



## ANNUAL CHECKLIST – PERSONAL

NAME: .....		
ADDRESS: .....		
CONTACT NUMBERS:	Home: .....	Mobile: .....
Work: .....	Fax: .....	Email: .....

### INCOME DETAILS

**Interest or Dividends**

Details of any investments income (New Zealand and overseas).

**Shareholder Salaries**

Details of any shareholder salaries received from businesses (where we do not prepare the information for you).

**Other Income**

Details of any other income (excluding PAYE Wages or WINZ payments).

**Trust**

Details of any income from another trust, unit trust or an estate (where we don't prepare the information for you).

**Partnership**

Details of any income from a partnership (where we don't prepare the information for you).

**Rental Income**

Details of rental income – unless you have completed the *Rental* property checklist.

**Self-employed Income**

Please fill in our *Business* checklist.

**Overseas Income**

Please state **any** income received from an overseas source.

As there is complex tax legislation in relation to overseas pensions and investments, please supply details of these and we can determine the tax implications (if any).

**EXPENSE DETAILS**

**Deductible Expenses**

Details of any expenses incurred in deriving income from sources other than employment (ie income protection insurance etc). Please attach supporting documentation.

**REBATES**

**Donations**

Receipts for donations and school donations.

**Bank Account**

Please provide your bank account number so the rebate can be direct credited straight in to your bank account.

Bank Account Number:

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_

**WORKING FOR FAMILIES**

**Working for Families**

Details of children under 18 years of age and still at school for whom you may be entitled to family assistance.

Name	Date of Birth	IRD Number
.....	.....	.....
.....	.....	.....
.....	.....	.....

Name and dates of any children who left school during the year:

Name	Leaving Date
.....	.....
.....	.....

**Change of Circumstances**

Details if any of your circumstances changed during the year. For example, shared custody arrangements, change in marital or relationship status etc.

**Average hours worked per week**

Principal caregiver: ..... Partner: .....

**DISCLOSURES**

**Residency**

Were you a non-resident at any time during the income tax year? .....

**ACC Levies**

Did you work more than 20 hours per week? .....

**ACC Information**

Please provide your ACC number so we can confirm any ACC levies for the year (if applicable): .....