

## **2025 ANNUAL PERSONAL CHECKLIST**

Full Name:	<del></del>				
Postal Address:					
	- (Post Code)				
Delivery Addres					
Delivery Address					
	(Post Code)				
IRD Number: Date of Birth:					
Home Phone #.: Work Phone #: Fax #: Mobile #: Email:	() () () 				
If any of the above	e details are missing or incorrect, please amend accordingly				
Client Declaration  To: Stephen Larsen & Co Tax & Business Accountants					
I/We hereby instruct you to prepare financial reports and tax returns.  I/We undertake to supply all the information necessary to carry out such services, and will be responsible for the accuracy and completeness of such information. Your services are not intended to, and will not result in the expression by you of an opinion on the financial statements in so far as third parties are concerned, or in the fulfilling of any review or audit requirements.					
Authority to Act					
individual named be Authority is given to includes obtaining i Authority is also giv	give authority) give authority to Stephen Larsen and Co to act on behalf of the elow for all tax types (except NCP or CPR) until further notice. To obtain information from Inland Revenue about all tax types (Except NCP or CPR). This information through all Inland Revenue media and communication channels en to act as my/our agent and communicate with any appropriate bankers, lawyers, finance er persons or organisations to obtain such further information as is required to carry out the				
Entity Name	(Individual's Name from above)				
Entity IRD No	<sup>-</sup> <sup>-</sup>				
Sign here:	(signature of person giving authority)				
Date:					

On the following pages are a series of questions you need to complete in order for us to complete your Personal Tax Return

Please ensure you sign the above before you bring in your records to us.



## Please complete the following questions:

1.	Have	you received Wages, or a Salary with PAYE deducted?	☐ Yes	□ No			
2.	Did yo	ou receive any Interest & Dividend Income in this year?	☐ Yes	□ No			
any B	ank you	e bring in all details of Interest received from any source. If you have need to bring in your Interest Earned Certificates which show the fax that has been deducted.					
your [		n all details of Dividends you have received from any source. You Statements which show the amount of Imputation Credits or Withled.					
2.1	Have y	you purchased any shares in the last year?	☐ Yes	□No			
a) b)	Please note:  a) All shares received from NZ or overseas companies in lieu of dividends are taxable.  b) Joint account interest and dividends will be allocated equally to the owners of the account.  c) Include any dividends received from AMP, AXA, TOWER, or other insurer.						
3.	Other	Income					
Did yo	ou recei	ve income from any of the following sources?					
	•	Business or Self-Employed Income	☐ Yes	□ No			
	•	Foreign Income	☐ Yes	□ No			
	•	New Zealand Superannuation	☐ Yes	□ No			
	•	Overseas Superannuation	☐ Yes	□No			
	•	Accident Compensation	☐ Yes	□ No			
	•	Commission, Fees, and other income	☐ Yes	□ No			
	•	Have you received any income from a Trust or Estate for which waccounts?  If 'Yes' please provide details:	/e do not μ □ Yes	orepare the ☐ No			
		E. ( , , , , , , , , , , , , , , , , , ,					
		Estate or Trust IRD No:					
	•	Partnership Income	☐ Yes	□ No			
	•	Family Assistance	☐ Yes	□ No			
	•	Unemployed or other Benefits	☐ Yes	□ No			
	•	Loss from a Loss Attributing Qualifying Company	☐ Yes	□ No			
	•	Rental Income If 'Yes' please complete the attached Rental Property Checklist a your records	☐ Yes nd bring it	☐ No in with			



4.	Donations					
Do you	u wish us to file your Donation Rebate Claim Form?	☐ Yes	□ No			
If 'Yes' please bring in all receipts for charitable donations over \$5.00. This includes the School donations.						
a) b) c) Note: Wife/H	Are you entitled to Family Assistance?  The we MUST have:  Full Names, Date of Birth and birth certificates for children born during Date any child left school during the financial year A letter from WINZ if you have one.  Susband – both Tax Returns must be completed at the same time and sentially Assistance to be completed.		□ <b>No</b> er in order			
6.	Other Questions					
6.1	Have you taken out a Student Loan during the last 12 months?	☐ Yes	□ No			
6.2	Do you have Loss of Earnings Insurance (Income Protection)?	☐ Yes	□ No			
6.3	Have you been out of New Zealand in the last 12 months and earned income overseas?  If 'Yes' please provide details of this income.	☐ Yes	□No			
6.4	Have you sold a residential property in New Zealand within the last 12 months? (We may request further details if 'Yes.')	☐ Yes	□No			
6.5	Have you traded in Cryptocurrency in the last 12 months with the intention of making a profit?	☐ Yes	□No			
7.	Bank Account Number	JB/AVI	20.85			
can be	e provide us with the details of the bank account to which any refund e direct credited. A direct credit from the IRD will ensure that you receive und as early as possible.					
Accou	nt Number:					

Thank you for completing this Checklist. When you have your entire records ready, please contact us to arrange an appointment to come and present your records to us.



## Have you remembered to sign the front page?