|  |  |
| --- | --- |
| **INVOICE DETAILS** | |
| A.B.N. | **92 838 986 105** |
| Our Reference | **SHOW0003 /** |
| Invoice Date | **24 September 2021** |
| Invoice No |  |



**Mob: 0426669300  
Ph: 08 6154 0992**

***Email: pj@singla.com.au***

***By Appointment***

*2/278 Beaufort Street,   
 Perth WA 6000*

***DEDICATED PROFESSIONAL SERVICES***

***Registered Tax Agents & Public Accountants***

|  |
| --- |
| **INVOICE TO** |
| SHOW ME THE MONEY SMSF  **6 Duxbury Loop**  **Wellard WA 6170** |

|  |  |
| --- | --- |
| TAX INVOICE | |
|  |  |
| **For Professional Services as below:** |  |
| To Prepare Financials & Tax Return for FY 2021 $3000.00 Inclusive of Auditors Fee |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total Price Including GST: | 3000.00 |
| Credit for Amounts Received | 0.00 |
| Total Outstanding Including GST | 3000.00 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **REMITTANCE ADVICE – PLEASE DETACH** | | | | | | |
| ………………., 2021 Total Outstanding (incl GST): $3000.00 | | | | | | |
| **From: / SHOW SMSF Ref: SHOW 0003** | | | | | | |
|  | | | | | | |
|  |  | **Cash** (do not send notes or coins via mail) | | |  | **Cheque to ; DPS Accounting Solutions Pty Ltd** |
|  |  |  | | |  |  |
|  |  | **Visa** | | |  | **Bank Deposit** – Use **Ref No.** for the deposit ID to: |
|  |  | **Mastercard** | | |  | *Bank/Branch: Bankwest , BSB: 306097* |
|  |  |  | | |  | *Account No: 0582194* |
|  |  | No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | *Account Title:*  **DPS Accounting Solutions** |
|  |  |  | | |  | *Date of deposit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
|  |  | Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_ | CVV Code: \_\_\_\_\_\_\_\_ | |  | **IMPORTANT: Confirm deposit & date via email to** |
|  |  |  | *(last 3 digits on back of card)* | |  | **pj@singla.com.au** |
|  |  | Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | **Remittance Advice to us at** ***2/278 Beaufort Street Perth WA 6000***  **. This will ensure we correctly match your payment.** |
|  |  |  | | | |  |
|  |  | Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  |  |  | |  | |  |
|  |  | Cardholder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  |  |  | |  | |  |
|  |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | **ACCOUNTANT:**  PANKAJ SINGLA |
|  |  | **1.4% surcharge applies to Card Payments.** | |  | | ***DPS Accounting Solutions ATF DP Singla Trust***  ***Liability limited under professional standards legislation*** |