

Chartered Accountants & Business Advisors

Lynch and Associates Limited

B:HIVE Smales Farm 74 Taharoto Rd Takapuna Auckland 0622 T: +64 9 366 6005 E: admin@laaca.co.nz

W: www.laaca.co.nz

Financial Statements Questionnaire – 31 March 2023

Ensure this questionnaire is completed and included with your records (Farming Business – LAAL does GST)

Client Name	Phone:	
Balance Date	Email:	

To: Lynch & Associates Ltd

Terms of Engagement

I/We hereby instruct you Lynch & Associates Ltd and staff/contractors as applicable to prepare my/our Financial Statements and Taxation Returns for the year/period ending 31 March 2023. I/We undertake to supply all information necessary to carry out such services and will be responsible for the accuracy and completeness of such information. I/We understand that you will rely upon the information provided by me/us. Your services are not intended to, and accordingly 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 statutory audit requirements. I/We understand that during preparation of the Financial Statements and Taxation Returns you will not be specifically investigating non-compliance with laws and regulations – however, should anything come to light of this nature during this process, you will bring that to my/our attention.

I/We understand that the Financial Statements and Taxation Returns are prepared for my/our own use and to determine my/our taxation liabilities. If this should change in any material respect, I/we will inform you immediately. You will not accept any responsibility to any person, other than me/us, for the contents of the Financial Statements.

All other terms and conditions of this engagement are the same as those referred to in the original Engagement Letter I/we signed when I/we became a client.

I/We also accept that you have the right to charge interest on overdue accounts at the rate of 1.5% per month, and that all accounts are due for payment by the 20th of the month following invoice date. The charging of such interest will be at your discretion. I/We accept that any collection costs you incur will be fully recoverable from me/us.

Authority is given to obtain information from Inland Revenue, other government agencies and financial institutions about all tax types (except child support), bank and loan accounts in order to complete the above assignments. This includes obtaining information through all Inland Revenue media and communication channels including electronic ones.

I/We have also instructed you to prepare our GST Returns on a regular basis. I/We accept that it is my/our responsibility to advise you of all relevant transactions on a timely basis as well as obtain valid tax invoices that comply with the GST legislation.

I/We give authority for any refund credits to be transferred to Lynch & Associates Ltd's trust account prior to refund to me/us.

I/We authorise your organisation to act as our agent for ACC levy purposes for all associated entities. This authorisation allows your organisation to query and change information on my/our ACC levy account(s) through ACC staff, and through MyACC for Business. This authority will also allow your organisation's main representative discretion to delegate access to my/our ACC information to other members of your organisation. Other delegated members of your organisation will also be able to query and change information on my/our ACC levy account.

You are to represent me/us as my/our tax agent. All income tax returns will be signed by me/us however you are authorised to sign any other taxation return on behalf of myself/ourselves or any of my/our associated entities.

and directors in has recorded de as a Trustee in th	elegated authori eir professional c	cept where reco ty from the other apacity are not	orded that er owners/r t required t	one director has sy nembers to sign or o sign an authority	becific sign on their beho to act, unle	ning authority, or one person alf). Trustees who are acting ess all trustees in the Trust are Authority for full details of this
Name	IR	D Number	Signature	e		Date
	ND in addition, th	ere must be at	least one c	lirector that either I		provide their place of birth v Zealand; or lives in
Director	Date of birth	City / Town of	birth	Country of birth	Current	residential address
Convenient time to	o call vorrie:					
Convenient time to						
Convenient time to Alternative phone r When do you want	numbers are:	completed by?				
Alternative phone r	numbers are: your accounts o			Yes 🗆 No 🗈 (1	ick One)	
Alternative phone r When do you want	numbers are: your accounts cosupply a copy to be supplied	to your bank? to your bank, p	lease	Yes 🗆 No 🗆 (1	ick One)	

The authority to act must be signed by all appropriate signatories i.e. all partners in a partnership, trustees in a trust

