



A.C.N. 087 397 493  
 ATF The Taxaction Trust  
 A.B.N. 79 019 328 194  
 Suite 1A, 152 Balcatta Road  
 Balcatta WA 6021  
 Ph (08) 9240 2333  
 Fx (08) 9240 2134  
 E client@taxaction.com.au

Sharon  
 Shaneil Holdings Pty Ltd  
 Melville Post Shop  
 PO Box 610  
 MELVILLE WA 6956

**Tax Invoice**  
**2019-000362**  
 Ref: SHAN0003  
 7 January, 2019

Description	Amount
Attending to 2018 ASIC Company Statement.	
	90.00
<i>GST</i>	9.00
<b>Terms:</b>	<b>Date Due: 21 January, 2019</b>
	<b>Amount Due: \$ 99.00</b>

*Please detach the portion below and forward with your payment*

Remittance Advice	
<u>Direct Debit</u> BSB: 066168 Account No.: 10123200 Our Ref.: SHAN0003	Shaneil Holdings Pty Ltd Invoice: 2019-000362 Ref: SHAN0003 7 January, 2019 Amount Due: \$ 99.00
<u>Cheque</u>	
<u>Credit Card</u> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/>	
Card Number <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"/> <input type="text"/>	CSV
Cardholder .....	Signature ..... Expiry Date .....



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**Statement**  
  
 Ref: SHAN0003  
 As at 7 January, 2019

Date	Description	Debit	Credit
08/01/2018	Invoice 2018-000355 Issued	92.00	
05/03/2018	Receipt 2018-000410 Applied Against Invoice 2018-000355		92.00
05/03/2018	Receipt 2018-000411 Issued		92.00
07/01/2019	Invoice 2019-000362 Issued	99.00	
<b>120+ Days</b> 0.00	<b>90 Days</b> 0.00	<b>60 Days</b> 0.00	<b>30 Days</b> 0.00
<b>Current</b> 7.00			
<b>Amount Due:</b>			<b>7.00</b>

**Terms:**

*Please detach the portion below and forward with your payment*

Remittance Advice			
Shaneil Holdings Pty Ltd			Ref: SHAN0003
			As at 7 January, 2019
Cheque	Mastercard	Visa	Amount Due: 7.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardholder .....	Signature .....	Expiry Date .....	