

**Individual Income Tax Information Questionnaire
Terms of Engagement**

Client Name: _____

Contact Numbers: _____

E-mail: _____

Financial Year Ended: 31 March 2009

We appreciate the opportunity to work with you and this Agreement confirms the terms of our appointment to prepare Financial Statements and Tax Returns for you and your related entities, if any.

The attached Income Tax Information Questionnaire must be completed as a requirement of the New Zealand Institute of Chartered Accountants and is used by us to obtain all relevant information and to assist us to prepare the Financial Statements and Tax Return(s). It is your responsibility to ensure the accuracy and completeness of the information as well as checking the final Returns for reasonableness and correctness.

It is important to understand that it is not our responsibility to detect error or fraud and that our work has been undertaken only for you. We are not responsible for any loss or claim by any third party.

Our fees are based on the time involved and invoices issued are payable by the 20th of the month following the date of invoice. Although the invoice may not be addressed to you personally this agreement confirms your acceptance of liability for the charges for work you have asked us to undertake.

Privacy Act restrictions mean that we cannot obtain information sometimes necessary to prepare your Financial Statements and Tax Return from your Bank or any other third party without your authority. If you do not wish us to have this authority please delete the following (authority granted).

You also give us authority to add you, and any associated entities (if required), to our tax agency list with Inland Revenue for all tax types. This enables us to obtain information as required from Inland Revenue by phone, fax, email or via the internet. It will also allow us to check assessments and statements. The time checking assessments and statements and, if necessary, correcting IRD errors will be invoiced to you.

If you are in agreement with the terms of engagement as outlined above please sign below.

Yours sincerely

Curtis McLean Limited
P O Box 2293
Wellington
Ph: 04 384 5609
Fax: 04 385 1067

Signed

Dated

11. Do you pay for childcare?

YES/NO

(delete one)

If YES:

Name of Childcare Provider:

Address of Childcare Provider:

Amount paid for childcare:

\$ _____