

2025 Financial Statements - Questionnaire (Commercial Business Clients, Horticulture & Farming Clients)

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 2024/2025 financial year. I/We authorise *YRW Limited* to compile Financial Statements from the records and data supplied. Unless otherwise agreed, we agree to *YRW 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 YRW Limited to complete an audit or review.

I/We accept responsibility for the accuracy and completeness of all records and information supplied to *YRW Limited*. *YRW 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	Email	Hard Copy
Preferred Email Addresses:		
General Communication		
Tax Notices		
Financial Statements		
Invoices		
CLIENT SIGNATURE		⇔ 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>., 20000</u>							
1)	Children details							
	Please complete th	Please complete the following:						
	Name of Child	Date Left School	Tertiary Institute	Date of Birth	IRD Number			
		(if applicable)						
	Student Allowance letter required					Yes	No	
2)	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		
	Your relationship with your spouse or partner (including a civil union or defacto partner) commenced or ended during the year. Provide dates.							
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		
	If you and/or your spouse or partner started or stopped working the required hours during the year please attach details of the dates involved.							
4)	Child Support Have you received / paid any Child Support during the year?			Yes \$	No			
5)	Other Payments Received Have you received any other payments from any person or entity that was used for the family's day to day living expenses?			Yes	No			
	If you have answer	red yes, please advise	amount received and	nature of the paymen	t.			
	\$	Nature of Paymer	nt					
						1	1	

Other Details

1)	Would you like us to forward a copy of your Financial Statements to your bank? Name of Bank		Yes	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, fina records or to prepare your books?	ancial	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/Storagesqf	ft/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) –			
		_		
		-		