Records Required			Comment	
Employer – Wages paid to Employees				
Please send a month by month summary of gross wages,				
incentive payments and PAYE deductions as returned to	the IRD			
OR Send a copy of your Employer Monthly Deduction Sched	iles (IP 348)			
Supply details of any allowance made for employees boo				
a house on the property.	arding / rorning			
Covid-19 Wage Subsidy and other Covid-19 support payr	nents			
Have you received the Wage Subsidy or Covid 19 Suppor	t payment? (plea	se no	ote all dates and receipts)	
Date rec:/\$	Date rec://_			
Date rec:/\$	Date rec://_			
Date rec:/\$	Date rec://_	_ \$		
Where Wage Subsidy payments have been received for s	stakoholdors			
(shareholders/partners/trustees/beneficiaries/owners) of t		e pro	vide details of the following:	
Amounts received for each stakeholder	110 000111000 p10 000	5 p. 0	vide details et me telle villig.	
 Whether amounts received were for full-time or p 	art-times			
Have you received the Covid-19 Leave Support Payment				
Date rec: _/_/_ \$	Date rec://_			
Date rec: _/_/_ \$	Date rec://_ Date rec://_			
Date rec:/\$	Date lec//_	_		
Where Covid-19 Leave Support Payments have been rec	eived for stakehol	ders		
(shareholders/partners/trustees/beneficiaries/owners) of t			vide details of the following:	
Amounts received for each stakeholder	·	•	Č	
 Whether amounts received were for full-time or p 	art-times			
Have you received Covid-19 Short-Term Absence Payme	nts? (please note	all do	ates and receipts)	
Date rec://_ \$ Date rec://_ \$				
Date rec://_ \$				
Daile 100				
Where Covid-19 Short-Term Absence Payments have bee	n received for stal	keho	lders	
(shareholders/partners/trustees/beneficiaries/owners) of t	he business please	e pro	vide details of the following:	
Amounts received for each stakeholder				
Whether amounts received were for full-time or p	art-times			
Have you received Resurgence Support Payments? (plea	se note all dates a	and re	aceints)	
Date rec:/\$	se note an adies e		300.p.s)	
Date rec: _/_/_ \$				
Date rec: _/_/_ \$				
Have you received a Covid-19 Cultural Sector Emergenc		ther C	Covid-19 support payments?	_
Please provide details if it is an "other" Covid-19 support p	payment			
Date rec://_ \$ Date rec://_ \$				
Date tec// \$				
Have you received the Covid-19 Small Business Loan?				
Date rec:/\$				
Have any amounts of Covid-19 support payments been re				
Please provide details of payment and reason for repayn				
Date paid back://_ \$	Reason:			
				
Fringe Benefit Tax (FBT) Returns			T	
Supply copies of Fringe Benefit Tax (FBT) returns and work Interest and Dividend Certificates	papers.			
Supply copies of certificates.		П		
Toppi, copies of confinedics.				

