

Financial Statements Questionnaire – 31 March 2015

Ensure this questionnaire is completed and included with your records

Client Name		Phone:	
Balance Date	31 March 2015	Fax:	
		Email:	

To: Jollands Callander

Terms of Engagement

I/We hereby instruct you to prepare my/our Financial Statements and Taxation Returns for the year/period ending 31 March 2015. 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 2% per month, and that all accounts are due for payment within 7 days of receipt of invoice. 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.

Any information acquired by us in the course of our engagement is subject to strict confidentiality requirements. Information will not be disclosed by us to other parties except as required or allowed for by law or professional standards, or with your express consent. Our files may, however, be subject to review as part of the quality control review program of CPA Australia which monitors compliance with professional standards by its members. We advise you that by signing this letter you acknowledge that, if requested, our files relating to this engagement will be made available under this program. Should this occur, we will advise you. The same strict confidentiality requirements apply under this program as apply to us.

We may collect Personal Information about your representatives, your clients and others when we provide services to you. If we do, you agree to work with us to ensure that we both meet the obligations that we each may have under the Privacy Act 1993 NZ (as amended) (**Privacy Act**). The obligations may include notifying the relevant person to whom the personal information relates who we are and how we propose to use their personal information. Where you have collected personal information, you confirm that you have collected the personal information in accordance with the Privacy Act, that you are entitled to provide this personal information to us and that we may use and disclose the personal information for the purpose/s we provide our services to you. We will handle personal information in accordance with the Privacy Act.

Signature _____

Date _____

Address; Postal	Physical
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:	

Major Transactions		
Please provide a list of any major transactions that have occurred during the financial year that affect the Trust.	<input type="checkbox"/>	<hr/> <hr/> <hr/> <hr/> <hr/>
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? Details of property <hr/> <hr/>		<input type="checkbox"/>
Was the property empty for 62 days in the income year? If yes, please complete the following section so we can determine the amount of allowable deductions.		<input type="checkbox"/>
<u>Mixed Use Holiday Home – Information Required</u>		
The number of days the property was empty during the income year _____ The number of days the property was used by family or associated persons* during the income year _____ <small>* Associated persons include close relatives, or if owned by an entity, persons associated with the entity owning the property</small>		
If there is more than one tenant who used the property through the year, please attach details. Name of tenant: _____ Relationship to owner (if any): _____ Amount of rent they paid: \$ _____ Dates rented (From: To) _____		<input type="checkbox"/>
Expenses incurred in respect of the property (the list below is not exhaustive – details of all expenses will be required): Cost of advertising for tenants \$ _____ Cost of repairing damages caused by tenants \$ _____ Number of days spent in the property while repairing damages caused by tenants _____ Mortgage interest \$ _____ Rates \$ _____ Insurance \$ _____ Repairs/maintenance for general wear and tear \$ _____ Other (please give details) _____ <hr/>		<input type="checkbox"/>

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

Schedule 1 – Accounts Receivable (Debtors)
Amounts owing to you at 31 March 2015

Client Name	
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Name of Debtor	Description of Sale	Code	Total Incl GST

Totals	
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Schedule 2 – Accounts Payable (Creditors)
Amounts owing by you at 31 March 2015

Name of Creditor	Description of Goods	Code	Total Incl GST

Totals	
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