

PAYG payment summary statement



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

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

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.

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

| bo not use rabbei stamps to snow 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 2022 | | | | | | | |
| - Barrier - Barrier (1985년 1985년 1985년 1985년 1982년 1985년 1986년 - Barrier (1986년 1986년 1986년 1986년 1986년 1986년 | | | | | | | |
| Payer details ABN or withholding payer number 4 3 266 291 638 Branch number | | | | | | | |
| Name | | | | | | | |
| JOHICKEY SUPERANNUATION FUND | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Address | | | | | | | |
| Street number and street name | | | | | | | |
| UNIT 103 | | | | | | | |
| 38 LLEWELLYN STREET | | | | | | | |
| Suburb, town or locality MEREWETHER Postcode NSW 2291 | | | | | | | |
| Contact name Contact phone number | | | | | | | |
| | | | | | | | |
| Dovernost a versostica i a const | | | | | | | |
| Payment summaries issued Total number of | | | | | | | |
| Payment summary type payment Total of gross payments or Total of amounts | | | | | | | |
| summaries issued taxable components of tax withheld Individual non-business (includes | | | | | | | |
| salaries or wages paid to employees) | | | | | | | |
| Employment termination payment \$ | | | | | | | |
| Superannuation lump sum 4 \$ 35062 × \$ 0 • × | | | | | | | |
| Superannuation income stream Superannuation income stream Superannuation income stream Superannuation income stream | | | | | | | |
| Business and personal | | | | | | | |
| services income \$ | | | | | | | |
| Foreign employment \$ | | | | | | | |
| Privacy – For information about your privacy, visit our website at ato.gov.au/privacy | | | | | | | |
| Declaration I declare that the information given on this form is complete and correct. | | | | | | | |
| Signature of Pay Month Year | | | | | | | |
| Signature of authorised person Date 30 / 06 / 20 2 2 | | | | | | | |
| | | | | | | | |



IMPORTANT INFORMATION

Payers are required to lodge an annual report by 14 August each year. An annual report consists of a completed PAYG payment summary statement and the ATO original payment summaries issued. Send your annual report to the address on the front of this form. You may incur a penalty if you do not lodge your annual report by the due date.

PAYG withholding payment summary reports can be lodged anytime via the Business Portal. For more information, visit ato.gov.au/onlineservices

How to complete your PAYG payment summary statement

Statement for year ending 30 June

The year must be shown as a four digit figure. For example the year ending 30 June 2014 must be shown as '2014' and not '14'.

PAYER DETAILS

ABN or withholding payer number and branch number

Write your Australian business number (ABN), or withholding payer number (WPN), in the boxes provided. For payers with an ABN, the ABN should be the one that appears on the activity statement you report your PAYG withholding amounts on. If you have one ABN, but multiple branches, you should show the branch number. If you do not have a branch number, leave the boxes blank.

The name should be the same as the one that appears on the activity statement you report your PAYG withholding amounts on.

Address

The street number and name, suburb, town or locality, state or territory and postcode must be shown separately in the fields provided.

Contact name and phone number

A daytime contact name and phone number should be provided so that we can contact you if any information needs to be checked.

Declaration

Sign and date this form. The PAYG payment summary statement is a legal document and the law imposes penalties for giving false or misleading information.

Payment summaries issued

For each type of payment summary you issued for the financial year, provide the following details:

- the total number of payment summaries
- the total of gross payments or taxable components, in whole dollars
- the total amounts of tax withheld, in whole dollars.

For individual non-business payment summaries include the following at 'Total of gross payments or taxable components':

- gross payments
- CDEP payments
- total allowances
- total lump sum payments (excluding any amounts shown at D).

For foreign employment payment summaries, include Total Australian tax withheld in the 'Total of amounts of tax withheld' column. Do not include amounts of foreign tax withheld or paid. Include the following at 'Total of gross payments or taxable components':

- gross payments (include total allowances)
- total lump sum payments (excluding any amounts shown at D).

