

24 Barolin Street, Cnr Woondooma and Barolin Streets PO Box 1935 Bundaberg Qld 4670 PARTNERS
Bradley V Grogan B Bus (Acc) FCA
Scott D Grogan B Bus (Acc) CA

Phone (07) 4152 4677

TAX INVOICE

ABN: 20 741 591 824

Billkay Superannuation Fund PO Box 1705 Bundaberg QLD 4670 07 October 2021

Invoice No: 26497

Client Code: BILLKSF

Payment Due: 29 Oct 2021

TAXATION REQUIREMENTS

Preparation of a 2021 Income Tax Return for the Superannuation Fund.

Calculation of income tax refundable.

FINANCIAL STATEMENT REQUIREMENTS

Preparation of Financial Statements for the year ended 30 June 2021 including:

Statement of Financial Position Operating Statement Notes to the Accounts

Preparation of member statements, detailing all transactions for the year.

Preparation of minutes as necessary.

Maintenance of Fund's details for reporting purposes.

Attention to correspondence and other matters as necessary.

Out of pocket expenses - Heffron for Actuarial Certificate

(Please note this account is to be paid from your Superannuation Fund)

AUDIT REQUIREMENTS			
Audit of Financial Statements			
Audit of Fund's Superannuation	on Industry Supervision Act requ der Section 113 of the SIS Act.	irements as stated in the	
	and other audit matters as neces	sarv.	
	to be paid from your Superan	•	
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		FEE PAYABLE GST	\$7,000.00 700.00
		TOTAL AMOUNT DUE	\$7,700.00
		_	
Liability limited	d by a scheme approved under F	Professional Standards Legislation	on
	Remittance Advice - Please return	n with your payment	
ease forward cheque payment to:	Credit Card: Bankcard/Mastercard/	Visa (Please circle)	
GZ Chartered Accountants D Box 1935 Indaberg QLD 4670	Card No:		Expires:/_
y directly into our bank account:	Name on Card:		
SB: 064 403 ecount No.: 1008 7331	Signature:		
ame: DGZ Chartered Accountants			-
lease quote Account Ref and Invoic	e Number as payment reference)		
count Ref: BILLKSF	Invoice No: 2649	7 Amoun	t Due: \$7.700

Account Ref: BILLKSF Invoice No: 26497 Amount Due: \$7,700.00

Liability limite	d by a scheme approved under Professional Standards	Legislation	
	Remittance Advice - Please return with your payment		
Please forward cheque payment to:	Credit Card: Bankcard/Mastercard/Visa (Please circle)		
DGZ Chartered Accountants			
PO Box 1935 Bundaberg QLD 4670	Card No:	Expires:	/
Pay directly into our bank account: BSB: 064 403	Name on Card:		
Account No.: 1008 7331	Signature:		
Name: DGZ Chartered Accountants (Please quote Account Ref and Invoice)	ce Number as navment reference)		
Account Ref: BILLKSF	Invoice No: 26497	Amount Due:	\$7,700.00