

CLIENT QUESTIONNAIRE

Client Name:

Balance Date:

Please answer ALL questions. Where lists of information are required, please attach a separate schedule or write on the back of the form.

	Tick	Details
DONATIONS / CHILDCARE: Please enclose receipts for your tax return.	<input type="checkbox"/>	
INTERESTS & DIVIDENDS: Please enclose statements and advice notes.	<input type="checkbox"/>	
OTHER TAXABLE INCOME: Please enclose information on any other taxable income, eg Rental Income, Trust Income or any other taxable income. Please contact our office if you are unsure.	<input type="checkbox"/>	

AUTHORITY TO OBTAIN INFORMATION:

I give Walsh & Associates Chartered Accountants full authority to contact my bank, solicitor, Work & Income New Zealand, Accident Compensation Corporation, Inland Revenue Department, Stock and Finance Companies, and any other supplier of goods and services for any purposes relating to my business.

I acknowledge that this information would not otherwise be available due to the Privacy Act restrictions, but I give my full authority for this statement to be used as written confirmation of my agreement to your obtaining information from these parties for the above mentioned purposes.

Signed:

Position:

Dated: