



PRINCIPAL  
Ronald G Palmer B. COM., FCA, J.P.

ASSOCIATE  
Jacqueline Palmer B.A., FCA

3 December 2020

G A Watkinson Retirement Benefit Fund  
16 Beatty Street  
BALGOWLAH HEIGHTS NSW 2093

Invoice No.: 157263      Client Code: GAWA81

**TAX INVOICE**  
**ABN: 61 579 834 684**

**MEMORANDUM OF FEES FOR PROFESSIONAL SERVICES**

Processing entries into the General ledger for the year ended 30th June 2020 including the reconciliation of each of the fund bank accounts.

Preparation of supporting work papers and audit questionnaire. \$2,450.00

Preparation of the Financial Statements to the Fund for the year ended 30th June 2020. \$150.00

For Professional Services rendered in the preparation and lodgement of the Fund's Income Tax Return with the Tax Commissioner in respect to the year ended 30th June 2020.

Preparation of all necessary statutory documentation including minutes and resolutions for the year ended 30th June 2020, update of the Superannuation Fund Register to the 30th June 2020 and Investment Register to the 30th June 2020. \$1,000.00

Attending to correspondence with the Australian Taxation Office and other matters as required.

**Disbursement**

Auditing the financial records of the fund for the year ended 30th June 2020 in accordance with the SIS legislation and regulations and the Australian Taxation Office guidelines paid to Mr J McCann \$500.00

Section 295-390 of ITAA1997 - Actuarial Certificate - Acurium Pty Ltd. \$100.00

**Less** Invoiced March 2020 \$(2,000.00)

\$2,200.00  
**GST** 220.00

**TOTAL AMOUNT DUE** \$2,420.00

**Our terms are strictly 14 days. Your account is due on 17 December 2020**



**Remittance Advice**

G A Watkinson Retirement Benefit Fund

**CLIENT CODE:** GAWA81

**INVOICE #:** 157263

**TOTAL AMOUNT DUE** \$2,420.00

**AMOUNT PAID:** \$

**INVOICE DATE:** 03 December 20

(including GST)

**For Direct Deposit:**

**BSB: 062-155**

**Account No: 1035-6240**

(Please quote Invoice number and client code in reference)

Credit Card: Mastercard/Visa (Please circle)

Card No:

Expires: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_