



Australian Government  
Australian Taxation Office

## PAYG payment summary statement



34470214

This form is part of the PAYG payment summary annual report.  
See reverse of page for how to complete this form.

**1** If you report your payment summary information to us electronically, do not complete this form.

**1** Payment summaries printed from payroll software should not accompany this form. Use ATO printed payment summary forms.

Print clearly in BLOCK LETTERS with a black pen only.  
Do not use rubber stamps to show payer details.

**2** Complete and send this form to us by **14 August** with the **ATO original** of the payment summaries issued. Do not use this form if you report using electronic media.

Send your completed form to us at:  
**Australian Taxation Office**  
**Locked Bag 50**  
**PENRITH NSW 2740**

If you are **amending a payment summary statement** you have already sent, place X in this box ☐

Statement for year ending 30 June **2020**

**Payer details** ABN or withholding payer number **44 403 256 120** Branch number

**Name**

**D A M BRAKE SUPERANNUATION FUND**

**Address**

Street number and street name

**C/- HOWE FORD a BOXER**  
**PO BOX 24**

Suburb, town or locality

**CLEVELAND**

State

**QLD**

Postcode

**4163**

**Contact name**

**SHONA SHERMAN**

**Contact phone number**

**07 3286 1322**

### Payment summaries issued

Payment summary type	Total number of payment summaries issued	Total of gross payments or taxable components	Total of amounts of tax withheld
Individual non-business (includes salaries or wages paid to employees)	<input type="text"/>	\$ <input type="text"/> <input checked="" type="checkbox"/>	\$ <input type="text"/> <input checked="" type="checkbox"/>
Employment termination payment	<input type="text"/>	\$ <input type="text"/> <input checked="" type="checkbox"/>	\$ <input type="text"/> <input checked="" type="checkbox"/>
Superannuation lump sum	<input type="text"/> <b>1</b>	\$ <b>220065</b> <input checked="" type="checkbox"/>	\$ <b>4000</b> <input checked="" type="checkbox"/>
Superannuation income stream	<input type="text"/>	\$ <input type="text"/> <input checked="" type="checkbox"/>	\$ <input type="text"/> <input checked="" type="checkbox"/>
Business and personal services income	<input type="text"/>	\$ <input type="text"/> <input checked="" type="checkbox"/>	\$ <input type="text"/> <input checked="" type="checkbox"/>
Foreign employment	<input type="text"/>	\$ <input type="text"/> <input checked="" type="checkbox"/>	\$ <input type="text"/> <input checked="" type="checkbox"/>

**Privacy** – For information about your privacy, visit our website at [ato.gov.au/privacy](http://ato.gov.au/privacy)

**Declaration** I declare that the information given on this form is complete and correct.

Signature of authorised person

Date **10** / **03** / **2021**

**2** You will need to keep a copy of this completed form, together with the **PAYG payer's copy** of the payment summaries issued, for your records.



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## PAYG payment summary – superannuation lump sum



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You must complete all sections of this form. For help completing this form, visit our website at [ato.gov.au/paymentsummaries](http://ato.gov.au/paymentsummaries)

Payment summary for year ending 30 June 2020

If you are amending a payment summary you have already sent, place X in this box ☐

### Section A: Payee details

Tax file number 488 094 711

Surname or family name

BRAKE

Given name(s)

MELISSA

Residential address

125 BOSWELL TERRACE

Suburb/town/locality

MANLY

State/territory

QLD

Postcode

4179

Date of birth (if known) 02 / 02 / 1961

### Section B: Payment details

Date of payment 08 / 07 / 2019

TOTAL TAX WITHHELD \$ 4,000

#### Taxable component

Taxed element \$ 220,065

Untaxed element \$

Tax-free component \$ 1,703

Place an X in the appropriate box for each field below.

Is this payment a death benefit? No X Yes

Type of death benefit Trustee of deceased estate or Non-dependant

### Section C: Payer details

**!** You must also complete this section

Australian business number (ABN) or withholding payer number (WPN)

44 403 256 120 Branch number

Name (use the same name that appears on your activity statement)

D A M BRAKE SUPERANNUATION FUND

Privacy – For information about your privacy visit our website at [ato.gov.au/privacy](http://ato.gov.au/privacy)

DECLARATION – I declare that the information given on this form is complete and correct.

Signature of authorised person

Date

10 / 03 / 2021

ATO original