

ANNUAL QUESTIONNAIRE INVESTMENT 31 March 2025

name _____

address _____

phone number _____

mobile number _____

email address _____

Please amend/complete the above information if incorrect or not completed

TERMS OF ENGAGEMENT

I/We accept responsibility for the accuracy and completeness of the information supplied which is to be used in the preparation of my Financial Statements. You are not to complete an audit or undertake a detailed review of my/our affairs in order to substantiate the accuracy of my information, and therefore you are unable to provide any assurance on my Financial Statements. I/We understand your work cannot be relied on to detect error and fraud and that you accept no liability for the accuracy and completeness of the information supplied by me/us. I/We further understand that the Financial Statements will be prepared at my/our request and for my/our purposes only and that you will not be liable for any losses, claims or demands by any third persons.

I/We also accept responsibility for all other records and information supplied to you other than those listed in this questionnaire. I/We accept responsibility for any failure by me to supply all relevant records and information to you.

COS.CA Limited will not retain paper based record. All records will be scanned and stored electronically for the required seven year period. Once scanned, all paper based records will be either returned or securely shredded.

GUARANTEE AND INDEMNITY

I / We authorise COS.CA Limited to act for me / us / related Company(s) or Trust(s).

I / We guarantee to pay any Fees owing to COS.CA Limited should any related Company or Trust be insolvent.

I / We indemnify COS.CA Limited and its Directors from any claim by any Beneficiary of any related Trust.

AUTHORITY TO ACT AND OBTAIN INFORMATION

I/We authorise COS.CA Limited to act as our tax agent with Inland Revenue on matters relating to all tax types. This includes authority to discuss and make enquiries verbally or in writing to Inland Revenue regarding my/our tax affairs as well as obtaining and accessing information provided online by Inland Revenue.

I/We authorise any person or company to provide COS.CA Limited with any past, current or future information as required to complete the Financial Statements, and/or Tax Return, and any other work COS.CA Limited carries out on behalf of my/our behalf.

I/We further authorise COS.CA Limited to furnish to any third party, financial information of mine/ours as COS.CA Limited sees fit that is requested in furtherance of our business activities.

I/We authorise COS.CA Limited to act on my/our behalf in respect of the Accident Compensation Corporation (ACC) for the purposes of querying and/or changing information on my/our ACC levy account(s) through ACC staff, and through ACC Online Services.

SIGNATURE _____

DATE _____ / _____ / _____

ON BEHALF OF _____

1. INCOME

Interest and Dividends: Please confirm sources of interest for the 2024/2025 year. We note we will be able to get majority of information from IRD.

Other Income: Please supply details below

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2. CLAIM FOR DEDUCTIBLE EXPENSES

Please supply details of deductible expenses:

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3. RENTAL PROPERTY INVESTMENTS

Please supply residential property investment details if applicable. Please download the additional supplement from the Questionnaire section on our website (www.cosca.nz).

4. STUDENT ALLOWANCES/STUDENT LOANS

Are any of your children attending, or about to attend, University/Polytech etc?

YES / NO

If **YES** would you like to discuss your income level and how it will affect their eligibility for allowances?

YES / NO

Do you, or anyone in your family who we complete tax returns for, have a student loan?

YES / NO

5. DONATIONS

Tax credits are available for the above. If you would like us to complete this for you, please supply all donation receipts.

6. OVERSEAS INCOME

Do you hold any overseas investments, including superannuation schemes and pension funds?

YES / NO

Did you receive an overseas pension/superannuation during the year?

YES / NO

If **YES** please supply all details.

7. INCOME PROTECTION INSURANCE

If you hold an Income Protection Insurance policy, would you like us to include your premiums as a deduction in your tax return, if applicable?

YES / NO

Please note that if we claim a deduction in your tax return then any funds you receive as a result of a claim are taxable income.

8. WORKING FOR FAMILIES

If you currently receive Working for Families or believe you should be entitled to receive it, please download the additional checklist from the Questionnaire section on our website (www.cosca.nz). The changes in calculating Working for Families mean we won't be able to calculate your entitlement unless this is completed.

YES / NO