

Personal Client Questionnaire

For the Year Ended 31 March 2026



Update Your Details

Business Details

Business Name:

Balance Date:

Contact Details: To ensure our records are up to date, please complete the following: **Preferred contact method**

Business Phone:

Home Phone:

Mobile:

Email:

Business Address:

Bank Account Details

Inland Revenue no longer provides the option for refunds via cheque so all tax refunds will now be paid by direct credit to a nominated bank account, so it's crucial the bank account details the Inland Revenue currently hold for you are correct.

We would appreciate it if you could confirm your current bank account details by sending us a bank deposit slip or a bank statement for the relevant entities or individuals. If you can please note these below, we can then advise Inland Revenue of these details and of any changes:

Entity Name(s)

Please sign the Privacy Act authorisation on page 3.

Privacy Act Authorisation

I/We authorise Moore Walker Davey Searells Limited and any employees or contractors of Moore Walker Davey Searells to act as our tax agent with Inland Revenue on matters relating to all tax types (except child support).

This includes authority to:

- discuss and make enquiries verbally or in writing to Inland Revenue from time to time regarding my/our tax affairs
- obtain and access information via telephone, email or by online services provided by Inland Revenue.

I/We authorise any person or company to provide Moore Walker Davey Searells with such information as Moore Walker Davey Searells may require to complete the financial statements, and/or tax return(s), and any other work Moore Walker Davey Searells carries out on behalf of myself/ourselves.

If desirable I/We further authorise Moore Walker Davey Searells to furnish to any third party, financial information of my/ours as Moore Walker Davey Searells sees fit that is requested in furtherance of our business activities.

I/We give you full authority to contact any organisation, via telephone, writing or Internet access, including banks, solicitors, the Inland Revenue Department (IRD), the Accident Compensation Corporation (ACC) and all other government agencies for the purposes of obtaining information necessary to complete the financial statements and tax return(s). I/We acknowledge that this information would not otherwise be available due to the Privacy Act restrictions, but I/we give full authority for this statement to be used as written confirmation of my/our agreement to your obtaining from any organisation for the above mentioned purposes.

I/We give you full authority to access and change information from the IRD for all tax types, this may be via telephone, in writing, Internet access or info express.

I/We authorise Moore Walker Davey Searells Limited to act as my/our agent for ACC levy purposes and for all associated entities. This authorisation allows Moore Walker Davey Searells Limited to query and change information on my/our ACC levy account(s) through ACC staff, and through MyACC for Business. This authority will also allow the organisations' main representative discretion to delegate access to my/our ACC information to other members of the organisation. Other delegated members of the organisation will also be able to query and change information on my/our ACC levy account(s).

I/We further authorise that all information is true and correct and is supplied under the terms pursuant to the signed Engagement letter previously issued.

Business Name:

Name:

IRD Number:

Date:

Signature:

I agree with the terms of the Privacy Act authorisation.

Questionnaire

Please indicate if you had income from the following and attach relevant documentation e.g., interest and dividend certificates, etc.

1	Interest (New Zealand)	Yes	No	N/A	MWDS
Did you receive any NZ sourced interest during the year? If yes, please provide all Resident Withholding Tax (RWT) certificates.					
2	Dividends (New Zealand)	Yes	No	N/A	MWDS
Did you receive any NZ sourced dividends during the year? If yes, please provide all dividend advices.					
If you hold shares, please provide details of any share purchases/sales during the year. We will require the price, number of shares traded and the date of the trade.					
3	Portfolio Investment Entities (PIEs)	Yes	No	N/A	MWDS
Did you hold any Portfolio Investment Entities (PIEs) during the year? If yes, please provide all PIE certificates including details of the Prescribed Investor Rate (PIR) used.					
4	Investment Portfolio	Yes	No	N/A	MWDS
Did you hold any investments through an investment advisor? If yes, please provide a full copy of the advisor's Taxation Report for the financial year:					
5	Overseas Income	Yes	No	N/A	MWDS
Did you receive income from the following sources? Specify currencies for each below and date of receipt.					
List of all investments held with an income summary showing all income derived (dividends and interest) for the financial year. Value, number and details of all investments at the start and the end of the financial year.					
Note: Many overseas investments are now subject to the tax under the "Foreign Investment Fund (FIF) Regime". The calculations are very complex and although these may have been done for you and already summarised we do need to verify the information is correct for NZ tax purposes.					
6	Cryptocurrency	Yes	No	N/A	MWDS
Did you own or have you traded cryptocurrency in the financial year?					
If you have, did you receive any income from cryptocurrency activities?					
Do you hold cryptocurrency as a personal investment or part of a business activity?					
Have you received staking rewards, airdrops or mining income?					
Have you sold, swapped or otherwise disposed of any cryptocurrency?					
Note: Please provide records of all your cryptocurrency transactions and details of any crypto-related expenses					

