Primary Production - Year End Questionnaire 2024

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| Client: |  | Date: |  |

This Primary Production -Year End Questionnaire is designed to save you time and money. The effort you invest to complete this questionnaire will be repaid because we’ll be able to complete your accounts accurately and efficiently, saving you unnecessary fees that might otherwise be incurred if we had to come back to you multiple times requesting more information.

**Please complete this questionnaire and ensure you attach all relevant documentation, then sign and date this form below, and return your questionnaire and documentation to us.**

If you have any queries or concerns, please do not hesitate to contact us.

Preda Pty Ltd

*I/We hereby instruct you to prepare our Financial Accounts and Taxation Returns for the financial year ended 30 June 2024.*

*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. You are hereby authorised to communicate with my bankers, solicitors, finance companies and all government agencies such as the ATO to obtain such information as you require to enable you to complete the above assignment.*

|  |  |
| --- | --- |
| *Name:* | *Signature:* |
| *Date:* |  |

To ensure that our records are up to date, please assist us by confirming and/or completing the following:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Entity name: |  | | | | | | | | | | | |
| ABN: |  | | | | | | | | | | | |
| ACN  *(if a company)* |  | | | | | | | | | | | |
| TFN: |  | | | | | | | | | | | |
| Main business activity: |  | | | | | | | | | | | |
| Address of business: |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| Registered address:  *(if a company)* |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| Postal address: |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| Telephone number: |  | | | | | | | | | | | |
| Email address:  *(For our records)* |  | | | | | | | | | | | |
| Trustee(s):  *(if a trust)* |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| Contact name: |  | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | |
| Telephone: | Home |  | Business |  | Fax |  | | Mobile | |  | | |
| Email address:  *(For our records)* |  | | | | | | | | | | | |
| Trustee(s):  (if a trust) |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| Contact name: |  | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | |
| Telephone: | Home |  | Business |  | Fax |  | | Mobile | |  | | |
| Email address:  *(For our records)* |  | | | | | | | | | | | |
| If we are preparing your return for the first time: | | | | | | | Yes | | No | | ? |
| Please provide: | | | | | | |  | |  | |  |
| Copies of your last Financial Statements including livestock trading accounts. | | | | | | |  | |  | |  |
| A copy of your last tax return, taxation assessment and PAYG instalment notices. | | | | | | |  | |  | |  |
| Copies of any other correspondence with the Tax Office such as objections, penalties, Statement of Account, Garnishee Notice, Final Notice to Lodge. | | | | | | |  | |  | |  |
| Livestock | | | | | | | Yes | | No | | ? |
| Please supply the following information for each category of livestock: | | | | | | |  | |  | |  |
| Sales for the year | | | | | | |  | |  | |  |
| Purchases for the year | | | | | | |  | |  | |  |
| Stock on hand at end of year. | | | | | | |  | |  | |  |
| Natural increase for year. | | | | | | |  | |  | |  |
| Deaths for year. | | | | | | |  | |  | |  |
| Stock killed for rations or exchanged for goods and services. | | | | | | |  | |  | |  |
| Enforced disposal or death of livestock: | | | | | | | Yes | | No | | ? |
| Have you experienced the forced disposal of livestock due to: | | | | | | |  | |  | |  |
| Compulsory acquisition of land? | | | | | | |  | |  | |  |
| Cattle tick eradication program? | | | | | | |  | |  | |  |
| Pasture or fodder destroyed by fire, drought or flood? | | | | | | |  | |  | |  |
| Disease control? | | | | | | |  | |  | |  |
| Death by disease? | | | | | | |  | |  | |  |
| Contamination of property? | | | | | | |  | |  | |  |
| You can elect to spread profit from the forced disposal or death of livestock in these circumstances over a period of 5 years or alternatively to use the profit to reduce the cost of replacement livestock over 5 years. | | | | | | |  | |  | |  |
