



SMSF - Year End Questionnaire 2010

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.

conaghtys TOTAL accounting

I/We hereby instruct you to prepare the fund's Financial Statements and Taxation Returns for the financial year ended 30 June 2009.

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: _____

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

Business

Fax

Mobile

Email Address:

Trustee(s) *(if
individuals)*:

Address:

Telephone:

Home

Business

Fax

Mobile

Email Address:

| 1. If we are preparing your return for the first time: | | Yes | No | ? |
|---|--|--------------------------|--------------------------|--------------------------|
| Please provide: | | | | |
| 1.1 | Copies of the Fund's last Financial Statements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 | A copy of the last tax return, taxation assessment and PAYG instalment notices. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 | Copies of any other correspondence with the Tax Office such as objections, penalties, Statement of Account, Garnishee Notice, Final Notice to Lodge. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.4 | Capital gains information for current investments held. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Bank Accounts | | Yes | No | ? |
| Please supply the following information: | | | | |
| 2.1 | Reconciled cash book details on computer disk. Please circle the program you are using: Cashman / MYOB / Quicken / QuickBooks) / Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 | Please provide name of program and version number. | | | |
| 2.3 | Please provide password if applicable. | | | |
| 2.4 | Copies of bank reconciliations as at 30 June. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5 | Copies of bank statements as at 30 June. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OR If using a computer program but not providing a disk: | | | | |
| 2.6 | Financial statements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.7 | General ledger. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.8 | Trial balance and bank reconciliation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.9 | Copies of bank statements as at 30 June. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OR If not using a computer program: | | | | |
| 2.10 | Cheque payment details. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.11 | Receipt details. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.12 | Bank reconciliations (if available). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.13 | Copies of your bank statements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 3. Monies Received by the Fund | | Yes | No | ? |
|---|---|--------------------------|--------------------------|--------------------------|
| Please supply details of the following: | | | | |
| 3.1 | Employer contributions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 | Employee contributions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 | Other contributions – Government Co-contributions, spouse or child contributions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3.1 | Please complete the attached SMSF - Contributions form. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 | Roll-overs received by the fund. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.5 | Roll-over notification forms, ETP Rollover Statements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.6 | Benefit transfer schedules. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Income | | Yes | No | ? |
| Please supply the following information: | | | | |
| 4.1 | Dividend advice statements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 | Interest statements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3 | Trust distribution advice notices. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.4 | Trust annual taxation statements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.5 | Unit Trust accounts and tax return. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.6 | Any other income documentation (e.g. rental income). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Sale of Assets | | Yes | No | ? |
| 5.1 | Have you sold any of the following assets? | | | |
| 5.1.1 | Shares. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1.2 | Units in a unit trust. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1.3 | Property (refer to Question 8 below). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1.4 | Other assets. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ <i>Please supply documentation for each sale.</i> | | | | |

| 6. Payments | | Yes | No | ? |
|---|---|--------------------------|--------------------------|--------------------------|
| Please provide invoices for expenses paid by the fund, including: | | | | |
| 6.1 | Insurance Premium Notices/Invoices. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 | Share Purchase Contracts and Certificates. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3 | Property Purchase Contracts (refer to Question 8 below). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.4 | Audit and accounting fees. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.5 | Other payments. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Property | | Yes | No | ? |
| 7.1 | 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2 | 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Valuations | | Yes | No | ? |
| 8.1 | Please supply the value of assets held as at 30 June. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ <i>Note: Please contact us if you would like to discuss valuation issues.</i> | | | | |
| 9. GST | | Yes | No | ? |
| 9.1 | If the fund is registered for GST, please provide copies of Business Activity Statements for the year. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Investment Strategy | | Yes | No | ? |
| 10.1 | Please provide a copy of your investment strategy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 11. Other Information | |
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| <p>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.</p> | |
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| 12. Completion of Accounts | |
| <p>12.1 Please indicate when you require the accounts to be completed:</p> | |

Thank you for completing this questionnaire.

END OF DOCUMENT