

Gary Clarke Superfund
 - satisfied.
 work test.
 - 9.5% contrib.



Australian Government
 Australian Taxation Office

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 257 124 732

Date of birth (if known) / /

Surname or family name CLARKE

Given name/s GARY JOHN

Residential address 113 VETERANS PARADE

Suburb/town/locality NARRAREEN State/territory NSW Postcode 2101

Section B: Payment details

Period during which payments were made 01 / 07 / 2017 to 30 / 06 / 2018

TOTAL TAX WITHHELD \$ 0,000.00

GROSS PAYMENTS (do not include amounts shown under 'Allowances', 'Lump sum payments', 'CDEP payments' and 'Exempt foreign employment income') \$ 12,000.00 Gross payments type

Community Development Employment Projects (CDEP) payments \$ Lump sum A \$

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

Reportable fringe benefits amount FBT year 1 April to 31 March \$ Lump sum D \$

Is the employer exempt from FBT under section 57A of the FBTAA 1986? No Yes Lump sum E \$

Deductible amount of the undeducted purchase price of an annuity \$

Exempt foreign employment income Amount \$

Allowances (provide details) \$

\$

Total allowances \$

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

\$

Workplace giving – Name of organisation \$

\$

Section C: Payer details

Australian business number (ABN) or withholding payer number (WPN) 40 116 065 200 Branch number

You must also complete this section

Name (use the same name that appears on your activity statement) HOLO CONSULTING PTY LTD

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. J. Gusselmann

Date 26 / 09 / 2017

PAYG payer's copy