

# Beattie Superannuation Fund

## General Ledger



As at 30 June 2020

Transaction Date	Description	Units	Debit	Credit	Balance \$
<b>Sundry Creditors (88000)</b>					
<u>Sundry Creditors (88000)</u>					
01/07/2019	Opening Balance				4,235.00 CR
22/08/2019	TRANSACT FUNDS TFR TO LORRAINE BEATTIE		4,235.00		0.00 DR
			<b>4,235.00</b>		<b>0.00 DR</b>

**Total Debits: 4,235.00**

**Total Credits: 0.00**

# Tax Invoice

**Invoice No**                      **INV-0009856**

Aspire Taxation Solutions Pty Ltd

Date                                  05 May 2020

ABN: 95 119 785 929

Beattie Superannuation Fund  
211 Sanctuary Dr  
MOUNT COTTON  
QLD 4165  
Australia  
Attention: David & Lorraine

Phone: 0738917284

## Costs

Description	Amount
Superannuation Fund Audit	650.00
Audit of Self Managed Superannuation Fund for the year ending 30 June 2019 as required under the Superannuation Industry (Supervision) Act 1993 and administered by the Australian Taxation Office.	
Sub Total	650.00
GST	65.00
<b>Total</b>	<b>715.00</b>

Please use the invoice number as the reference when making payments to ensure your payment is correctly applied to your account.

## Payment Advice

Please detach this portion and return with your payment to:

ELECTRONIC FUNDS TRANSFER

Account name: Aspire Taxation Solutions Pty Ltd  
Bank: Suncorp  
BSB No: 484-799  
Account No: 20134 5931

**Invoice No**                      **INV-0009856**  
**Amount Due**                      **715.00**  
**Due Date**                          **12 May 2020**

Amount Paid

## CREDIT CARD

Please charge my      ☐ Mastercard      ☐ Visa

Cardholder Name: \_\_\_\_\_

Card No: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiry Date: \_\_ / \_\_\_\_                      CCV No:    \_\_ \_\_

Signature: \_\_\_\_\_

# Tax Invoice

**Invoice No**                    **INV-0009858**

Aspire Taxation Solutions Pty Ltd

Date                              05 May 2020

ABN: 95 119 785 929

Beattie Superannuation Fund  
211 Sanctuary Dr  
MOUNT COTTON  
QLD 4165  
Australia  
Attention: David & Lorraine

Phone: 0738917284

## Costs

Description	Amount
Superannuation Fund Financial Statements & Tax Return	3,200.00
Professional services rendered in preparation of Financial Statements and Member Statements for the year ended 30 June 2019 as required by the Superannuation Industry (Supervision) Act 1993.	
Professional services rendered in preparation of Fund Annual (Tax) Return for the year ended 30 June 2019 and electronic lodgement with the Taxation Office.	
Processing of Rental Statements and rental expenses.	
Complete analysis of cash receipts and cash payments for the period	
Reconciliation of bank and Investment accounts.	
Calculation of anticipated tax liability	
Preparation of income tax return schedules required to be lodged	
Preparation of notes to your financial statements consistent with current Australian Accounting Standards	
Liaising with the Actuaries for the Actuarial Certificate for the year ended 30 June 2019 as required under the SIS Act, and payment thereof.	
Calculation of minimum pension payments required	
Preparation of S270 Notice of Intent to claim personal Superannuation deduction and Trustee letter confirmation	
Preparation of Trustee Resolutions, Representation Letter and other documentation required by the	
Superannuation Industry (Supervision) Act 1993 and for Audit purposes	
Finalisation and compilation of all documents as required for your signature.	
Electronic lodgement of tax return with the Taxation Office.	
Sub Total	3,200.00
GST	320.00
<b>Total</b>	<b>3,520.00</b>

Please use the invoice number as the reference when making payments to ensure your payment is correctly applied to your account.

# Tax Invoice

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## Payment Advice

Please detach this portion and return with your payment to:

ELECTRONIC FUNDS TRANSFER

Account name: Aspire Taxation Solutions Pty Ltd

Bank: Suncorp

BSB No: 484-799

Account No: 20134 5931

**Invoice No**

**INV-0009858**

**Amount Due**

**3,520.00**

**Due Date**

**12 May 2020**

Amount Paid

\_\_\_\_\_

## CREDIT CARD

Please charge my ☐ Mastercard ☐ Visa

Cardholder Name: \_\_\_\_\_

Card No: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiry Date: \_\_ / \_\_\_\_ CCV No: \_\_\_\_

Signature: \_\_\_\_\_