

INDIVIDUAL QUESTIONNAIRE 2023

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 or trusts.			
WORKING FOR FAMILIES TAX CREDITS Please fill out the details of your children:			
NAME	IRD NUMBER	DATE OF BIRTH	DATE LEFT SCHOOL



ACKNOWLEDGMENT

IRD Authority: I/We give authority to HaglundChilids 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/We give authority to HaglundChilids Limited 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 (ACC) Authority: I/We authorise HaglundChilids Limited to act as my/our agent for ACC levy purposes and for all associated entities. This authorisation allows HaglundChilids 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 have signing authority and 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.

Name

Date