

## CLEAVE ACCOUNTING PTY LTD

PO Box 165, VIRGINIA QLD 4014 (07) 3359 3311 admin@cleave.com.au

ABN: 83 144 616 339

# TAX INVOICE

The Anger Superannuation Fund 1049 Dayboro Road WHITESIDE QLD 4503

Invoice #:

00014420

Date:

31/10/2017 Page 1 of 1

Page:

Terms:

Net 7 Days

| Description  |                  |            |  |  |
|--|------------------|------------|--|--|
| Professional Services Provided Including;  |                  |            |  |  |
| Preparation of Financial Statements including Operating Statement, Statement of Financial Position and Members Information Statements for the year ended 30 June 2017        |                  |            |  |  |
| Preparation and Lodgement of Self Managed Superannuation Fund Income Tax Return for the year ended 30 June 2017  |                  |            |  |  |
| Collate and Prepare SMSF documents and send to the SMSF Auditors to complete the for Audit for the year ended 30 June 2017   |                  |            |  |  |
| Processing and Payment of SMSF Independent Audit report from the SMSF Auditors relating to the compliance requirements of the Superannuation Industry (Supervision) Act 1993 |                  |            |  |  |
|  | ,                |            |  |  |
|  |                  |            |  |  |
|  |                  |            |  |  |
|  |                  |            |  |  |
| We thank you for your prompt payment   | Subtotal:        | \$1,650.00 |  |  |
|  | GST:             | \$165.00   |  |  |
|  | Total (inc-GST): | \$1,815.00 |  |  |
|  | Balance Due:     | \$0.00     |  |  |

## How to pay



### VISA by credit card



To pay via MasterCard or VISA.

Minimum payment \$10.00. Maximum payment \$10,000.

by phone: (07) 3359 3311

Quote Ref: 00014420

by mail:

Complete the following details then detatch this section and mail it to PO Box 165, VIRGINIA QLD 4014

| MasterCard   | VISA   |
|--------------|--------|
| Card Number: |        |
|              |        |
| Name:        | Expiry |
|              |        |
| Signature:   |        |



#### by mail

Detach this section with your credit card details completed or attach a cheque made payable to Cleave Accounting Pty Ltd



#### in person

Present this invoice at our office to make payment via Cash, EFTPOS or Cheque.

Minimum payment \$10.00. Maximum payment \$10,000.



#### by direct debit

Contact your financial institution or process a manual bank transfer to the following account;

**Cleave Accounting Pty Ltd** 

BSB: 484-799 A/C #: 203184838 Reference: 00014420

Powered by



Our Reference #: 00014420 Amount Due: \$0.00



Shed 2 / 74 Lear Jet Drive Caboolture Qld 4510 Ph: 07 5432 3609

Fax: 07 5432 3616

Email: admin@allinonecaravans.com.au www.allinonecaravans.com.au

> ABN: 11 614 039 771 ACN: 614 039 771

Bill To:

Kurwhite Pty Ltd 1049 Dayboro Road Whiteside Qld 4503

Phone:

07 3285 1673

Email:

ngjaanger@bigpond.com

ABN:

Ship To:

Kurwhite Pty Ltd 1049 Dayboro Road Whiteside Qld 4503

| Tax Invoice  | Claim No. / Chassis No. / Customer |                                  | Date:             |
|--|------------------------------------|----------------------------------|-------------------|
| 00000683   | OCT-DEC 2017                       |                                  | 3/10/2017         |
| DB AccountRight Live Plus Recurring Subscription - October DB AccountRight Live Plus Recurring Subscription - Novemb DB AccountRight Live Plus Recurring Subscription - Decemb | er 2017                            | \$110.40<br>\$110.40<br>\$110.40 | GST<br>GST<br>GST |

| Freight:        | \$0.00                              |
|-----------------|-------------------------------------|
| GST:            | \$30.11                             |
| Total Inc GST:  | \$331.20                            |
| Amount Applied: | \$0.00                              |
| Balance Due:    | \$331.20                            |
|                 | GST: Total Inc GST: Amount Applied: |