

**FFR CHECKLIST**  
**(Public/Clients/Checklists/FFR Checklist)**

**Time Taken:**

**Preparers Check:**

Print all MyGov Correspondence as per procedure 1.1.4A

Mark all NOA'S as assessed in Handitax as per procedure 1.1.4

Check related refs for outstanding invoices: If applicable, confirm if related fee to be deducted from refund (check fees register and payment authority form for notes). If no notes, refer to Accountant.

Has any clients refund fallen below \$50.00? (after our fee has been deducted)

**If Yes;**

Confirm with Royce or Zoe (in Royce's absence) if we are to still to write a cheque or EFT refund to client. You must write the clients name in the space provided and circle either EFT or cheque below accompanied by Royce's signature in the box to the right.

**CLIENTS NAME:** **EFT** **or** **CHEQUE**  
**CLIENTS NAME:** **EFT** **or** **CHEQUE**

Has any clients asked for a credit to be applied on their account for their refund?

**If Yes;**

Confirm with Royce or Zoe (in Royce's absence) if this is authorised to have applied as a credit to their account. You will need to write the clients name, amount and have Royce/Zoe sign in the box to the right to authorise.

**CLIENTS NAME:** **AMOUNT:**

Process Fee From Refunds as per procedure 1.1.6

Confirm Client(s) have paid/payments have been entered in Fees Register and Time & Billing.

Confirm we have signed Payment Authority Form

Confirm all relevant documents are stamped with appropriate stamps and filled in correctly

Ensure (if applicable) that the Final Super Fund Refund Instructions Form has been completed (Public/Clients/Checklists/SMSF)

**Prepared by:**.....**Signed:**.....**Date:**.....

**Checkers Check:**

Confirm Deposit Amount into Trust Account

Confirm Addition & Calculation of FFR Amount

Confirm Payment Authority Included

Confirm Cheque is Written Correctly/ Confirm EFT Form has been prepared correctly & Confirm Final Super Fund Refund Instructions Form has been completed correctly (If applicable)

Check Time and Billing Receipted. Ensure receipt date is equivalent to the date shown on trust account statement (when the money goes into the account) Ensure date of adjustment in Time & Billing is date shown on trust acc.

Check Fees Register Updated

Check "Paid" stamp on NOA copy is completed correctly

Initial "Checked By" stamp on each NOA copy & bank print out

Checker to update FFR Tracking List (*Public/Staff Folders/Training/FFR Tracking List*)

Checker to notify ZD of amounts of funds being transferred or cheques issued

**Issues/Errors Identified By Checker**      /

**Checked by:**.....**Signed:**.....**Date:**.....

**ELECTRONIC File Location** - Not applicable.

**End PAPER File Location** - Attach to Trust Account Bank Statements & Reports

Staff to **prepare** FFRs: Isa, Amy, Izzy

Staff to **check** FFRs: Yan, Jess, Zoe, Simon, Royce

Staff to **sign** FFRs: Royce, Lindy, Zoe

\*Lindy & Royce only to sign if they have not been a part of the checking process

\*\* If Zoe, Lindy & Royce not in, Jess/Simon to check where they have not prepared