



Financial Statements Questionnaire - 2019

Please complete the Authorisation below as this authorises us to contact necessary organisations, for example your bank or insurance company, to obtain information that is required to complete your accounts or taxation returns.

Please complete the sections on pages 2 – 3. (Update of Personal and Family Details)

Should you require further schedules i.e. Debtors, Creditors, Sale / Purchase of Assets, Stock on Hand etc., these are available to be downloaded from our website (www.yrw.co.nz) or if we can be of any further assistance to you during the process of collating your end of year financial information please telephone our office.

Authorisation

The attached Schedules of information and **enclosed** Accounting Records represent all our business transactions for the 2018/2019 financial year. I/We authorise *Young Read Woudberg Limited* to compile Financial Statements from the records and data supplied. Unless otherwise agreed, we agree to *Young Read Woudberg Limited*'s standard memorandum of engagement terms, which are available at www.yrw.co.nz.

The Financial Statements are to be compiled as Special Purpose Financial Statements tailored to meet my/our specific information needs. General purpose Financial Statements will be compiled where I am/we are unable to elect, or contract for, the preparation of special purpose reports.

I/We do not require Young Read Woudberg Limited to complete an audit or review.

I/We accept responsibility for the accuracy and completeness of all records and information supplied to *Young Read Woudberg Limited*.

Young Read Woudberg Limited are hereby authorised to communicate with my Bankers, Solicitors, Finance Companies, Inland Revenue Department, Accident Compensation Corporation and other persons or organisations to obtain such further information as they may require in order to carry out the above assignments in respect of all our business and taxpayer entities.

Entity Name Person to Contact with Queries Phone Number				
Preferred Postal Address				_
Preferred method of communication	<mark>on</mark> Ema	ı	Hard Copy	
Preferred Email Addresses:				
General Communication				
Tax Notices				
Financial Statements				
Invoices	-			
CLIENT SIGNATURE			\Leftrightarrow	SIGN HERE

Update of Personal Details

Business Physical Address		
Home Address		
Home Phone	Fax	
Work Phone	Mobile/s	
Name	Date of Birth	
Name	Date of Birth	
ACC Number		

Family Details

<u></u>	<u>, 50</u>								
1)	Children details								
	Please complete ti	Please complete the following:							
	Name of Child	Date Left School	Tertiary Institute	Date of Birth	IRD Numb	IRD Number			
		(if applicable)							
	Student Allowand	ce letter required	<u>I</u>	I		Yes	No		
2)	Working for Fami	Working for Families Tax Credits							
	Have you received any regular payments?					Yes	No		
	Have you had any changes in family circumstances? If yes, provide full details, for e.g. Shared custody arrangements			Yes	No				
		vith your spouse or part ded during the year. Pr		nion or defacto partne	er)				
3)	Hours of Work If you are in a single parent family do you work more than 20 hours per week? If you are in a two parent family are your combined hours of work more than 30 hours per week?			Yes Yes	No No				
		spouse or partner started details of the dates inv		the required hours du	ring the				
4)	Child Support Have you received / paid any Child Support during the year?			Yes \$	No				
5)	Other Payments I Have you received day to day living ea	I any other payments from	om any person or enti	ty that was used for th	e family's	Yes	No		
	If you have answe	red yes, please advise	amount received and	nature of the paymen	t.				
	\$	Nature of Paymer	nt						

Other Details

1)	Would you like us to forward a copy of your Financial Statements to your bank? Name of Bank			No
	Contact Person			
2)	Please advise the details of the Solicitor currently acting for you / your business			
3)	Bank Account details for Direct Lodgement of Rebates (i.e. donations), if applicable			
	Name of Account			
	Bank and Branch			
	Full Bank Account Number			
4)	Office at Home / Workshop Did you use any part of your home or garage to store business related tools, vehicles, finan records or to prepare your books?	cial	Yes	No
	If yes, please provide the following:			
	Area of housesqft/m Area of Basement/Garagesqft/m			
	Area used for Business:			
	Officesqft/m Workshopsqft/m Garage/Storagesqft/m	m		
	Household Expenses:			
	Interest paid on mortgages \$	-		
	Rent paid (if house rented) \$			
	Rates (including water rates) \$	-		
	Power (Electricity and Gas)			
	Repairs to office / workshop \$			
	Insurance (House & Contents) \$			
	Any other house expenses (specify) –			