

Trading Entity (Partnership or Sole Trader)

Entity Name: \_\_\_\_\_

Year End: \_\_\_\_\_

## INSTRUCTIONS:

Please tick all sections either **YES** or **NO**. Important: Where you tick **YES**, please provide all relevant documents

**Please note, we welcome and encourage you to email all appropriate information to us at [info@cleaver.co.nz](mailto:info@cleaver.co.nz)**

When you have completed the Questionnaire, please sign & date the last page.

Has not Traded – please prepare Nil Return (tick if applicable) -----

☐

|                                                                                                                                                             | YES                      | NO                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <b>1 Record Keeping</b>                                                                                                                                     |                          |                          |
| BankLink-----                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Xero -----                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| MYOB -----                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Cashbook Spreadsheets -----                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Coded Bank Statements – 1 April to 31 March inclusive-----                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Other -----                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2 Bank Accounts and Loan Statements as at 31 March</b>                                                                                                   | YES                      | NO                       |
| Bank Accounts -----                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Loan Statements -----                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3 Accounts Receivable (money owed to this business from your customers) as at 31 March</b>                                                               | YES                      | NO                       |
| Provide detailed schedules of balances -----                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4 Accounts Payable (money owed by this business to suppliers) as at 31 March</b>                                                                         | YES                      | NO                       |
| Provide detailed schedules of balances -----                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5 Stock (finished goods to be sold to customers) and Work in Progress (unfinished goods that will be sold to customers once finished) as at 31 March</b> | YES                      | NO                       |
| Provide detailed schedules of balances -----                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6 Hire Purchase and Finance Leases</b>                                                                                                                   | YES                      | NO                       |
| Provide all copies of documents related to HP's and Finance Leases -----                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>7 Assets and Investments</b>                                                                                                                             | YES                      | NO                       |
| Were any Assets or Investments purchases during the year?-----                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Were any Assets or Investments sold during the year?-----                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Were any Assets or Investments scrapped or written off during the year? -----                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |

Provide details and copies of documents where applicable, eg. Invoices, Sale & Purchase Agreements, Settlement Statements, Chattels and/or Property Valuation Reports, Annual Investment Portfolio Schedules

| 8  | Other Income                                                                                                                                                  | YES                      | NO                       |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|    | Interest -----                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Dividends-----                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Overseas-----                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Other -----                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <i>Please provide details</i>                                                                                                                                 |                          |                          |
| 9  | Vehicle Expenses                                                                                                                                              | YES                      | NO                       |
|    | <i>(If vehicle owned privately and used for business purposes)</i>                                                                                            |                          |                          |
|    | Log Book -----                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Details of vehicle expenses for the year -----                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Business Expenses paid personally                                                                                                                             | YES                      | NO                       |
|    | Provide a summary of any expenses related to this business <i>(that were paid personally)</i> ----                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Allowance for Use of Home:                                                                                                                                    | YES                      | NO                       |
|    | If you use an area of your home for business purposes, fill in the following details and costs relating directly to your home for the period ending 31 March: |                          |                          |
|    | Total area of house (including office/garage)-----                                                                                                            | <input type="text"/>     |                          |
|    | Area of Office/Garage -----                                                                                                                                   | <input type="text"/>     |                          |
|    | Insurance Premium: Building & Contents -----                                                                                                                  | \$ <input type="text"/>  |                          |
|    | Interest on Mortgage/Rental Paid -----                                                                                                                        | \$ <input type="text"/>  |                          |
|    | Power -----                                                                                                                                                   | \$ <input type="text"/>  |                          |
|    | Rates-----                                                                                                                                                    | \$ <input type="text"/>  |                          |
|    | Repairs and Maintenance-----                                                                                                                                  | \$ <input type="text"/>  |                          |
| 12 | Other important information <i>(please provide details)</i>                                                                                                   | YES                      | NO                       |
|    | ACC Invoices received and also the ACC number for this entity -----                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <i>(typically only those entities which employ staff, including shareholder remuneration, pay ACC)</i>                                                        |                          |                          |
|    | ACC Number: _____                                                                                                                                             |                          |                          |
|    | Rental Property Management Reports -----                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |

## PERSONAL TAX RETURN CHECKLIST

| 1 | Income                                                                                                                        | YES                      | NO                       |
|---|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|   | Interest & Dividends - provide certificates from financial institutions or other-----                                         | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Income from Estates/Trusts-----                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
|   | provide details of any income (ie. Interest, dividends, rents, business income or other) and any tax paid by the estate/trust |                          |                          |
|   | Partnerships - advise your share of income or losses in all partnerships -----                                                | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                                                                                                  | YES                                    | NO                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------|
| <b>Share Trading</b> -----                                                                                                                       | <input type="checkbox"/>               | <input type="checkbox"/> |
| 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 |                                        |                          |
| <b>Student Loan</b> - advise details of loan, repayments etc-----                                                                                | <input type="checkbox"/>               | <input type="checkbox"/> |
| <b>Other Income</b> - provide full details-----                                                                                                  | <input type="checkbox"/>               | <input type="checkbox"/> |
| <b>2 Deductions</b>                                                                                                                              | YES                                    | NO                       |
| <b>Income Replacement Insurance policies</b> - provide details of premiums, if applicable-----                                                   | <input type="checkbox"/>               | <input type="checkbox"/> |
| <b>3 Rebates</b>                                                                                                                                 | YES                                    | NO                       |
| <b>Donations</b> - attach all receipts in excess of \$5.00-----                                                                                  | <input type="checkbox"/>               | <input type="checkbox"/> |
| <b>Tax Paid Overseas</b> -----                                                                                                                   | <input type="checkbox"/>               | <input type="checkbox"/> |
| If tax has been deducted on overseas income received by you, please attach details and appropriate overseas tax evidence                         |                                        |                          |
| <b>4 Working for Families Assistance</b>                                                                                                         | YES                                    | NO                       |
| <b>For review of the above assistance, please provide details of your Children</b> (under 18)                                                    | <input type="checkbox"/>               | <input type="checkbox"/> |
| <b>Name</b> .....                                                                                                                                | <b>Date of Birth</b> ...../...../..... |                          |
| <b>Name</b> .....                                                                                                                                | <b>Date of Birth</b> ...../...../..... |                          |
| <b>Name</b> .....                                                                                                                                | <b>Date of Birth</b> ...../...../..... |                          |