For any of the following payment summaries only include the taxable component of each payment type:

- memployment termination payment
- superannuation lump sum
- superannuation income stream.



AMENDING A PAYG PAYMENT SUMMARY STATEMENT

Complete a new PAYG payment summary statement, marking the 'amending a payment summary statement' box with an 'X'

- made a mistake with any of the amounts in your completed PAYG payment summary statement and you have already sent it to us
- have amended any of the amounts on the payment summaries you have issued to payees
- are sending payment summaries that you did not send before.

You should then complete the amended PAYG payment summary statement in full, detailing amounts from ALL payment summaries issued by you for the financial year, and forward it to the address on the front of this form.

Note: You are only required to lodge the copies of any amended payment summaries and any payment summaries that have not previously been sent, with your amended PAYG payment summary statement.



- under a voluntary agreement
- under a labour hire arrangement
- that are other specified payments
- that are Attributed personal services income.



MORE INFORMATION

If you need more information about your PAYG payment summary statement, you can:

- visit ato.gov.au
- phone 13 28 66.

If you do not speak English well and need help from the ATO, phone the Translating and Interpreting Service on 13 14 50.

If you are deaf, or have a hearing or speech impairment, phone the ATO via the National Relay Service (NRS) on the numbers listed below:

- TTY users, phone 13 36 77 and ask for the ATO number you need
- Speak and Listen (speech-to-speech relay) users, phone 1300 555 727 and ask for the ATO number you need
- internet relay users, connect to the NRS on relayservice.com.au and ask for the ATO number you need.



PAYG payment summary – superannuation income stream



Read *How to complete the PAYG payment summary – superannuation income stream form* (NAT 70986) if you are having trouble completing this payment summary.

| Payment summary for year ending 30 June 2022 If this is an AMENDED payme summary please place X in this | |
|---|---------------------|
| PAYEE DETAILS | |
| Payee's surname or family name | |
| Payee's given name(s) | |
| JOANNE THERESE | |
| Payee's residential address | |
| UNIT 103 38 LLEWELLYN STREET Suburb/town/locality State/territory Po | ostcode |
| | 291 |
| Payee's date of birth (if known) 29 / 06 / 19 2 | |
| Period during which payments were made O I / O 7 / 2 O 2 I to 3 O / O 6 / 2 C 2 2 | |
| Payee's tax file number 1 3 5 1 3 4 0 4 8 TOTAL TAX WITHHELD \$ 4 9 | 3 2·× |
| | J 2 |
| Taxable component | |
| Taxed element \$, 25,336⋅× | |
| Untaxed element \$, | |
| Tax free component \$, 9,847->> | Tax Office original |
| Tax offset amount \$, 3, 8 o o ⋅ × | fice o |
| Lump sum in arrears – taxable component | Ŏ |
| Taxed element \$ | 1 |
| Untaxed element \$, | |
| Lump sum in arrears – tax free component \$ | |
| PAYER DETAILS Payer's Australian business number (ABN) 4 3 2 6 6 2 9 1 6 3 8 Branch number or withholding payer number (WPN) | |
| Payer's name (use the same name that appears on your activity statement) | |
| JOHNCKEY SUPERANNUATION FUND | |
| | |

DECLARATION

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

Signature of authorised person

Marily

Date

Day Month

/ 2 0 2 2



PAYG payment summary – superannuation lump sum



You must complete all sections of this form. For help completing this form, visit our website at ato.gov.au/paymentsummaries

