



# 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.

**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**

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

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 32861322**

## 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="checkbox"/>                 | \$ <input type="checkbox"/>                   | \$ <input type="checkbox"/>      |
| Employment termination payment   | <input type="checkbox"/>                 | \$ <input type="checkbox"/>                   | \$ <input type="checkbox"/>      |
| Superannuation lump sum  | <input type="checkbox"/> <b>1</b>        | \$ <b>220065</b>                              | \$ <b>4000</b>                   |
| Superannuation income stream   | <input type="checkbox"/>                 | \$ <input type="checkbox"/>                   | \$ <input type="checkbox"/>      |
| Business and personal services income                                  | <input type="checkbox"/>                 | \$ <input type="checkbox"/>                   | \$ <input type="checkbox"/>      |
| Foreign employment   | <input type="checkbox"/>                 | \$ <input type="checkbox"/>                   | \$ <input 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.



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  in the appropriate box for each field below.

Is this payment a death benefit? No  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**

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

Signature of authorised person

Date **10 / 03 / 2021**

ATO original