



PAYG payment summary – individual non-business

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 **2018**

Section A: Payee details

Tax file number **413 674 344**

Date of birth (if known)

Day / Month / Year

Surname or family name

FULLER

Given name/s

DAVID JOHN

Residential address

17 BROWN RIGG ST

Suburb/town/locality

HILLWOOD

State/territory

TAS

Postcode

7252

Section B: Payment details

Period during which payments were made

Day / Month / Year to Day / Month / Year
01 / 07 / 2017 to 30 / 06 / 2018

TOTAL TAX WITHHELD \$ **0**

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

\$ **0**

Gross payments type

Community Development Employment Projects (CDEP) payments

\$ **0**

Lump sum

A

\$ **0**

Type

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

\$ **2,134**

Lump sum

B

\$ **0**

Reportable fringe benefits amount FBT year 1 April to 31 March

\$ **0**

Lump sum

D

\$ **0**

Is the employer exempt from FBT under section 57A of the FBTAA 1986?

No Yes

Lump sum

E

\$ **0**

Deductible amount of the undeducted purchase price of an annuity

\$ **0**

Exempt foreign employment income

Amount \$ **0**

Allowances (provide details)

\$ **0**

\$ **0**

Total allowances \$ **0**

Union/Professional association fees – Name of organisation

\$ **0**

\$ **0**

Workplace giving – Name of organisation

\$ **0**

Section C: Payer details

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

71 485 858 243

Branch number

! You must also complete this section

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

CALEDONIAN INVESTMENT TRUST

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

Date

Day / Month / Year

PAYG payer's copy