

30/00

TAX INVOICE

Invoice Date 26 March 2019

Invoice No. 41315

Client Code DIXSMSF

RS & CJ Dix Super Fund
PO Box 212
KEITH SA 5267

To our Professional Fees and Charges in attending to the following :-

Preparation of Financial Statements and Statutory Minutes for the RS & CJ Dix Super Fund for the year ended 30 June 2018.

Preparation and lodgement of Fund Income Tax Return for the RS & CJ Dix Super Fund for the year ended 30 June 2018 including schedules as required.

Various discussions and attendances thereto.

Our Fee Total	3,100.00
Plus: GST	310.00
TOTAL FEE	\$3,410.00

Paid 15/5

Remittance Advice - Please return with your payment

Payment required within Fourteen (14) Days from date of Invoice

Invoice Due Date - 09 April 2019

Please forward cheques to:
PDK Financial Synergy P/L
PO Box 3685
ADELAIDE SA 5000

Credit Card: Mastercard/Visa (Please circle)

Card No: Expires: ___ / ___

For Direct Deposit:
BSB: 035-000
Account No: 683075

Name on Card: _____
Signature: _____

Client Code: DIXSMSF

Invoice No: 41315 Amount Due: \$3,410.00 Amount Paid: \$ _____

Liability limited by a scheme approved under Professional Standards Legislation

TAX INVOICE

Invoice Date 16 August 2018

Invoice No. 40910

Client Code DIXSMSF

RS & CJ Dix Super Fund
PO Box 212
KEITH SA 5267

To our Professional Fees and Charges in attending to the following :-

Preparation of Financial Statements and Statutory Minutes for the RS & CJ Dix Super Fund for the year ended 30 June 2017.

Preparation and lodgement of Fund Income Tax Return for the RS & CJ Dix Super Fund for the year ended 30 June 2017 including schedules as required.

Various discussions and attendances thereto.

Our Fee Total

3,100.00

Plus: GST

310.00

TOTAL FEE

\$3,410.00

paid 4/10/18

Remittance Advice - Please return with your payment

Payment required within Fourteen (14) Days from date of Invoice

Invoice Due Date - 30 August 2018

Please forward cheques to:
PDK Financial Synergy P/L
PO Box 3685
ADELAIDE SA 5000

Credit Card: Mastercard/Visa (Please circle)

Card No:

Expires: ___/___

For Direct Deposit:
BSB: 035-000
Account No: 683075

Name on Card: _____

Signature: _____

Client Code: DIXSMSF

Invoice No: 40910

Amount Due: \$3,410.00

Amount Paid: \$ _____

Liability limited by a scheme approved under Professional Standards Legislation