

HAGLUND CONSULTING LTD

ACCOUNTING & CONSULTING SERVICES

ANNUAL QUESTIONNAIRE – INDIVIDUAL

(31 MARCH 2022)

NAME: _____

PLEASE COMPLETE THIS QUESTIONNAIRE, SIGN OVER THE PAGE AND RETURN WITH YOUR RECORDS.

INFORMATION WE NEED			
WAGES/SUPERANNUATION/BENEFITS Any sources of tax-deducted income to ensure we have correct details.			
INTEREST	Please attach statements		
DIVIDENDS	Please attach statements		
STUDENT LOAN	Yes / No (please circle one)		
PARTNERSHIPS, TRUSTS, COMPANIES & ESTATES Please supply details of any income received from other entities that we do not complete the tax return for.	Please attach a schedule		
OVERSEAS INCOME Please provide details of the value and quantity of the investments held at any time during the financial year. Please also provide the date, value and details of any purchases, sales and income (dividends).			
FOREIGN SUPERANNUATION	Please attach a schedule		
OTHER INCOME	Please attach a schedule		
DONATIONS TAX REBATES	Please attach a schedule		
OTHER INFORMATION <ul style="list-style-type: none">• Child support or maintenance payments made or received.• Payments received by family members exceeding \$5,000• Income/drawings from a Trust Any other monies received e.g. loans/gifts from family Companies/Trusts			
WORKING FOR FAMILIES TAX CREDITS Please fill out the details of your children:			
NAME	IRD NUMBER	DATE OF BIRTH	DATE LEFT SCHOOL

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IRD AUTHORITY

I give authority to Haglund Consulting Limited to act on my behalf for all tax types (except child support) until further notice. This includes obtaining information through all Inland Revenue media and communication channels including electronic ones.

THIRD PARTY AUTHORITY

I give authority to Haglund Consulting Ltd to contact the Bank and other entities for the purposes of obtaining information necessary to complete the tax returns/Financial Statements. This includes via all channels including electronic means and accept that this Statement document may be used to obtain this information.

ACCIDENT COMPENSATION CORPORATION AUTHORITY

I authorise Haglund Consulting Ltd to act as my agent for ACC levy purposes and for all associated entities. This authorisation allows Haglund Consulting Ltd 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 agree to the attached Terms of Engagement and above IRD, Third Party and ACC Authority. The terms recorded in this letter will be effective for this and all future engagements that are similar in nature unless we advise you of any change in our arrangements.

SIGNED:

FULL NAME: _____

DATE: _____

Please confirm your contact details for our records:

Home Phone	
Mobile Phone	
Email Address	
Address	