Lease details		
Supply copies of lease agreements for non-building assets (e.g. motor		
vehicles, equipment).		
Foreign Income		
Details of any foreign income received, and any tax deducted from this.		
Final Bank Statement		
Supply a copy of your bank statement, including any savings, call or term		
deposit account, dated [Balance Date] or spanning this date.		
Loan Statements	1	
Supply a copy of any loan transaction statements for the financial year		
including up to your balance date.		
Accounts Receivable (Debtors) – see attached Schedule 1		
All accounts or amounts owing to you at balance date should be		
scheduled. Exclude any bad debts. To enable bad debts to be		Total at Balance Date:
excluded from income, these must be written off prior to balance date.		
Note: Include any dairy statements, which are receivables in the month		\$
following balance date.		GST Included Excluded
Accounts Payable (Creditors) – see attached Schedule 2		
All accounts or amounts owing by you at balance date should be		
scheduled indicating name of creditor, amount and what the debt is for.		Total at Balance Date:
Alternatively, mark on cheque butts or highlight in cash book those items		
in the month following your balance date, which should be included.		\$
Holiday pay or bonuses paid within 63 days of your balance date may be		GST Included Excluded
included.		
Cash Income Not Banked During Year		
Proceeds received but not paid into your bank account or stock firm.		Details:\$
Capital Expenditure		T =
Attach details of assets purchased or sold during the year such as motor		
vehicles, plant and equipment and properties. Where applicable please		
provide the following details:		
- Hiro purchase or loan garagments		
Hire purchase or loan agreements		
 Lease agreements 		
Lease agreementsAll legal statements and agreements		
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Business Expenses			
	we specifically require. Please ensure		
the records you provide us with inclu			
Insurance premiums	,		
 Legal fees 			
 ACC payments and arrangement 	nts		
	(including any attached garage / sto	raae	space)
Please provide the following details:			
Area of house (msq / sqft)			
Area dedicated for business purpose	e (msg / sgft)		
Area of house with mixed use – used			
purpose (msq / sqft)			%
Time of mixed use area used for busi	iness purpose %		
Livestock on Hand – see attached So	chedule 3, Client Questionnaire Livesto	ck Sh	neet
A schedule has been enclosed. Plea	ase complete and attach.		
If applicable a copy of last year's Liv	vestock Schedule is enclosed for your		
information.			
Consumables on Hand			
If the value of total unused consumo	ables on hand at balance date		
exceeds \$58,000, please provide full	details. This threshold is for the		
combined value, not the individual v	values. Examples include fencing		
materials, ear tags, dips, drenches, c	animal health remedies, fertiliser,		
purchased supplementary feed, pet	rol, diesel, oil, twine, alkathene pipe		
etc. Please note, that this does not ir	nclude home grown hay/silage and		
only includes purchased feed costs.			
Please estimate the cost (Excluding (GST) of consumables on hand:		\$
Petrol, Diesel & Oil			
Fencing Materials			
Water Piping & other items held for v			
Dairy Shed Supplies (Cleaning Produ	ıcts, Teat Spray etc)		
Shearing Shed Supplies			
Animal Health Products (e.g. drench			
Other a farmer of a real			
Other farm stores			
Fertiliser			
Purchased Stock Feed (at cost):			
Hay			
Silage Maize Silage			
Grain			
Palm Kernel			
Other			
Total Cost			
Unsold Produce		1	
	duce on hand at balance date that		
is intended for sale. Examples includ			
crops.			
			Estimated Value
Category	Quantity		(Excl GST)
Wool	kg		
Timber			
Hay _	Tonnes dry matter		
Silage	Tonnes dry matter		
Grain _	Tonnes		
Honey _	kg		
Firewood			
Other Produce, Harvested Crops & F	ruit		
Total Value			

Private Use		
Value of goods taken for private use at their cost price (excluding		
livestock).		\$
Goods taken for own use Quantity		GST Included □ Excluded □
Sheep		
Cattle		
Pigs		
Milk		
Other		
Expenses paid in Cash or from Personal Funds		
Please provide a list if applicable		
How many meals have you provided to contractors? (morning /		Quantity
afternoon tea = 1/2)		
Residential Land Withholding Tax		
Have you sold residential property in New Zealand where Residential		
Land Withholding Tax has been deducted and paid to the IRD? If so,		
provide details e.g. IR1100 Residential land withholding tax return and		
other sale and purchase documents.		
Residential Property Sales	ı	
Have you sold any residential property during the year (not otherwise		
detailed on the information provided)?		
If yes, when was the property purchased?		\$
If it was purchased with 5 years of the sale date,		
what was the original purchase price		
and the sale price?		
Mortgage Interest Paid on Residential Properties		
Have you incurred interest on residential properties owned (which is not		
your main family home or a 'new build*')? Is the interest also against		
properties other than residential rentals? If so, please provide details of		
amount of interest and dates paid.		
* A new build is a self-contained residence that receives a Code		
Compliance Certificate confirming the residence was added to the land		
on or after 27 March 2020		
Research and Development		1
Have you spent an amount on research and development during the		
income year? If so, provide ledger accounts and details of expenditure		
Motor Vehicles		1/1):/
The proportion of motor vehicle business use as established by your vehicle	e log k	pook(s) is/are:
Vehicle Description Vehicle Description		
Dustiness Dustiness		line
Businesskm Business		km
		km
Percentage Business		%
Please note that a detailed and accurate log book must be completed	d for	a three month period every
three years or vehicle expense claims will be limited to a maximum of 2		
Trilee years or verticle expense claims will be littlied to a maximum of 2	.J/0 UI	expenses incured.
 If you are operating as a Company, please indicate which vehicles you 	ı are	currently paying Fringe
Benefit tax for:	Jule	
DOTIGIII IQA IQI.		