Payment summary for year ending 30 June 2 0 2 2

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

| Payment summary for year ending 30 June 2 0 2 2 | nave aiready sent, place X in this box | | | | | |
|--|--|--|--|--|--|--|
| Section A: Payee details | | | | | | |
| Tax file number 1 3 5 1 3 4 0 4 8 | | | | | | |
| Surname or family name | | | | | | |
| H I C K E Y | | | | | | |
| JOANNE THERESE | | | | | | |
| U N I T 1 0 3 3 8 L L E W E L L Y N S : | r r e e t | | | | | |
| Suburb/town/locality M E R E W E T H E R | State/territory Postcode N S W 2 2 9 1 | | | | | |
| Date of birth (if known) 2 9 / 0 6 / 1 9 6 2 | | | | | | |
| Section B: Payment details | | | | | | |
| Date of payment 1 9 / 0 5 / 2 0 2 2 | | | | | | |
| TOTAL TAX WITHHELD \$, 0 0 0 • × | | | | | | |
| Taxable component | _ | | | | | |
| Taxed element \$ 0 0 , 0 1 5 , 1 0 4 *> Untaxed element \$ | ATO original | | | | | |
| Tax-free component \$ 0 0 , 0 0 5 , 8 9 5 ->< | ATO | | | | | |
| Place an \overline{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 | n-dependant | | | | | |
| Section C: Payer details Australian business nur | mber (ABN) or withholding payer number (WPN) | | | | | |
| You must also complete this section 4 3 2 6 6 | 2 9 1 6 3 8 Branch number | | | | | |
| Name (use the same name that appears on your activity statement) | | | | | | |
| JOHICKEY SUPERANNUATION | FUND | | | | | |
| | | | | | | |
| Privacy – For information about your privacy visit our website at ato.gov.au/privacy DECLARATION – I declare that the information given on this form is complete and correct. | | | | | | |
| | Date Date | | | | | |
| Signature of authorised person | 3 0 / 0 6 / 2 0 2 2 | | | | | |



Australian Government Australian Taxation Office Australian Taxation Office Australian Government Summary - Superannuation lump sum



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

| Payment summary for year ending 30 June 2 0 2 2 | you nave already sent, place X in this box | | | | |
|---|---|--|--|--|--|
| Section A: Payee details | | | | | |
| Tax file number 1 3 5 1 3 4 0 4 8 | | | | | |
| Surname or family name | | | | | |
| H I C K E Y Given name(s) | | | | | |
| JOANNE THERES | E | | | | |
| U N I T 1 0 3 3 8 L L E W E L L Y N | STREET | | | | |
| Suburb/town/locality M E R E W E T H E R | State/territory Postcode N S W 2 2 9 1 | | | | |
| Date of birth (if known) 2 9 / 0 6 / 1 9 6 2 | | | | | |
| Section B: Payment details | | | | | |
| Date of payment 1 1 / 0 4 / 2 0 2 2 | | | | | |
| TOTAL TAX WITHHELD \$, 0 0 0 ->< | | | | | |
| Taxable component Taxed element Solo, 0 0 2, 1 5 7 × Untaxed element Solo, 0 0 2, 1 5 7 × | ATO original | | | | |
| Tax-free component \$ 0 0 , 0 0 0 , 8 4 2 •× | ATO | | | | |
| Place an $\boxed{\chi}$ 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 | | | | |
| | s number (ABN) or withholding payer number (WPN) 6 6 2 9 1 6 3 8 Branch number | | | | |
| Name (use the same name that appears on your activity statement) | at be a first way to be a first of the second | | | | |
| JOHICKEY SUPERANNUATIOI | N FUND | | | | |
| | | | | | |
| Privacy – For information about your privacy visit our website at ato.gov.au/privacy DECLARATION – Underlare that the information given on this form is complete and correct | | | | | |
| DECLARATION – I declare that the information given on this form is complete and correct. | Date | | | | |
| Signature of authorised person | Day Month Year 3 0 / 0 6 / 2 0 2 2 | | | | |



Australian Government Australian Taxation Office Australian Taxation Office PAYG payment summary – superannuation lump sum



You must complete all sections of this form. For help completing this form, visit our website at ato.gov.au/paymentsummaries

