WA Annual SMSF Checklist 2019

|  |  |  |  |
| --- | --- | --- | --- |
| Client: |  | Date: |  |

This year-end questionnaire for Self Managed Superannuation Funds is designed to save you time and money. The effort you invest to complete this questionnaire will be repaid because we’ll be able to complete your accounts accurately and efficiently, saving you unnecessary fees that might otherwise be incurred if we had to come back to you multiple times requesting more information.

**Please complete this questionnaire and ensure you attach all relevant documentation, then sign and date this form below, and return your questionnaire and documentation to us.**

If you have any queries or concerns, please do not hesitate to contact us.

**Wise Accountants Pty Ltd**

*I/We hereby instruct you to prepare the fund’s Financial Statements and Taxation Returns for the financial year ended 30 June 2019.*

*I/We undertake to supply all information necessary to carry out such services, and will be responsible for the accuracy and completeness of such information. You are hereby authorised to communicate with my bankers, solicitors, finance companies and all government agencies such as the ATO to obtain such information, as you require to enable you to carry out the above assignment.*

|  |  |
| --- | --- |
| *Name:* | *Signature:* |
|  *Date:* |  |
| *The Australian Tax Office is no longer issuing cheques for refunds. Refunds will only be paid via Electronic Banking Transfers (EFT).**Please supply your banking details for your refund, if you do not wish us to use the working account.* |  |

Name of Account Holder:

Bank and Branch: BSB:

Account Number:

To ensure that our records are up to date, please assist us by completing the following:

|  |  |
| --- | --- |
| Entity name: |  |
| ABN: |  |
| TFN: |  |
| Trustee Company Name *(if applicable)* |       |
| ACN*(if a trustee company)* |       |
| Registered address:*(if a trustee company)* |       |
|  |       |
| Postal address: |  |
|  |  |
| Contact name: |       |
| Trustee(s) *(if individuals)*: |  |
| Address: |  |
|  |  |
| Telephone: | Home |       |  |  | Fax |       | Mobile |       |
| Email Address: |  |
| Trustee(s) *(if individuals)*: |  |
| Address: |  |
|  |  |
| Telephone: | Home |       | Business |       | Fax |       | Mobile |       |
| Email Address: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| If we are preparing your return for the first time:  | Yes | No | ? |
| Please provide: |  |  |  |
| Copies of the Fund’s last Financial Statements. | [ ]  | [ ]  | [ ]  |
| A copy of the last tax return, taxation assessment and PAYG instalment notices. | [ ]  | [ ]  | [ ]  |
| Copies of any other correspondence with the Tax Office such as objections, penalties, Statement of Account, Garnishee Notice, Final Notice to Lodge. | [ ]  | [ ]  | [ ]  |
| Capital gains information for current investments held. | [ ]  | [ ]  | [ ]  |
| Bank Accounts | Yes | No | ? |
| Please supply the following information: |  |  |  |
| Copies of **all** bank statements for the financial year up to 30 June. | [ ]  | [ ]  | [ ]  |
| Cheque payment details. | [ ]  | [ ]  | [ ]  |
| Receipt details. | [ ]  | [ ]  | [ ]  |
| Bank reconciliations (if available). | [ ]  | [ ]  | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Monies Received by the Fund | Yes | No | ? |
| Please supply details of the following: |  |  |  |
| Employer contributions. | [ ]  | [ ]  | [ ]  |
| Employee contributions. | [ ]  | [ ]  | [ ]  |
| Other contributions – Government Co-contributions, spouse or child contributions. | [ ]  | [ ]  | [ ]  |
| Roll-overs received by the fund. | [ ]  | [ ]  | [ ]  |
| Roll-over notification forms, ETP Rollover Statements. | [ ]  | [ ]  | [ ]  |
| Benefit transfer schedules. | [ ]  | [ ]  | [ ]  |
| Income | Yes | No | ? |
| Please supply the following information: |  |  |  |
| Dividend advice statements. | [ ]  | [ ]  | [ ]  |
| Interest statements. | [ ]  | [ ]  | [ ]  |
| Trust distribution advice notices. | [ ]  | [ ]  | [ ]  |
| Trust annual taxation statements. | [ ]  | [ ]  | [ ]  |
| Unit Trust accounts and tax return. | [ ]  | [ ]  | [ ]  |
| Any other income documentation (e.g. rental income). | [ ]  | [ ]  | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Sale of Assets | Yes | No | ? |
| Have you sold any of the following assets? |  |  |  |
| Shares. | [ ]  | [ ]  | [ ]  |
| Units in a unit trust. | [ ]  | [ ]  | [ ]  |
| Property (refer to Question 8 below). | [ ]  | [ ]  | [ ]  |
| Other assets. | [ ]  | [ ]  | [ ]  |
| * Please supply documentation for each sale.
 |  |  |  |
| Payments | Yes | No | ? |
| Please provide invoices for expenses paid by the fund, including: |  |  |  |
| Insurance Premium Notices/Invoices. | [ ]  | [ ]  | [ ]  |
| Share Purchase Contracts and Certificates. | [ ]  | [ ]  | [ ]  |
| Property Purchase Contracts (refer to Question 8 below). | [ ]  | [ ]  | [ ]  |
| Audit and accounting fees. | [ ]  | [ ]  | [ ]  |
| Other payments. | [ ]  | [ ]  | [ ]  |
| Property | Yes | No | ? |
| If the Fund has purchased or sold property during the year, please forward to us a copy of the purchase/sale contract and settlement letter. If a new building has been constructed, please advise the date of construction. | [ ]  | [ ]  | [ ]  |
| If any depreciable items are included, we will require the breakup of the purchase/sale price that has been allocated to each of them in the contract. Depreciable items include floor coverings, light fittings, hot water systems, etc. in rental properties. | [ ]  | [ ]  | [ ]  |
| Valuations | Yes | No | ? |
| Please supply the value of assets held as at 30 June. | [ ]  | [ ]  | [ ]  |
| * Note: Please contact us if you would like to discuss valuation issues.
 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| GST | Yes | No | ? |
| If the fund is registered for GST, please provide copies of Business Activity Statements for the year. | [ ]  | [ ]  | [ ]  |
| Investment Strategy | Yes | No | ? |
| Please provide a copy of your investment strategy. | [ ]  | [ ]  | [ ]  |
| Other Information |  |  |  |
| If there is any other information that you consider relevant, or you have particular concerns/queries, please provide us with details in the space below. Attach information if applicable. |
|  |
|  |
|  |
|  |
|  |
|  |

Thank you for completing this checklist.