

## Australian Government Australian Taxation Office Australian Taxation Office Australian Taxation Office

You must complete all sections of this form.

For help completing this form, visit our website at ato.gov.au/paymentsummarie  Payment summary for year ending 30 June	If you are amending a payment summary you have already sent, place X in this box.
Section A: Payee details	ones reque regale relations electrones en la light el
	of birth (if known)  Day  Month  Year  / Day / D
Surname or family name	
Given name/s	
Residential address	
Suburb/town/locality	State/territory Postcode
Section B: Payment details  Period during which payments were made Pay Month	/ 20 / Z to 3 0 / 06 / 20 7 2
TOTAL TAX WITHHELD \$ , 7,7,7	is the employer exempt from FBT under as
GROSS PAYMENTS (do not include amounts shown under 'Allowances', 'Lump sum payments', 'CDEP \$	Q Gross payments type
payments' and 'Exempt foreign employment income')  Community Development Employment   Community Development Employment	a Lump A &
Projects (CDEP) payments  Reportable employer superannuation	Sum Tull, ll, ll., ll., ll., ll., ll., ll., l
contributions (do not include compulsory super guarantee \$,	sum pp,,
Reportable fringe benefits amount  FBT year 1 April to 31 March  \$	Q Lump D\$,,
Is the employer exempt from FBT under No Yes Section 57A of the FBTAA 1986?	Lump E\$ , , , , ,
Deductible amount of the undeducted purchase price of an annuity	
Exempt foreign employment income	\$
Allowances (provide details)	\$
	\$
Total allowan	
Union/Professional association fees – Name of organisation	Amount
Union/Professional association rees - Name of organisation	\$
	\$ -80
Workplace giving - Name of organisation	
	\$
Section C: Payer details  Australian busine	ess number (ABN) or withholding payer number (WPN)  Branch
You <b>must</b> also complete this section 222 4	Martin Line in the number line i
Name (use the same name that appears on your activity statement)	
Privacy – For information about your privacy, go to ato.gov.au/privacy	
DECLARATION - I declare that the information given on this form is complete and correct.	Date
Signature of authorised person	Day Month Year