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SUPERCONCEPTS

Australia's Leading Self Managed Fund Specialists

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Web: www.superconcepts.com.au

Mr P Roberts
K & P Roberts Superannuation Fund
Unit 33G
80 The Esplanade
SURFERS PARADISE QLD 4217

TAX INVOICE

Date: 06/12/2018 Invoice Number: 584666

Your ABN: 25 331 463 790 Fund ID: 034895

Fees for Other Services

Trust Deed Upgrade
Hardcopy Delivery

Amount	EST	Total
200.00	20.00	220.00
45.45	4.55	50.00
245.45	24.55	270.00

Total Due: \$ 270.00

PAID

Thank you for your payment.

NEW SOUTH WALES
Level 17, Chifley Tower, 2 Chifley Sq
Sydney NSW 2000

VICTORIA
Level 3, 530 Collins Street
Melbourne VIC 3000

SuperConcepts Administration Pty Ltd (ABN 67 007 437 907)
An authorised representative of SMSF Administration Solutions Pty Ltd
(ABN 27 147 105 164 AFSL 291195)

Bayside Business Accountants

A.B.N. 83 096 824 752

Zimsen Partners Pty Ltd ACN 096 824 752 trading as

92 Charman Road

Mentone Vic 3194

Phone (03) 9583 4316 Fax (03) 9583 5345

TAX INVOICE

To: Irene and Peter
Petiren Pty Ltd
Unit 33G
80 The Esplanade
SURFERS PARADISE QLD 4217

Number: 941795
Date: 30 November, 2018
Our Ref: ROBEIR10

Description	Amount
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To our Costs for Professional Services being for :

Preparation of Financial Statements for the year ended 30th June 2018 including:

- Depreciation Schedules
- All necessary journals & working papers
- All other necessary reconciliations.

Preparation and Lodgement of Superannuation Fund Tax Return for the year ended 30th June 2018.

Including arranging for Professional Audit of Superannuation Fund for the year ended 30th June 2018.

GST

1,600.00
160.00

Terms: Seven Days

Amount Due: 1,760.00

Please detach the portion below and forward with your payment to PO Box 62, Mentone, VIC, 3194

Remittance Advice

Petiren Pty Ltd
Ref: ROBEIR10

30 November, 2018
Invoice: 941795

Amount Due: \$ 1,760.00

Payment Options - Credit Card, EFTPOS, Direct Credit, Cash, Cheque, Money Order

Direct credit details for Bayside Business Accountants are: ANZ Bank BSB 013 289 A/c 4125 79039

If paying by direct credit please include your reference number

Credit Card payments please complete below and return remittance slip to our office

Visa/Mastercard _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _
Expiry Date _ _ / _ _ CCV _ _ _ (printed on back of card) Signature _ _ _ _ _