



CHARTERED ACCOUNTANT

Business Focused Solutions

A.B.N. 16 230 504 491
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Phone (07) 3263 5200 Fax (07) 3263 4830

Maz Khan
Khan Family Superannuation Fund
21A Lynwood Avenue
KILLARA NSW 2071

Tax Invoice
205205
Ref: KHAN0003
29 May, 2020

Description	Amount
<p>Professional Services Rendered</p> <p>Preparation of Financial Statements for the period ended 30 June 2019 which included:</p> <p>Dissection and coding of Bank Statements in preparation of Journals for preparation of Trial Balance for the year ended 30 June 2019</p> <p>Professional judgement re withdrawals of benefits, Reclassify most withdrawals as superannuation lump sum payments.</p> <p>Discuss this with you and preparation of nine lump Sum pre-payments statements and eight Lump Sum payment minutes</p> <p>Calculate members benefits and allocate income to each member</p> <p>Preparation of Member Statements for the period ended 30 June 2019</p> <p>Preparation and Lodgement of Superannuation Fund Tax Return and associated schedules for the year ended 30 June 2019</p> <p>Preparation of Resolution of Minutes for the period ended 30 June 2019</p> <p>Allocation of contributions to Reserve Account</p> <p>Preparation of "Request to adjust Concessional Contributions" forms for: - Mazihir</p> <p>Sundry advice and Other Matters</p> <p>(This invoice does not include Auditor Fees. These will be invoiced separately by the Auditor.)*</p>	<p>2,200.00</p>

Description	Amount

Terms: Strictly Seven Days

AMT Due \$

2,200.00

The Amount Due Includes GST of \$200.00

* Indicates Taxable Supply

Refer to our Terms of Trade on our website www.taxonline.com.au

REMINDER - TAX RETURNS AND BAS'S WILL NOT BE LODGED UNTIL PAYMENT OF INVOICE

Remittance Advice.		Invoice: 205205
Khan Family Superannuation Fund		Ref: KHAN0003
*Cheque	*Cash	29 May, 2020
*M/card & VISA Only		
*Direct Deposit - please use Invoice No. as your REFERENCE		
Senrico Pty Ltd --- BSB 484 799 Acc 167 066 970		Amt Due: \$ 2,200.00
Card No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Validation No. <input type="text"/> <input type="text"/> <input type="text"/>
Cardholder	Signature	Expiry Date/.....