



# SMSF Year End Checklist

Superannuation Fund Name:

---

---

Client Code: 

---

ADDRESS: 68 Victoria St  
Warragul VIC 3820

Telephone: (03) 5622 3587

Fax: (03) 5623 6309

Website: [www.raymondpartners.com.au](http://www.raymondpartners.com.au)

Email: [admin@raymondpartners.com.au](mailto:admin@raymondpartners.com.au)



**RAYMOND PARTNERS**  
Accountants and Advisors

# Bank Accounts

Include here:

Bank statements for the full financial year for each bank account the Superannuation Fund operates ending 30 June. In order to accurately process the transactions, please include a brief description next to each transaction that can not be easily identified.

	Please tick
1/ Account number _____	<input type="checkbox"/>
2/ Account number _____	<input type="checkbox"/>
3/ Account number _____	<input type="checkbox"/>
4/ Account number _____	<input type="checkbox"/>
5/ Account number _____	<input type="checkbox"/>

FOR OFFICE USE ONLY	
Entity Name:	_____
Client Code:	_____
Financial Year:	_____
Naming Convention: "Bstmts"	



# Shares

Include here:

Please only tick and enclose items that are relevant to your SMSF  
(you may not have any or all of these items):

HIN/REF number (usually starting with an 'X' 'I' OR 'H')  
WRITE YOUR HIN NUMBERS BELOW

---

- |  | Please tick              |
|--|--------------------------|
| Copies of all holding statements   | <input type="checkbox"/> |
| Copies of investment provider reports (e.g. stockbroker/<br>investment manager reports)  | <input type="checkbox"/> |
| Copies of all buy & sell contracts   | <input type="checkbox"/> |
| Copies of all dividend statements (including dividend<br>reinvestments)  | <input type="checkbox"/> |
| Copies of any corporate action details including<br>share buybacks, bonus shares, rights issues,<br>IPO's, share purchase plans, mergers/demergers etc | <input type="checkbox"/> |
| Copies of any off-market transfer forms  | <input type="checkbox"/> |

FOR OFFICE USE ONLY

Entity Name: \_\_\_\_\_

Client Code: \_\_\_\_\_

Financial Year: \_\_\_\_\_

Naming Convention: "Shares"



# Managed Funds

Include here:

Please only tick and enclose items that are relevant to your SMSF  
(you may not have any or all of these items):

Please tick

Copies of all quarterly statements for each investment held

Copies of year end statements for each investment held

Copies of annual tax statements for each investment held

FOR OFFICE USE ONLY

Entity Name: \_\_\_\_\_

Client Code: \_\_\_\_\_

Financial Year: \_\_\_\_\_

Naming Convention: "MFunds"



**RAYMOND PARTNERS**  
Accountants and Advisors

# Property

Include here:

Please only tick and enclose items that are relevant to your SMSF  
(you may not have any or all of these items):

Please tick

- |  |                          |
|--|--------------------------|
| Copies of title certificates   | <input type="checkbox"/> |
| Copies of purchase contracts   | <input type="checkbox"/> |
| Copies of insurance policies paid relating to property held within the SMSF        | <input type="checkbox"/> |
| Copies of all expense invoices relating to the property                            | <input type="checkbox"/> |
| Copies of all income receipts (rental statements) relating to the property         | <input type="checkbox"/> |
| Copies of property managers yearly summaries (Real Estate Agents yearly summaries) | <input type="checkbox"/> |

FOR OFFICE USE ONLY

Entity Name: \_\_\_\_\_

Client Code: \_\_\_\_\_

Financial Year: \_\_\_\_\_

Naming Convention: "Property"



## OTHER ASSETS

Include here:

Copies of any other purchase and sale documents relating to other assets held or transacted by the fund.

## ROLLOVERS

Include here:

Copies of any rollover notices and ETP statements.

## EXPENSES

Include here:

Copies of any invoices to support expenses paid by the fund or by members on behalf of the fund.

\*\* Note we have copies of your Accounting & Audit fees paid, and any payments you have made to the Australian Taxation Office \*\*

## LIFE INSURANCE

Include here:

Copies of Annual Life Insurance statements for each member.

### FOR OFFICE USE ONLY

Entity Name: \_\_\_\_\_

Client Code: \_\_\_\_\_

Financial Year: \_\_\_\_\_

Naming Convention: "Other"



# Contributions

Include here:

Please complete the following table and include contributions deposited to your Funds bank account and all non-cash contributions (i.e. off market transfer of shares) during the period 1 July – 30 June.

TYPE

E Employer contribution—SGC

ES Employer contribution—Salary Sacrifice

PT Personal contribution—Tax deduction claimed in personal tax return

P Personal Contribution—No tax deduction claimed in personal tax return

Date	Member Name	Type (See codes above)	Contribution Amount

FOR OFFICE USE ONLY	
Entity Name:	_____
Client Code:	_____
Financial Year:	_____
Naming Convention: "Conts"	



# Contact Details

Include here:

Any changes to your personal or SMSF details where relevant.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Business Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Web Page: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

