lodged with the Australian	n Tax Office a	na snoula not	be given to fun	a members.				
Section A: Payee de	etails							
Tax file number								
Surname or family name								
Given name(s)								
Residential address								
Suburb/town/locality							State/territory	Postcode
Date of birth (if known)	Day Mor	nth \	⁄ear					
Section B: Payment	details							
Date of payment								
TOTAL TAX WITHHE	LD \$							
Taxable component								
Taxed element	\$							
Untaxed element	\$							
Tax-free component	\$							
ls this payment a dea	th benefit?	No	Yes					
Type of death benefit		Trustee of	deceased est	ate	or Non-o	dependant		
Section C: Payer de	tails			Australian bu	ısiness numl	oer (ABN) or with	holding payer numb	
You n		omplete this						Branch number
Privacy – For information a								
DECLARATION – I declare	that the inform	nation given on	this form is com	plete and corr	ect.			
Signature of authorised person						Date		
					_			

Warning: This form has been designed to assist you to prepare the Australian Tax Office's PAYG Payment Summary Statement. It cannot be