M & H 2015 LIMITED: ANNUAL TRUST / INDIVIDUAL QUESTIONNAIRE 2023

IRUST NAME
RD NUMBER
EMAIL

I/We undertake to supply all information necessary to carry out the preparation of Financial Statements and Taxation returns in accordance with the regulations and requirements of CAANZ and will be responsible for the accuracy and completeness of such information. If required, this also extends to the preparation of GST, FBT, PAYE, ACC, Dept of Statistics returns, Annual company returns & responsibility for company statutory records.

Your services are not intended to, and accordingly will not result in the expression by you of an opinion of the financial statements in so far as third parties are concerned, or in the fulfilling of any statutory audit requirements.

I/We give authority to M & H 2015 Limited to act as tax agent on behalf of the above named business and individuals, and to obtain information for all tax types (except child support) from Inland Revenue through all Inland Revenue media and communication channels including electronic until further notice. Authority is also given to communicate with my/our Bankers, Solicitors and Finance Companies to obtain such further information as required in order to carry out the above assignments.

We understand that your fee is payable within 7 days of receipt of invoice.

We understand that while every care is taken to advise us of any tax liability, ultimately, I / we are responsible for being aware of any tax payments due.

From time to time, we may receive requests to furnish your financial details to third parties. To comply with privacy laws please acknowledge that we accept your verbal authority as legal confirmation in these circumstances.

As per current Anti Money Laundering legislation, I/we consent to the Personal Information provided to M & H to be disclosed to the

Identification Verification Providers, and for them to have authority to use any information they hold in their databases about us to compare against the information I/we have provided.

Trust	Authority
musi	Authority

I/We(Trustees names)

Being duly authorised by (Trust name)

give authority to M&H 2015 Ltd to act on behalf of our business entity for all tax types outlined above.

We also give authority to M&H 2015 Ltd to act on our behalf for our personal tax types as listed above (except child support).

TRUSTEE / BENEFICIARY (2) (circle applicable)
NAME
IRD No,
DOB
SIGNATURE :

TRUSTEE / BENEFICIARY (3) (circle applicable)

NAME	
IRD No,	
DOB	
SIGNATURE :	

TRUSTEE / BENEFICIARY (4) (circle applicable)
NAME
IRD No,
DOB
SIGNATURE :

TRUSTEE / BENEFICIARY (5) (circle applicable)
NAME
IRD No,
DOB
SIGNATURE :

TRUSTEE / BENEFICIARY (6) (circle applicable)		
NAME		
IRD No,		
DOB		
SIGNATURE :		

1. Trust Information

a) What is the main activity of the trust?

b) Has the trust received any income this financial year?

Yes / No

If yes, please provide details of income received.

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(if space is insufficient, please list on separate sheet)

- c) Have there been any changes to the trust. i.e. Trustees or Beneficiaries added or replaced? Yes / No
- d) If you are still Gifting, please send copies of the Deed of Reduction of Debt and/or Gifting Statements.
- e) Were there any distributions to beneficiaries? Yes / No
 lf yes, please provide details.
- f) Were there any new assets received or purchased by the trust? If yes, please provide details. Yes / No

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g) Were there any assets sold by the trust? Yes / No If yes, please provide details.

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h) Was there any additional debt, such as mortgages taken

on by the trust? If yes, please provide details. Yes / No

Please provide a copy of the Trust bank/loan statements for the period ending 31 March 2023, if applicable.

2. Information Required For Completing Tax Returns

If we prepare your individual Tax Returns, provide details of the following if applicable:

•	Interest Certificates	Yes
•	Donations – receipts please	Yes
•	Rental income	Yes
•	Trust/Estate income	Yes
•	Investment income i.e. Portfolios	Yes
•	Dividend notices	Yes
•	Electricity authority Rebates/Dividends	Yes
•	Income from overseas	Yes
•	Working for Families Tax Credit	Yes
•	Spouse's income	Yes
•	Taxpayer name registered for WFFTC	

- Please provide your childrens' names, dates of birth and IRD numbers.
- Income Replacement Insurance Policy –Your insurer will provide you with evidence outlining deductible amounts paid for each tax year.

3. Compliance

Please note: This document is an official accounting & taxation compliance requirement. This completed form is kept with your file in case of independent audit and must be signed by all Trustees and Beneficiaries returns are prepared for.

4. Any Specific Questions for	Your
Accounting Team?	

Please supply a bank account number for IRD refund	s:
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Please indicate if you would prefer to receive your an accounts and invoice by:	nual
Digital PDF (Email)	
	_
Hard Copy by Courier / Post	