



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

ASSOCIATE
Jacqueline Palmer B.A., F CA

28 August 2020

D&J Suttie Superfund
3 Cowpastures Road
BOWRAL NSW 2576

Invoice No.: 156261 Client Code: SUTT44

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, all dividend re-investments accounts as required. Preparation of supporting work papers and audit questionnaire. \$1,690.00

Preparation of the Financial Statements to the Fund for the year ended 30th June 2020. \$180.00

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.

Prepare interim accounts and recording members contributions and ensuring the fund was fully compliant for minimum pension payments and correct contributions received. \$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 - Acruim Pty Ltd. \$100.00

Property Title Searches \$ 40.00

Less Interim Invoice March 2020 \$(1,700.00)

\$1,810.00
GST 181.00

TOTAL AMOUNT DUE \$1,991.00

Our terms are strictly 14 days. Your account is due on 11 September 2020



Remittance Advice

D&J Suttie Superfund

CLIENT CODE: SUTT44

AMOUNT PAID: \$

INVOICE #: 156261

INVOICE DATE: 28 August 20

TOTAL AMOUNT DUE \$1,991.00

(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:

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Expires: ____ / ____

Name on Card:

Signature:
