



Australian Government
Australian Taxation Office

PAYG payment summary statement



34471209

WHAT THIS FORM IS FOR

This form is part of the annual report that must be lodged by pay as you go withholding payers, when they choose to report on paper.

This form should only be completed for the 2010 financial year or later.

Refer to the instructions on the back for how to complete this form.

Print clearly in BLOCK LETTERS with a black pen only.
Do not use rubber stamps to show payer details.

➤ Complete and send this form to us by **14 August** with the **Tax Office originals** of the payment summaries issued. Do not use this form if you report using electronic media.

If your business is located in NSW, ACT, QLD or NT:
Australian Taxation Office
Locked Bag 50
PENRITH NSW 2740

If your business is located in VIC, SA, WA or TAS:
Australian Taxation Office
Locked Bag 6007
ALBURY NSW 2640

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

Statement for year ending 30 June 2010

Payer details

Payer's ABN or withholding payer number 56 070 431 326

Branch number

Payer's name

THE 210LKOWSKI SUPERANNUATION FUND

Payer's address

Street number and street name

LEVEL 1
1454 LOGAN ROAD

Suburb, town or locality

MOUNT GRAVATT

State

QLD

Postcode

4122

Contact name

MARI ASHTED

Contact phone number

07 34228000

Payment summaries issued

Payment summary type	Total number of payment summaries issued	Total of gross payments or taxable components (whole dollars)	Total of amounts of tax withheld (whole dollars)
Individual non-business (includes salaries or wages paid to employees)		\$	\$
Employment termination payment		\$	\$
Superannuation lump sum		\$	\$
Superannuation income stream	2	\$ 49,229	\$ 1,666
Business and personal services income		\$	\$
Foreign employment		\$	\$

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

Signature

Mari Ashted

Date

12/04/2011

➤ Photocopy this form. You will need to keep a copy of this completed form, together with the **PAYG payer's copy** of the payment summaries issued, for your records.



Australian Government
Australian Taxation Office

PAYG payment summary – superannuation income stream



709870707

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

If this is an **AMENDED** payment summary please place X in this box ☐

Payment summary for year ending 30 June **2010**

PAYEE DETAILS

Payee's surname or family name

ZIOLKOWSKI

Payee's given name(s)

VICTOR

Payee's residential address

114 HAVEN ROAD

Suburb/town/locality

UPPER BROOKFIELD

State/territory

QLD

Postcode

4069

Payee's date of birth (if known) **15 / 02 / 1951**

Period during which payments were made **01 / 01 / 2009** to **30 / 06 / 2010**

Payee's tax file number **121 268 558**

TOTAL TAX WITHHELD \$ **1,666.00**

Taxable component

Taxed element

\$ **24,855.00**

Untaxed element

\$ **0.00**

Tax free component

\$ **195.00**

Tax offset amount

\$ **3,728.00**

Lump sum in arrears – taxable component

Taxed element

\$ **0.00**

Untaxed element

\$ **0.00**

Lump sum in arrears –
tax free component

\$ **0.00**

Tax Office original

PAYER DETAILS

Payer's Australian business number (ABN)
or withholding payer number (WPN)

56 070 431 326

Branch
number

00

Payer's name (use the same name that appears on your activity statement)

THE ZIOLKOWSKI SUPERANNUATION FUND

DECLARATION

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

Signature of authorised person

SIGN

V Ziolkowski

Date

21 / 12 / 2010



Australian Government
Australian Taxation Office

PAYG payment summary – superannuation income stream



709870707

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 **2010**

If this is an **AMENDED** payment summary please place X in this box ☐

PAYEE DETAILS

Payee's surname or family name

ZIOLKOWSKI

Payee's given name(s)

MERRIE ANN

Payee's residential address

114 HAVEN ROAD

Suburb/town/locality

UPPER BROOKFIELD

State/territory

QLD

Postcode

4069

Payee's date of birth (if known) **14 / 12 / 1951**

Period during which payments were made **01 / 07 / 2009** to **30 / 06 / 2010**

Payee's tax file number **165 134 885**

TOTAL TAX WITHHELD \$ **00,000,000.00**

Taxable component

Taxed element \$ **00,024,374.00**

Untaxed element \$ **00,000,000.00**

Tax free component

\$ **00,000,676.00**

Tax offset amount

\$ **00,003,656.00**

Lump sum in arrears – taxable component

Taxed element \$ **00,000,000.00**

Untaxed element \$ **00,000,000.00**

Lump sum in arrears – tax free component

\$ **00,000,000.00**

PAYER DETAILS

Payer's Australian business number (ABN)
or withholding payer number (WPN)

56 070 431 326

Branch
number

00

Payer's name (use the same name that appears on your activity statement)

THE ZIOLKOWSKI SUPERANNUATION FUND

DECLARATION

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

Signature of authorised person

SIGN

Date

21 / 12 / 2010

Tax Office original



PAYG payment summary – superannuation income stream

Payment summary for year ending 30 June 2010

If this is an **AMENDED** payment summary please place X in this box ☐

PAYEE DETAILS

Payee's surname or family name

ZIOLKOWSKI

Payee's given name(s)

VICTOR

Payee's residential address

110 HAVEN ROAD

Suburb/town/locality

UPPER BROCKFIELD

State/territory

QLD

Postcode

4069

Payee's date of birth (if known)

15 / 02 / 1951

Period during which payments were made

01 / 01 / 2009 to 30 / 06 / 2010

Payee's tax file number

121 268 558

TOTAL TAX WITHHELD \$

1,666.X

Taxable component

Taxed element

\$ 24,855.X

Untaxed element

\$.X

Tax free component

\$ 195.X

Tax offset amount

\$ 3,728.X

Lump sum in arrears – taxable component

Taxed element

\$.X

Untaxed element

\$.X

Lump sum in arrears –
tax free component

\$.X

PAYER DETAILS

Payer's Australian business number (ABN)
or withholding payer number (WPN)

56 070 431 326

Branch
number

000

Payer's name (use the same name that appears on your activity statement)

THE ZIOLKOWSKI SUPERANNUATION FUND

DECLARATION

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

Signature of authorised person

Date

21 / 12 / 2010

PAYG payer's copy



PAYG payment summary – superannuation income stream

Payment summary for year ending 30 June 2010

If this is an **AMENDED** payment summary please place X in this box ☐

PAYEE DETAILS

Payee's surname or family name

ZIOLKOWSKI

Payee's given name(s)

MERLEEE ANN

Payee's residential address

114 HAVEN ROAD

Suburb/town/locality

UPPER BROOKFIELD

State/territory

QLD

Postcode

4069

Payee's date of birth (if known)

14 / 12 / 1951

Period during which payments were made

01 / 07 / 2009 to 30 / 06 / 2010

Payee's tax file number

165 134 885

TOTAL TAX WITHHELD \$, , .X

Taxable component

Taxed element

\$, 24 , 374 .X

Untaxed element

\$, , .X

Tax free component

\$, , 676 .X

Tax offset amount

\$, 2 , 087 .X

Lump sum in arrears – taxable component

Taxed element

\$, , .X

Untaxed element

\$, , .X

Lump sum in arrears –
tax free component

\$, , .X

PAYER DETAILS

Payer's Australian business number (ABN)
or withholding payer number (WPN)

96 070 431 326

Branch
number

Payer's name (use the same name that appears on your activity statement)

THE ZIOLKOWSKI SUPERANNUATION FUND

DECLARATION

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

Signature of authorised person

Date

21 / 12 / 2010

PAYG payer's copy

THE ZIOLKOWSKI SUPERANNUATION FUND

012691



THE ZIOLKOWSKI SUPERANNUATION FUND
 1454 LOGAN RD
 MOUNT GRAVATT QLD 4122

**PAYG payment summary
 statement for year ending
 30 June 2009**

ABN (or WPN) 56070431326

Branch 001

Sent 19/11/09.



78850309

The purpose of this form is to provide a summary of payment summaries issued by payers to their payees.
 Please see over for how to complete this form.

Write clearly in BLOCK LETTERS with a black pen only. Do not use rubber stamps to show payer details.

Contact name

M A R I A S H T E D

Contact phone number 07 34228000

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

2 Complete and send this form to us by 14 August with the Tax Office originals of the payment summaries issued.

If your business is located in the ACT, NSW, QLD or NT:
 Australian Taxation Office
 Locked Bag 50
 PENRITH NSW 2740

If your business is located in VIC, SA, WA or TAS:
 Australian Taxation Office
 Locked Bag 6007
 ALBURY NSW 2640

Payment summaries issued

Payment summary type	Total number of payment summaries issued	Total of gross payments or taxable components (whole dollars)	Total amounts of tax withheld (whole dollars)
Individual non-business (includes salaries or wages paid to employees)		\$	\$
Employment termination payment		\$	\$
Superannuation lump sum	1	\$ 21,500	\$
Superannuation income stream	2	\$ 52,098	\$ 2,000
Business and personal services income		\$	\$

1 Payment summaries you have issued for voluntary agreements, labour hire and other specified payments, and personal services attributed income should be included at 'Business and personal services income'.

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

Signature

[Handwritten Signature]

Date Day / Month / Year

2 Photocopy this form. You will need to keep a copy of this completed form, together with the PAYG payer's copy of the payment summaries issued, for your records.



Australian Government
Australian Taxation Office

PAYG payment summary – superannuation income stream



709870707

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 **2009**

If this is an **AMENDED** payment summary please place X in this box ☐

PAYEE DETAILS

Payee's surname or family name

ZIOLKOWSKI

Payee's given name(s)

VICTOR

Payee's residential address

114 HAVEN ROAD

Suburb/town/locality

UPPER BROOKEFIELD

State/territory

QLD

Postcode

4069

Payee's date of birth (if known) **15 / 02 / 1951**

Period during which payments were made **01 / 07 / 2008** to **11 / 05 / 2009**

Payee's tax file number **121 268 558**

TOTAL TAX WITHHELD \$ **2,000.00**

Taxable component

Taxed element \$ **26,049.00**

Untaxed element \$ **0.00**

Tax free component

\$ **0.00**

Tax offset amount

\$ **3,907.00**

Lump sum in arrears – taxable component

Taxed element \$ **0.00**

Untaxed element \$ **0.00**

Lump sum in arrears – tax free component

\$ **0.00**

Tax Office original

PAYER DETAILS

Payer's Australian business number (ABN)
or withholding payer number (WPN)

56 070 431 326

Branch number **000**

Payer's name (use the same name that appears on your activity statement)

THE ZIOLKOWSKI SUPERANNUATION FUND

DECLARATION

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

Signature of authorised person

Date

01 / 05 / 2009



Australian Government
Australian Taxation Office

PAYG payment summary – superannuation income stream



709870707

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 2009

If this is an **AMENDED** payment summary please place X in this box ☐

PAYEE DETAILS

Payee's surname or family name

ZIOLKOWSKI

Payee's given name(s)

MERRILEE ANN

Payee's residential address

114 HAVEN ROAD

Suburb/town/locality

UPPER BROOKEFIELD

State/territory

Postcode

Payee's date of birth (if known)

14 / 12 / 1951

Period during which payments were made 01 / 07 / 2008 to 30 / 06 / 2009

Payee's tax file number 165 134 885

TOTAL TAX WITHHELD \$, , 0.00

Taxable component

Taxed element

\$, 25,396.00

Untaxed element

\$, , .00

Tax free component

\$, , 653.00

Tax offset amount

\$, , 3,809.00

Lump sum in arrears – taxable component

Taxed element

\$, , .00

Untaxed element

\$, , .00

Lump sum in arrears –
tax free component

\$, , .00

PAYER DETAILS

Payer's Australian business number (ABN)
or withholding payer number (WPN)

56 070 431 326

Branch
number

Payer's name (use the same name that appears on your activity statement)

THE ZIOLKOWSKI SUPERANNUATION FUND

DECLARATION

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

Signature of authorised person

Date

Day

Month

Year

Tax Office original



PAYG payment summary – superannuation lump sum

Payment summary for year ending 30 June 2009

If this is an **AMENDED** payment summary please place X in this box ☐

PAYEE DETAILS

Payee's surname or family name

ZOLKOWSKI

Payee's given name(s)

VICTOR

Payee's residential address

114 HAVEN ROAD

Suburb/town/locality

UPPER BROCKFIELD

State/territory

QLD

Postcode

4069

Payee's date of birth (if known)

Day: 15 / Month: 02 / Year: 1951

Date of payment

Day: 11 / Month: 05 / Year: 2009

Payee's tax file number 121 268 558

TOTAL TAX WITHHELD \$ 0.00

Taxable component

Taxed element

\$ 21,500.00

Untaxed element

\$ 0.00

Tax free component

\$ 0.00

Place an X in the appropriate box for each field below.

Is this payment a death benefit?

No



Yes



Type of death benefit

Trustee of deceased estate



or Non-dependant



PAYG payer's copy

PAYER DETAILS

Payer's Australian business number (ABN)
or withholding payer number (WPN)

56 070 431 326

Branch
number

Payer's name (use the same name that appears on your activity statement)

ZOLKOWSKI SUPERANNUATION FUND

DECLARATION

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

Signature of authorised person

Date

Day: / Month: / Year:



PAYG payment summary – superannuation income stream

Payment summary for year ending 30 June 2009

If this is an **AMENDED payment summary** please place X in this box ☐

PAYEE DETAILS

Payee's surname or family name

ZIOLKOWSKI

Payee's given name(s)

VICTOR

Payee's residential address

10 HAVEN ROAD

Suburb/town/locality

APPROPRIATE BROOKFIELD

State/territory

QLD

Postcode

4069

Payee's date of birth (if known)

15 / 02 / 1951

Period during which payments were made 01 / 07 / 2008 to 11 / 05 / 2009

Payee's tax file number 121 268 558

TOTAL TAX WITHHELD \$ 2,000.X

Taxable component

Taxed element

\$ 26,049.X

Untaxed element

\$.X

Tax free component

\$.X

Tax offset amount

\$ 3,907.X

Lump sum in arrears – taxable component

Taxed element

\$.X

Untaxed element

\$.X

Lump sum in arrears –
tax free component

\$.X

PAYG payer's copy

PAYER DETAILS

Payer's Australian business number (ABN)
or withholding payer number (WPN)

56 070 431 326

Branch
number

Payer's name (use the same name that appears on your activity statement)

THE ZIOLKOWSKI SUPERANNUATION FUND

DECLARATION

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

Signature of authorised person

Date

/ /



PAYG payment summary – superannuation income stream

Payment summary for year ending 30 June

2009

If this is an **AMENDED** payment
summary please place X in this box

☐

PAYEE DETAILS

Payee's surname or family name

ZIULKUNSKI

Payee's given name(s)

NERILEE AVN

Payee's residential address

114 HAVEN ROAD

Suburb/town/locality

WIPPER KROOKFIELD

State/territory

NSW

Postcode

2128

Payee's date of birth (if known)

04 / 12 / 1951

Period during which payments were made

01 / 07 / 2008 to 30 / 06 / 2009

Payee's tax file number

165 134 585

TOTAL TAX WITHHELD

\$ 00,000,000.X

Taxable component

Taxed element

\$ 00,000,000.X

Untaxed element

\$ 00,000,000.X

Tax free component

\$ 00,000,000.X

Tax offset amount

\$ 00,000,000.X

Lump sum in arrears – taxable component

Taxed element

\$ 00,000,000.X

Untaxed element

\$ 00,000,000.X

Lump sum in arrears –
tax free component

\$ 00,000,000.X

PAYG payer's copy

PAYER DETAILS

Payer's Australian business number (ABN)
or withholding payer number (WPN)

56 070 431 326

Branch
number

000

Payer's name (use the same name that appears on your activity statement)

ZIULKUNSKI SUPERANNUATION FUND

DECLARATION

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

Signature of authorised person

Date

00 / 00 / 0000