Payment summary for year ending 30 June 20022

If you are amending a payment summary

| Payment summary for year ending 30 June 2 0 2 2 | you nave already sent, place X in this box |
|--|--|
| Section A: Payee details | |
| Tax file number 1 3 5 1 3 4 0 4 8 | |
| Surname or family name H I C K E Y | |
| Given name(s) JOANNE THERES | B |
| Residential address U N I T 1 0 3 3 8 L L E W E L L Y N | STREET |
| Suburb/town/locality M E R E W E T H E R | State/territory Postcode N S W 2 2 9 1 |
| Date of birth (if known) 2 9 / 0 6 / 1 9 6 2 | |
| Section B: Payment details | |
| Date of payment 3 1 / 1 2 / 2 0 2 1 | |
| TOTAL TAX WITHHELD \$, 0 0 0 ->× | |
| Taxable component Taxed element \$ 0 0, 0 1 4, 3 8 6 \times Untaxed element \$ 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, | ATO original |
| Tax-free component \$ 0 0 , 0 0 5 , 6 1 3 •× | AT |
| Place an X in the appropriate box for each field below. | |
| Is this payment a death benefit? No X Yes Yes | |
| Type of death benefit Trustee of deceased estate | or Non-dependant |
| | ess number (ABN) or withholding payer number (WPN) |
| You must also complete this section 4 3 2 Name (use the same name that appears on your activity statement) | 6 6 2 9 1 6 3 8 Branch number |
| JOHICKEY SUPERANNUATIO | N F U N D |
| | |
| Privacy - For information about your privacy visit our website at ato.gov.au/privacy DECLARATION - I declare that the information given on this form is complete and correct. | |
| Signature of authorised person | Date |



PAYG payment summary – superannuation lump sum



You must complete all sections of this form. For help completing this form, visit our website at ato.gov.au/paymentsummaries

Payment summary for year ending 30 June 2 0 2 2

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

| Section A: Payee details | | | | | | |
|--|----------------------------|-------------------|--------------------------|--|--|--|
| Tax file number 1 3 5 1 3 4 0 | 4 8 | | | | | |
| Surname or family name | | | | | | |
| H I C K E Y Given name(s) | | | | | | |
| J O A N N E | THERE | SE | | | | |
| Residential address U N I T 1 0 3 3 8 L L E | WELLYN | STRE | ET | | | |
| Suburb/town/locality | | | State/territory | | | |
| MEREWETHER | | | N S W | 2 2 9 1 | | |
| Date of birth (if known) 29/06/196 | 2 | | | | | |
| Section B: Payment details | | | | | | |
| Date of payment 0 7 / 1 2 / 2 0 2 | 1 | | | | | |
| TOTAL TAX WITHHELD \$, 0 | 00->< | | | | | |
| Taxable component | | | | | | |
| Taxed element \$ 0 0 , 0 0 3 , 4 | 1 5 -× | | | la l | | |
| Untaxed element \$, | \square \cdot \times | | | ATO original | | |
| Tax-free component \$ 0 0 , 0 0 1 , 3 3 2 ->< | | | | | | |
| Place an $\overline{\mathcal{X}}$ in the appropriate box for each field below | ow. | | | | | |
| Is this payment a death benefit? No X | /es | | | | | |
| Type of death benefit Trustee of decea | ased estate | or Non-dependa | nt | | | |
| Section C: Payer details | Australian busi | ness number (ABN) | or withholding payer nun | · · · · · · · · · · · · · · · · · · · | | |
| You must also complete this sec | | dimendia | | Branch number | | |
| Name (use the same name that appears on your activity statem | | | | | | |
| JOHICKEY SUPERA | NNUATIC | N F U N | | | | |
| | | | | | | |
| Privacy – For information about your privacy visit our website at ato.gov.au/privacy DECLARATION – I declare that the information given on this form is complete and correct. | | | | | | |
| Signature of | | Date | | | | |
| authorised person | | 3 C | Month / 0 6 / 2 0 | Year 0 2 2 | | |