details of any other ex	xpense relating to rental p	roperty:		
			5 5	
Details of visits to insp	pect property/conduct pro	perty business:		
Date	Details		Kilometres	

All Oamaru clients please drop information into: c/- Hope & Associates Legal, 76 Thames Street, Oamaru Level 1, 149 Victoria St, PO Box 13-688, Christchurch 8141, Phone 03 366 1058, Email info@mccoyandco.co.nz

www.mccoyandco.co.nz





Records Required		Comments				
Home Office Expenses (if applicable)						
If part of your home is set aside principally for use as an office/workshop/storage area which is used by you in relation to your rental property, you may be able to claim a proportion of your home expenses against your rental income. Please provide the following details:						
Area used for business:	m²					
Total area of house and workshop:	m²					
Power	\$					
Phone	\$					
Rent	\$					
Insurance (Building and Contents)	\$					
Interest (House Mortgage)	\$					
Rates (including regional council rates)	\$					
Repairs and maintenance	\$					
Other	\$					
Total	\$					
Cost of House and Section	\$					
Cost of Section	\$					
Construction materials: (timber, brick, etc)						
Other Details Required (if applicab	le)					
 Solicitors Settlement Statement Sale and Purchase Agreement Loan details for property purchased A copy of the latest Rateable Valuation A list of chattels with their dates and value for properties bought or sold during the year 						
Partnerships, Trusts, Estates and Companies						
Please supply details of income earned from any entity for which we do not prepare the accounts and tax returns.						
Insurance						
Income Replacement Insurance Policy – provide details of: • Premiums paid during the year • Any claims • Please supply a copy of the tax certificate						
Any Other Income						
Look Through Company – if you have been allocated a share of a loss other than from a company that we are aware of, please provide details.						
Other - please provide details and relevant documents.						
Donations						
Do you want us to complete your rebate claim form? Yes \(\Bar{\cup} \) No \(\Bar{\cup} \)						
If so, please attach receipts.						

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Records Required	Comments	
Overseas		
Include overseas interest, dividends, wages received and taxation paid. Note: New Zealand residents are liable for tax on all world-wide income.		
If yes, please provide details of the value and quantity of the investments held at any time during the financial year. Please provide the date, value and details of any purchases, sales and income (dividends).		
Please attach all of your investments advisor's reports. This information is required so we can calculate if any income needs to be declared under the FIF (Foreign Investment Fund) rules.		
Overseas Income	Yes	No
1. Did you have or do you have:		
an overseas current/cheque account		
an overseas call account/money market account		
an overseas fixed term deposit		
an overseas debit/credit card		
an overseas mortgage/loan		
overseas bonds/notes/other financial arrangements		
shares in foreign company/units in a foreign unit trust		
a foreign portfolio with a portfolio manager or bank		
a foreign pension/provident/superannuation fund		
a foreign annuity		
a foreign life insurance/assurance policy		
ownership/interest in an overseas property		
holdings in gold (physical or units)		
2. Did you receive or do you receive:		
overseas interest		
overseas dividends		
an overseas pension/annuity (including lump sums)		
overseas salary/wages/commissions		
overseas business income/self-employment income/consultancy or contract income		
overseas rental income		
a distribution from an overseas Trust or similar entity (whether capital or income)		
3. Did you have or do you have an interest in any off-shore entity as a:		
Director, Member, Founder, Trustee, Protector, Appointer, Settlor or Beneficiary (vested or discretionary).		
This includes entities without separate legal personality such as Partnerships, Joint Ventures, Trust and Estates, and entities with separate legal personality. Such as Foundations, Establishments (Anstalten), Incorporated Estates (Stiftungen), Corporates, Limited Partnerships and Companies.		

If you have said yes to any of the above please provide complete information.

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Records Required	Comments				
Working for Families Tax Credits and Parental Tax Credit					
We no longer calculate your working for families entitlements with your tax return, the Inland Revenue will carry out their own calculations. To avoid overpayments, please ensure you update Inland Revenue, if there have been any changes to your family circumstances or income. We are happy to help if you think there has been an error with Inland Revenue's calculation.					
Best Start (also known as Best Start tax credit)					
Is a government payment of \$60 a week for each child born on or after 1 July 2018. If you're a New Zealand resident you can get Best Start payments until your child turns 1, no matter what you earn. You can apply for Best Start payments when you register your child's birth.					
Residential Land Withholding Tax					
Have you sold residential property in New Zealand where Residential Land Withholding Tax has been deducted and paid to the IRD? If so, provide details e.g. IR1100 Residential land withholding tax return and other sale and purchase documents.					
Residential Property Sales					
Have you sold any residential property during the year (not otherwise detailed on the information provided)?					
If yes, when was the property purchased? If it was purchased within 5 years of the sale date,					
what was the original purchase price \$					
and the sale price? \$					
Cryptoassets					
Have you received or traded in cryptoassets during the income year? If so, please provide the following information: • The type of cryptoasset • For each transaction provide the date, type of transaction i.e. received or disposed of, number of units, value in NZD • Total units of each cryptoasset held at the beginning and end of the year • Exchange records and bank statements • Wallet addresses					

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