

ROSS G MILLAR LIMITED
2014 INCOME TAX RETURN CHECKLIST - INDIVIDUAL

CLIENT NAME:

I hereby instruct you to prepare my Taxation Return for the 2014 year. I undertake to supply all information necessary to carry out such services, and will be responsible for the accuracy and completeness of such information. I understand that you will rely upon the information provided by me. I understand that during preparation of the Taxation Return you will not be specifically investigating non-compliance with laws and regulation – however anything should come to light of this nature during this process, you will bring that to my attention.

I give you our full authority to communicate with my bankers, solicitors, finance companies and all government agencies to obtain such information as you require in order to complete the above assignment.

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

Signature:	Date:
Contact phone:	Mobile:
Address:	Email:

INCOME DETAILS

Tick box if provided

❖ **Wages/Superannuation/ACC payments/Benefits**

Wages	_____
National Superannuation	_____
ACC payments	_____
Any other benefits	_____

❖ **Interest and Dividends**

Copy of annual interest received certificates showing RWT deducted	<input type="checkbox"/>
Copy of Dividends received during the year, including bonus share advice slips	<input type="checkbox"/>

❖ **Business income**

Rental property please complete the Rental checklist	<input type="checkbox"/>
Other income received from any partnership, trust or company please list details	<input type="checkbox"/>

❖ **Overseas income**

Include overseas interest, dividends, wages received with tax deduction	<input type="checkbox"/>
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❖ **Any other income**

Income replacement insurance policy (include premiums & claims)	<input type="checkbox"/>
Look through company (if it is for a company we do not act for)	<input type="checkbox"/>
Income received from Income Protection Insurance (please provide certificate)	<input type="checkbox"/>

DONATION REBATE DETAILS

❖ Details of any donation receipts (if applicable).	<input type="checkbox"/>
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Please complete the following section if you have children under 18 live at home and you may qualify for Family Tax Credit.

WORKING FOR FAMILIES TAX CREDITS

- ❖ You may be entitled to Working for Families Tax credits if you have any children. Please supply full names and birth dates of all children who are under the age of 18, still at school or are not financially independent. If a child left school during the year please advise the date they left school.

Childs Full Name	Date of Birth	IRD Number	Date Left School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NB: If you are not registered or not sure of your entitlement, please contact us for more details so that we can register you on your behalf.

- ❖ If we do not prepare your spouse/partner's taxation return, please provide your their details:

Name _____
IRD number _____
Annual Income _____

- ❖ Have you been working: On average 30 or more hours per week (as a couple) ☐
 OR 20 hours or more per week (as a single parent) ☐
- ❖ Did you receive any child support/maintenance payments during the year? ☐
- ❖ Did you pay any child support/maintenance during the year? ☐
- ❖ Did you have any shared custody arrangements during the year? ☐