

**TRUST QUESTIONNAIRE - 2018**

NAME OF TRUST: \_\_\_\_\_

NAME OF SOLICITOR OF TRUST: \_\_\_\_\_

NAME OF LEGAL FIRM: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**In addition to your normal annual questionnaires, we also require the following information:  
PLEASE COMPLETE ALL QUESTIONS AND RETURN WITH YOUR RECORDS  
*If you have any questions or problems in completing this form please contact our office.***

**Yes    N/A**  
*(Please tick)*

**A.    Income**

**Trust:**

Did your Trust receive income from another trust, unit trust or an estate?  
(where we don't prepare the information for you)    

*if yes:*    Trust Name: \_\_\_\_\_

                  IRD Number: \_\_\_\_\_

                  Beneficiary Income:    \$ \_\_\_\_\_

                  Tax paid by trust            \$ \_\_\_\_\_

**Partnership**

Did you receive income from a partnership?  
(where we don't prepare the information for you)    

*if yes:*    Partnership Name: \_\_\_\_\_

                  IRD Number: \_\_\_\_\_

                  Profit/Loss Allocation            \_\_\_\_\_ %

                  Share of profit/(loss)            \$ \_\_\_\_\_

                  Share of tax credits                \$ \_\_\_\_\_

**Overseas**

Did you have any foreign investments?       
Foreign investments includes overseas property, shares, deposits,  
super schemes, insurance, bank accounts etc.

*if yes:*    Please provide us with details of gross distributions and any overseas tax deducted.  
                  Please also provide details of the country the income was derived from

**Rental Income**

Do you own a rental property/properties?    
(where we don't prepare the information for you)  
*if yes:* Please complete the Rental Properties Annual Questionnaire

**Interest Dividends**

Did you receive any interest or dividends during the period under review?    
*if yes:* Please provide copies of Resident Withholding Tax Certificates (RWT)  
Please provide copies of Dividend Statements

**Sundry Income**

Did you receive any other income?    
*if yes:* Please provide us with details of other income earned

**Deductible Expenses**

**Expenses**

Can you claim expenses?    
*if yes:* Please provide full details of any expenses incurred in deriving income.  
Types of expenses include:  
Management Fees \$ \_\_\_\_\_  
Accounting Fees \$ \_\_\_\_\_  
Interest Paid on funds borrowed \$ \_\_\_\_\_  
Legal Fees \$ \_\_\_\_\_

**Other Expenses**

**Other expenses**

Is any property owned by the trust?    
*if yes:* Please provide details of any capital and/or maintenance expenditure incurred on the property and who it was paid by

**Business Income**

**Bank Account**

Does the trust have a separate bank account?    
*if yes:* Please provide bank/trust account statements, cheque books and details of deposits

**B. Gifts**

If any gifts have been made during the year, please provide    
Copies of the documentation, e.g. gift statements or deeds of reduction of debt.

**C. Assets Transferred Into, or Out of the Trust**

If any transactions involving the transfer of assets have taken place, please provide copies    
of valuations and transfer documentation, e.g. sale and purchase agreements. If  
documentation is not available, please provide details of the solicitor involved in the  
transaction(s) so we can obtain this information from them on your behalf.

**Solicitor:** .....

**Firm:** .....

I/We hereby instruct you to prepare my/our financial reports and taxation returns for the current period. 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. 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 the fulfilling of any statutory audit requirements. You are hereby authorised to communicate with the appropriate Bankers, Solicitors, Finance Companies and other persons or organisations to obtain such further information as you may require in order to carry out the above assignments.

**CLIENT'S SIGNATURE:**

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**DATE:** .....