## ENGAGEMENT LETTER

This letter is to confirm our understanding of the terms and objectives of our engagement concerning the preparation of your Financial Statements and Taxation Returns, including Income Tax, GST, PAYE and FBT Returns (where applicable), the filing and maintaining of Companies Office statutory records and the nature of limitations of the services that we provide.

The objective of our procedures will be to compile Financial Statements to be used for taxation purposes and, if applicable, audit purposes. The work that we shall perform shall be in accordance with the guidelines issued by the New Zealand Institute of Chartered Accountants. The procedures that we perform will not constitute an audit or a review and so no assurance or an assertions contained in the financial information will be expressed. You accept that our function is limited to providing you with information and advice to aid you in making any tax decisions but that the ultimate responsibility for making those decisions is yours and that we are not responsible for those decisions.

### Timeframes

It is the nature of accountancy work that most Financial Statement preparation work arrives in the office at one time. We process the work received on a "first come, first served" basis, however we will endeavour to meet any requests for work to be completed urgently.

### Your Responsibilities

We rely on the accuracy and detail of information supplied to us by you to determine the correct tax position to take in respect of income you have earned and expenses you have incurred. Would you please disclose all sources of income and detail all ventures you are involved in.

The information required by us in order to perform this engagement is listed within this Financial Statement Checklist.

### Terms of Engagement

It is understood and agreed that:

- You hereby instruct us to prepare Financial Statements and Tax Returns (GST, FBT and PAYE Returns – where applicable) for the above named entity and associated parties;
- You undertake to supply all information necessary for us to carry out such services; and you will be responsible for the accuracy and completeness of such information;
- Our address is used by the Inland Revenue Department for service of notices and we are responsible for checking tax assessments. We shall also endeavour to advise the amounts and due dates of tax instalments. However, the responsibility for paying the correct tax and paying on time rests with you the taxpayer and not us as agent. Any penalties arising from lateness, errors, wrong estimates or for any other reason are payable by you as the taxpayer;
- You confirm your understanding that the adequacy and extent of your insurance covers are regularly reviewed by brokers/insurance companies and discussed with you by them and that we are not responsible, nor liable, for this function;
- You acknowledge that our services are not intended to, and accordingly will not result in the expression of an opinion on the Financial Statements in so far as third parties are concerned, or in the fulfilling of an statutory audit requirements;
- If the financial information is to be used by any third party you will ensure that our Accountants Disclaimer is attached so that the limited extent of our procedures is clear to the user;

7. You acknowledge that you will be charged on a time and costs basis and that Invoices will be issued for Work-in-Progress at each month end. A 5% General Office Disbursement Charge and a \$50.00 Tax Agency Listing Charge will be included on your invoice.
8. A reminder of our Debtor's Policy:-
- Fees are due upon receipt of invoice.
  - Fees 14 Days overdue will receive an initial call and followed up by further communications.
  - Fees two months overdue will be placed on the stop work list until **all outstanding fees** are paid.
  - If fees remain unpaid, legal proceedings will commence. All costs (including without limitation all debt collection costs) incurred by us, in recovering or attempting to recover payment of any debt owed by you to us, will be payable by you upon demand.
  - We reserve the right to charge interest on fees outstanding.
  - In cases where fee payments have been an ongoing issue we will request that a payment be made in advance and held in our Trust Account for the requested work.
  - If fees have remained overdue for three months on three occasions in two years, we will cease to do further work on a permanent basis.
9. Any tax refunds issued by IRD can be utilised in paying our firms outstanding fee accounts for your various entities, which will be processed through Cleaver Partners Ltd's Trust Account.
10. It is acknowledged that all work papers remain the property of our firm;
11. THE PRIVACY ACT 1993
- Due to the nature of the services we offer you, we will, over a course of time, collect confidential and personal information relating to you. We may use this information from time to time to ensure that we are able to provide the various legal services you require of us.
  - You authorise us to obtain from any person or organisation, including but not limited to Veda Advantage, your solicitors, finance companies and government agencies, any and all information we require to obtain credit or other references relating to you to assist us with making a decision as to whether credit will be available to you and to your affairs. This authority also applies for the client linking system/online services with the Inland Revenue Department and us as your taxation agent.
  - All private and confidential information concerning you that we are holding will be in safe keeping at our offices. Notwithstanding the fact that we are authorised to have the right to refer to, use and where necessary amend this information, we undertake not to release to any unauthorised person without having first obtained your written consent to do so.
  - Please note that the Financial Transactions Reporting Act requires us to collect from you and retain information that verifies your identity.

**It is a requirement of the New Zealand Institute of Chartered Accountants that this engagement letter be signed**

If the services outlined are in accordance with your requirements and if the above terms are acceptable to you, please sign this letter in the space provided and return it to us.

***The services and terms as set out above are agreed by***

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

