



CHARTERED ACCOUNTANT

Business Focused Solutions

A.B.N. 16 230 504 491
PO Box 354, ASPLEY QLD 4034
Phone (07) 3263 5200

Louis Zylstra
Louis J Zylstra Pty Ltd
51 Kate Street
WOODY POINT QLD 4019

Tax Invoice
212594

Ref: LOUI0001
11 April, 2023

Description	Amount
<p>Professional Services Rendered</p> <p>Monitoring And Handling Of Annual Company Statement</p> <p>Registered Agent - A Registered Agent (company) Acts As An Intermediary Between ASIC And Australian Companies, To Help Companies Meet Their Lodgement Obligations Under The Corporations Act 2001 (the Act). A Registered Agent (company) Does Not Operate On Our Behalf But Instead Operates On Behalf Of Companies Who Need To Lodge Information With ASIC.</p> <p>A Registered Agent (company):</p> <ul style="list-style-type: none">•Frequently Lodges Documents With ASIC, And/or•Represents At Least One Company By Either Frequently Lodging Documents Or Arranging Payments On Behalf Of A Company <p>Sam Greco And Co Lodge All Documentation Electronically With ASIC.</p> <p>A Fee Is Charged For Changes To Your Company Details, This Will Depend On The Amount Of Work Required .</p> <p>Minimum Fee \$110.00 (GST Included)</p> <p>Always Be Aware Of Your Company Review Dates And Company Office Holder's Duties Link To ASIC For More Information</p> <p>Http://www.asic.gov.au/company-officeholders*</p>	<p>40.00</p>

Description	Amount

Terms: Strictly Seven Days

AMT Due \$

40.00

The Amount Due Includes GST of \$3.64

* 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: 212594
Louis J Zylstra Pty Ltd		Ref: LOUI0001
*Cash	*M/card & VISA Only	11 April, 2023
*Direct Deposit - please use Invoice No. as your REFERENCE		
Senrico Pty Ltd --- BSB 484 799	Acc 167 066 970	Amt Due: \$ 40.00
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/.....