



PKF

PKF Francis Aickin Limited
Chartered accountants and business advisers

Passion

Teamwork

Clarity

Quality

Integrity

Client Name: _____

	Name	IRD Number	Date of Birth
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			

Do any of the following apply, if so please provide details:

TICK

1. Do you have a spouse / partner for whom we do not prepare accounts for? Yes No
2. Did you or your partner receive any child support / family assistance payments during the period? Yes No
3. Has there been any change in family circumstances e.g. married, separated? Yes No
4. Did you share custody of your child(ren) with anyone other than your partner? Yes No
5. Did you or your partner pay or receive maintenance to / from another person during the year? Yes No
6. For any week during the year did you work 20 hours or more if single, or combined with your spouse / partner 30 hours or more? Yes No
7. Are you or your partner a settlor of an income earning trust, for which we do not act? Yes No
8. Are you or your partner a shareholder in a close company for which we do not act? Yes No
9. Did you or your partner receive any attributable Fringe Benefits as a shareholder employee from a company for which we do not prepare the accounts? Yes No
10. Did you or your partner's company / trust make an Income Equalisation Scheme deposit? Yes No
11. Did you or your partner receive any annuity from a life insurance policy or pension from a superannuation fund (excluding NZ Super) during the period? Yes No
12. Did you or your partner receive any other payments whose total amount for the period exceeds \$5,000 that were used to meet the family's day to day expenses? Yes No
13. Did your child(ren) receive any income totalling more than \$500 from interest, dividends, PIE distributions, Trust distributions, or any other passive income? Yes No