



You must complete all sections of this form.

For help completing this form, visit our website at ato.gov.au/paymentsummaries

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

Payment summary for year ending 30 June **2022**

Section A: Payee details

Tax file number **143 838 484**

Date of birth (if known) / /

Surname or family name **MITCHELL**

Given name/s **MICHAEL JOHN**

Residential address **2 WARRINGAH STREET**

Suburb/town/locality **NORTH BALGOWLAH** State/territory **NSW** Postcode **2093**

Section B: Payment details

Period during which payments were made / / to / /

TOTAL TAX WITHHELD \$, , **0.00**

GROSS PAYMENTS (do not include amounts shown under 'Allowances', 'Lump sum payments', 'CDEP payments' and 'Exempt foreign employment income') \$, , **28,000.00** Gross payments type

Community Development Employment Projects (CDEP) payments \$, , **0.00** Lump sum A \$, , **0.00** Type

Reportable employer superannuation contributions (do not include compulsory super guarantee amounts. For more information, see the back page of this form.) \$, , **23,200.00** Lump sum B \$, , **0.00** Type

Reportable fringe benefits amount \$, , **0.00** Lump sum D \$, , **0.00** Type

Is the employer exempt from FBT under section 57A of the FBTA 1986? No Yes Lump sum E \$, , **0.00** Type

Deductible amount of the undeducted purchase price of an annuity \$, , **0.00**

Exempt foreign employment income Amount \$, , **0.00**

Allowances (provide details) \$, , **0.00**

\$, , **0.00**

Total allowances \$, , **0.00**

Union/Professional association fees – Name of organisation Amount \$, , **0.00**

\$, , **0.00**

Workplace giving – Name of organisation \$, , **0.00**

Section C: Payer details

! You must also complete this section

Australian business number (ABN) or withholding payer number (WPN) **65 085 630 897** Branch number

Name (use the same name that appears on your activity statement) **TDS PTY LIMITED**

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.

Signature of authorised person **G.M.P. Gnanasekaran**

Date / /
28 / 07 / 2023

ATO original



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Payment summary for year ending 30 June **2022**

Section A: Payee details

Tax file number **143 838 512**

Date of birth (if known) / /

Surname or family name

MITCHELL

Given name/s

BEVERLEY

Residential address

2 WARRINGAH STREET

Suburb/town/locality

NORTH BALGOWLAH

State/territory

NSW

Postcode

2093

Section B: Payment details

Period during which payments were made / / to / /

TOTAL TAX WITHHELD \$, , **0.00**

GROSS PAYMENTS (do not include amounts shown under 'Allowances', 'Lump sum payments', 'CDEP payments' and 'Exempt foreign employment income')

\$, **27,000.00**

Gross payments type

Community Development Employment Projects (CDEP) payments

\$, , **.00**

Lump sum **A**

\$, , **.00**

Reportable employer superannuation contributions (do not include compulsory super guarantee amounts. For more information, see the back page of this form.)

\$, **33,300.00**

Lump sum **B**

\$, , **.00**

Reportable fringe benefits amount FBT year 1 April to 31 March

\$, , **.00**

Lump sum **D**

\$, , **.00**

Is the employer exempt from FBT under section 57A of the FBTAA 1986? No Yes

Lump sum **E**

\$, , **.00**

Deductible amount of the undeducted purchase price of an annuity

\$, , **.00**

Exempt foreign employment income

Amount

\$, , **.00**

Allowances (provide details)

\$, , **.00**

\$, , **.00**

Total allowances

\$, , **.00**

Union/Professional association fees – Name of organisation

Amount

\$, **.00**

\$, **.00**

Workplace giving – Name of organisation

\$, **.00**

Section C: Payer details

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

65 085 630 897

Branch number

You must also complete this section

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

TDJ PTY LIMITED

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.

Signature of authorised person

G.M.P. Gwathorpe

Date

/ /

ATO original