Mixed Use Holiday Home	
Does this entity have a property (such as a holiday home or a bach) that is used privately and also to derive income?	
If yes, provide details of property:	
Was the property empty for 62 days or more in the income year? Yes No If yes, please complete the following section so we can determine the amount of allowable deductions.	
Mixed Use Holiday Home – Information Required	
The number of days the property was empty during the income year The number of days the asset was used by family or associated persons* during the income year OR where income from any person received was less than 80% of market rate * Associated persons include close relatives, or if owned by an entity, persons associated with the entity owning the property	
If there is more than one tenant who used the property through the year, please attach details. Name of tenant: Relationship to owner (if any): Amount of rent they paid: Dates rented (From: To) Section 1. To 1. To 2. To 3. To 3. To 4.	
Expenses incurred in respect of the property (the list below is not exhaustive – details of all expenses will be required): Cost of advertising for tenants Cost of repairing damages caused by tenants Number of days spent in the property while repairing damages caused by tenants Mortgage interest Rates Insurance Repairs/maintenance for general wear and tear Other (please give details):	

Mixed Use Boat or Plane	
Does this entity have a boat or plane (with a market value of \$50,000 or greater), that is used privately and also to derive income?]
If yes, provide details: Description: Market value: \$	
Was the asset unused for 62 days or more in the income year? Yes No If yes, please complete the following section so we can determine the amount of allowable deductions.	
Mixed Use Boat or Plane – Information Required	
The number of days the asset was unused during the income year The number of days the asset was used by family or associated persons* during the income year OR where income from any person received was less than 80% of market rate * Associated persons include close relatives, or if owned by an entity, persons associated with the entity owning the property	
For non-associated persons where payment received is at least 80% of market value: Number of days the asset was used: Income received: \$]
Expenses incurred in respect of the property (the list below is not exhaustive – details of all expenses will be required):	
Cost of advertising for hireage Cost of repairing damages caused by hireage Operating costs / supplies Insurance Repairs/maintenance for general wear and tear Other (please give details)	
Cryptoassets	
Have you received or traded in cryptoassets during the income year? If so, please provide the following information: • The type of cryptoasset • For each transaction provide the date, type of transaction i.e. received or disposed of, number of units, value in NZD • Total units of each cryptoasset held at the beginning and end of the year • Exchange records and bank statements • Wallet addresses	

Thank you for completing this questionnaire Don't forget to sign it

Schedule 1 – Accounts Receivable (Debtors) Amounts owing to you at [Balance Date]

Client Name	[Client Name]				
Name of Debtor		Description of Sale	Code	Total Incl GST	
Totals					

Schedule 2 – Accounts Payable (Creditors) Amounts owing by you at [Balance Date]

Client Name	[Client Name]			
Name of Creditor		Description of Goods	Code	Total Incl GST

Total	

Schedule 3 – Livestock

Do not print this page

Print as applicable, either:

Client Questionnaire Livestock Numbers Client Questionnaire Livestock Sheet