

Client Name/s	Balance Date
	31 March 2026

To KGA Chartered Accountants Limited

In signing this you acknowledge that you have

1. Read and accepted our Terms of Engagement (*Version 1*) as per our website.
2. Provided all relevant information needed for the tax return of the above entity to be accurately completed.

Signature _____

Date _____

Information Required:

Please supply information as applicable.

<p>Personal Details Please provide us with the following information:</p> <p>Postal Address _____</p> <p>Email _____</p> <p>Telephone Number _____</p> <p>Please indicate how you would prefer to receive your accounts/tax return:</p> <p><input type="checkbox"/> Meeting <input type="checkbox"/> Electronic Signature via Annature</p> <p><input type="checkbox"/> Email <input type="checkbox"/> Post</p>

<p>1 Please indicate which New Zealand Income types you have received during the year.</p> <ul style="list-style-type: none"> • Wages with PAYE/NZ Superannuation? (KGA can access this information directly from IRD) • NZ Dividends? (Please provide us with your Dividend Certificates and/or Portfolio Investment Reports) • NZ Interest? (KGA can access this information directly from IRD) • KiwiSaver? (KGA can access this information directly from IRD) • Rental Income? (<i>please complete our separate Rental Questionnaire</i>) • Distribution from a Trust/Partnership/Company? Name of Trust/Partnership/Company _____ • Self-Employment Income or other Business Income? (<i>please complete our separate Business Questionnaire</i>) • Any Other Income? (<i>please provide details</i>) 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>2 Have you received any Overseas income (Dividends/Interest/Rental Income) during the year? Please provide us with all documentation (Note: New Zealand tax residents have to pay tax on their worldwide income).</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p>3 Did you pay premiums for income protection insurance? <i>If yes, please attach a copy of the confirmation letter from your insurer, of the premiums paid and any claims</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>4 Did you make any donations? <i>If yes, please attach all relevant receipts.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>5 Are you entitled to Working Families Tax Credits? If you are registered for Working for Families Tax Credits it will be automatically calculated by Inland Revenue upon the filing of your Tax Return. Please ensure that you have advised Inland Revenue of any children born within this Financial year, or any children that have become financially independent. If you wish us to assist you, please note below.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>6 Do you have a student loan? <i>If yes, please attach details.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

OTHER INFORMATION

If you have any other information, which you feel may be relevant to, or included in your tax return that has not been included in the above questions, please attach full details.

Thank you for completing this questionnaire.