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ABN 11 548 492 741



## TAX INVOICE

The Trustee(s)  
Greenwood Superannuation Fund  
3863 Mt Lindesay Highway  
PARK RIDGE  
QLD 4125

**Date**  
**Invoice Number**  
**Invoice Due Date**

17 February 2021  
INV-1593  
3 March 2021

| For professional services rendered | Amount |
|------------------------------------|--------|
|------------------------------------|--------|

SMSF Financials & Tax

Matters undertaken in relation to the Fund's affairs for the year ended 30 June 2020:

- Processing of receipts and payments of the Fund
- Correctly recording other transactions and investments made by the Fund during the year
- Attending to the other general administration matters of the Fund for the year

Preparation of the 2020 Self-Managed Superannuation Fund Annual Return and electronic lodgement with the Australian Taxation Office

Outlays paid to Auditor for:

Attending to the audit of the Fund including preparation of Statutory Forms for the year ended 30 June 2020 including the following:

- Obtaining confirmations of all Assets and Liabilities of the Fund
- Obtaining confirmation of all Income and Expenses of the Fund
- Obtaining property searches for audit purposes
- Attending to preparation of all Audit Workpapers

|   |            |
|---|------------|
| Attending to preparation of all other Statutory Documents required for audit purposes | \$1,810.00 |
|---|------------|

|          |            |
|----------|------------|
| Subtotal | \$1,810.00 |
|----------|------------|

|     |          |
|-----|----------|
| GST | \$181.00 |
|-----|----------|

|                      |                   |
|----------------------|-------------------|
| <b>Invoice Total</b> | <b>\$1,991.00</b> |
|----------------------|-------------------|

**Invoice Due Date**      **3 March 2021**

## REMITTANCE ADVICE

**From:** Greenwood Superannuation Fund  
**Invoice Number:** INV-1593

**Amount Due:** 1,991.00  
**Due Date:** 3 March 2021

**Amount Paid:**

by Credit Card  

by Cheque  
 by Direct Credit

Number:

Name on Credit card: \_\_\_\_\_ CVC: \_\_\_\_\_

Signature: \_\_\_\_\_ Expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DIRECT CREDIT:**

BSB 084 129  
Account 894 331 465  
Please quote Invoice No:

**INV-1593**