| Have you received any insurance recovery for loss of livestock? | | | | | | |  | |  | |  |
| Landcare Operations | | | | | | | Yes | | No | | ? |
| Have you incurred any expenditure (other than the purchase of plant) for landcare such as: | | | | | | |  | |  | |  |
| Eradication or extermination of animal pests? | | | | | | |  | |  | |  |
| Eradication, extermination or destruction of plant growth detrimental to the land? | | | | | | |  | |  | |  |
| Prevention or combating land degradation? *(Other than fencing)* | | | | | | |  | |  | |  |
| Erection of fences to keep out animals from affected land or limit further damage? | | | | | | |  | |  | |  |
| Erection of fences to separate different land classes in accordance with an approved land management plan? | | | | | | |  | |  | |  |
| Construction of a levee or similar improvement? | | | | | | |  | |  | |  |
| Construction of drainage works *(other than draining swamps or low-lying areas)* to control salinity or assist drainage control? | | | | | | |  | |  | |  |
| Water Facilities | | | | | | | Yes | | No | | ? |
| Have you purchased any plant primarily for the purpose of conserving or conveying water? | | | | | | |  | |  | |  |
| Have you incurred any costs of structural improvement primarily for the purpose of conserving or conveying water? | | | | | | |  | |  | |  |
| Electricity Connections and Power Lines | | | | | | | Yes | | No | | ? |
| Have you incurred any capital expenditure in connection with: | | | | | | |  | |  | |  |
| Connecting or upgrading mains electricity? | | | | | | |  | |  | |  |
| Connection of a telephone line? | | | | | | |  | |  | |  |
| Grapevines | | | | | | | Yes | | No | | ? |
| Have you incurred any of the following costs in establishing new plantings during the year: | | | | | | |  | |  | |  |
| Ploughing and applying topsoil? | | | | | | |  | |  | |  |
| Planting vines? | | | | | | |  | |  | |  |
| Purchase of vines? | | | | | | |  | |  | |  |
| Horticultural Plants | | | | | | | Yes | | No | | ? |
| Have you incurred any expenses in relation to the establishment of plants, such as: | | | | | | |  | |  | |  |
| Acquiring and planting seeds? | | | | | | |  | |  | |  |
| Ploughing, contouring, fertilising, stone removal and topsoil enhancement relating to the planting? | | | | | | |  | |  | |  |
| What is the effective life of these plants? | | | | | | |  | | | | |
| Abnormal Receipts | | | | | | | Yes | | No | | ? |
| Have you received any income from: | | | | | | |  | |  | |  |
| Double wool clips? | | | | | | |  | |  | |  |
| Insurance recoveries? | | | | | | |  | |  | |  |
| Farm Management Deposits Scheme | | | | | | | Yes | | No | | ? |
| Have you made any deposits into a Farm Management Deposit prior to 30 June 2020? | | | | | | |  | |  | |  |
| If yes, please provide the following details: | | | | | | |  | |  | |  |
| Name of financial institution. | | | | | | |  | |  | |  |
| Amount of deposit. | | | | | | |  | |  | |  |
| Interest received for the year. | | | | | | |  | |  | |  |
| Have you made any withdrawals from a Farm Management Deposit prior to 30 June 2023? | | | | | | |  | |  | |  |
| If yes, please provide the following details: | | | | | | |  | |  | |  |
| Name of financial institution. | | | | | | |  | |  | |  |
| Amount of withdrawal. | | | | | | |  | |  | |  |
| Interest received for the year. | | | | | | |  | |  | |  |
| Please provide full details | | | | | | |  | |  | |  |
| Trading Accounts | | | | | | | Yes | | No | | ? |
| Please provide statements from: | | | | | | |  | |  | |  |
| Co-operatives. | | | | | | |  | |  | |  |
| Stock Agents. | | | | | | |  | |  | |  |
| Wheat Board. | | | | | | |  | |  | |  |
| Wool Board. | | | | | | |  | |  | |  |
| Other agencies with whom you trade. | | | | | | |  | |  | |  |
| Other Information | | | | | | |  | |  | |  |
| **If there is any other information that you consider relevant, or you have particular concerns/queries, please provide us with details in the space below. Attach information if applicable.** | | | | | | | | | | | |

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| Timing |  |  |  |
| Please indicate when you require the accounts to be completed: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Are these accounts required for a finance application? |  |  |  |

Thank you for taking the time to complete this questionnaire.

END OF DOCUMENT