ACCOUNTANTS PLUS LIMITED

END OF YEAR CHECKLIST: TRUSTS

P O Box 38 991
Wellington Mail Centre
Lower Hutt 5045

Phone: 04 576 2300
Fax: 04 569 7605
reception@accountantsplus.co.nz
www.accountantsplus.co.nz

Information required for completion of Financial Accounts
For year ended 31 March 2011

Client Name: ______________________________

Mailing Address: ______________________________

____

Contact Phone No: ______________________________

Please supply the following information:

		Tick if info is provided
1.	**Information required the first time around** ▪ The name of the Trust ▪ Who are the Trustees ▪ Who are the Beneficiaries ▪ What is the nature of the Trust ▪ A copy of the Trust Deed.	
2.	**Trust Minutes** ▪ Any formal decisions made by the Trustees in writing.	
3.	**Solicitor's Correspondence** ▪ Any correspondence from your solicitor regarding the Trust.	
4.	**Forgiveness of Debt** ▪ Has the solicitor completed the gifting for the period and have these documents been included.	
5.	**Cashbook** ▪ Cashbook or spreadsheet of the operations of the Trust over the period.	
6.	**Bank Statements & Cheque Books** ▪ Please provide bank statements for the entire period including Cheque Books.	

7.	**Investment Statements / Documents** ▪ Please provide all documentation re share statements, share purchases, any other Investments.	
8.	**Did the Trust purchase any Fixed Assets?** ▪ Please provide documentation supporting and detailing the purchase, e.g. Invoice, Sale & Purchase Agreement, etc.	
9.	**Valuation Documentation** ▪ Please provide any documents regarding property valuation, investment valuation, etc.	
10.	**Were any Loans or Mortgages made to the Trust?** ▪ Please provide documents and statements from the bank containing balances, etc.	
11.	**Were there any loans made by the Trust to Beneficiaries or Third Parties?** ▪ Please provide any documents containing details of those loan(s).	
12.	**Did the Trust make any distributions to the beneficiaries during the period?** ▪ Please provide documents containing details of the distributions.	
13.	**Does the Trust have any outstanding payables at 31 March?** ▪ If so, have you provided a list of these payables.	
14.	**Is the Trust owed any outstanding money at 31 March?** ▪ If so, have you provided a list of these debtors?	
15.	**Is the Trust registered for GST?** ▪ If so, please provide copies of the GST returns.	

I CERTIFY THAT THE INFORMATION SUPPLIED IS CORRECT.

Client's Name: ______________________________

Client's Signature: ______________________________

Date: ______________________________