7 Estate or Trust income		Yes	No	N/A	MWDS
Did you receive income from an Estate of Trust?					
If yes, please provide the following details:					
Name	IRD Number				
Type of Income	Amounts				
8 Partnership		Yes	No	N/A	MWDS
Did you receive income from a partnership?					
If yes, provide full details including:					
Name	IRD Number				
Type of Income	Amounts				
9 Shareholder / Employee Salary		Yes	No	N/A	MWDS
Have you earned any salary from a company (with no PAYE deducted) in your capacity as a shareholder/employee?					
If yes, provide full details:					
Name of company & IRD Number	Amount				
10 Rental Property Investments		Yes	No	N/A	MWDS
Do you own a rental property?					
If so, can you please provide the following details:					
Rental property address:					
Please provide the following details:					
Total rents received and details of all expenses associated with the rental property for the financial year. As noted below					
Rent Received: \$					
Advertising & Letting Fees: \$					
Body Corporate Fees: \$					
Cleaning & Garden Maintenance: \$					
Interest paid on Mortgages: \$					
Insurance: \$					

10	Rental Property Investments Cont.	Yes	No	N/A	MWDS
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Please provide a copy of the annual property manager statement if the property was managed through an agency during the year.

Please provide a schedule of motor vehicle running in relation to the rental property including kilometres travelled.

Please provide a copy of the annual loan summary to confirm all loan balances and interest paid during the year.

Details of all assets purchased, sold or disposed of during the financial year. Please provide dates, amounts and copies of invoices where necessary.

If you commenced or ceased renting during the year, provide details of the dates and if possible, please provide copy of latest Government valuation or independent valuations.

11	Self-employed / Farming Income	Yes	No	N/A	MWDS
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Did you receive any self-employed or farming income during the year? If yes, please provide details of income and expenses.

12	Other Income	Yes	No	N/A	MWDS
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Did you receive any other income during the year, e.g. sale of land and/or building; sale of shares or securities; cash jobs; tips.

If yes, please provide full details.

13	Look Through Company (LTC) - Income or Loss	Yes	No	N/A	MWDS
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Were you allocated income/loss from an LTC?

Name

IRD number of LTC

Amount of Income / Loss

14	Expenses Against Income	Yes	No	N/A	MWDS
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If you received income from scheduled payments (previously withholding payment income) or were self-employed, do you have any expenses you can claim against this income? If yes, provide full details.

15	Accident Compensation Corporation (ACC)	Yes	No	N/A	MWDS
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Please provide us with your ACC number:

Provide copies of all invoices issued to you by the ACC during the year.

16	Income Protection Insurance	Yes	No	N/A	MWDS
<p>Do you have income protection insurance?</p> <p>If yes, provide full details or preferably the annual summary notice:</p>					
17	Student Loan	Yes	No	N/A	MWDS
<p>Do/did you have a student loan?</p>					
18	Donations	Yes	No	N/A	MWDS
<p>Did you make any donations during the year? If yes, attach all receipts.</p>					
<p>Note:</p> <p>You can claim a rebate for each of the following, as long as you donate or pay \$5 or more:</p> <ul style="list-style-type: none"> • Donations to any IRD approved charitable organisations • Donations to any school or parent teacher associations. These payments must be donations, not payment of activity or stationery fees • Payment of state school fees, as long as these go to the school's general fund. You cannot claim fees for tuition, specific activities such as school trips, or attendance dues. 					
19	Working for Families Tax Credits (WFTC)	Yes	No	N/A	MWDS
<p>Do you think you may be entitled to WFTC? If yes, provide the following details:</p>					
<p>Name of principal caregiver</p>					
<p>Children for whom you were the "principal caregiver"</p>					
Name	Date of Birth	IRD Number	Were you the principal caregiver for the whole year?		
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
<p>Children for whom you were the "principal caregiver"</p>					
<p>Are you eligible for an in Work Tax Credit? If yes, please advise the number of weeks where you worked more than 20 hours per week for a solo parent or more than a combined 30 hours per week for a couple.</p>					

Contact Us

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