



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 ZIOLKOWSKI 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)	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Employment termination payment	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Superannuation lump sum	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Superannuation income stream	<input type="text"/> <b>2</b>	\$ <input type="text"/> <b>49,229</b>	\$ <input type="text"/> <b>1,666</b>
Business and personal services income	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Foreign employment	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

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

Signature *Mari Ashsted*

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 / 07 / 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**

Tax offset amount

\$ **195.00**

\$ **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)

**MERRILEE 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

\$ **24,374.00**

Untaxed element

\$ **00,000.00**

**Tax free component**

\$ **676.00**

**Tax offset amount**

\$ **3,656.00**

**Lump sum in arrears – taxable component**

Taxed element

\$ **00,000.00**

Untaxed element

\$ **00,000.00**

**Lump sum in arrears –  
tax free component**

\$ **00,000.00**

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**

Date

**21 / 12 / 2010**



# PAYG payment summary – superannuation income stream

Payment summary for year ending 30 June

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)

13 / 02 / 1951

Period during which payments were made

01 / 01 / 2009 to 30 / 06 / 2010

Payee's tax file number

TOTAL TAX WITHHELD \$

## Taxable component

Taxed element \$

Untaxed element \$

Tax free component \$

Tax offset amount \$

## Lump sum in arrears – taxable component

Taxed element \$

Untaxed element \$

Lump sum in arrears – tax free component \$

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 **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)

MERLIEE 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.X

## Taxable component

Taxed element \$ 00,024,374.X

Untaxed element \$ 00,000,000.X

Tax free component \$ 00,000,676.X

Tax offset amount \$ 00,002,087.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) 96 070 431 326 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

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

0 7 3 4 2 2 8 0 0 0

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

**▶** 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)	00000	\$ 000,000.00 ✗	\$ 000,000.00 ✗
Employment termination payment	00000	\$ 000,000.00 ✗	\$ 000,000.00 ✗
Superannuation lump sum	10000	\$ 21,500.00 ✗	\$ 000,000.00 ✗
Superannuation income stream	20000	\$ 52,098.00 ✗	\$ 2,000.00 ✗
Business and personal services income	00000	\$ 000,000.00 ✗	\$ 000,000.00 ✗

**!** 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

Date

Day / Month / Year

**▶** 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 lump sum**



709470707

Read *How to complete the PAYG payment summary – superannuation lump sum form* (NAT 70946) 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 **2009**

**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) <sup>Day</sup> 15 / <sup>Month</sup> 02 / <sup>Year</sup> 1951

Date of payment <sup>Day</sup> 11 / <sup>Month</sup> 05 / <sup>Year</sup> 2009

Payee's tax file number 121 268 558

TOTAL TAX WITHHELD \$ 0,000,000.00

Taxable component

Taxed element \$ 21,500.00

Untaxed element \$ 0.00

Tax free component \$ 0.00

Place an  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

Tax Office original

**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 <sup>Day</sup> / <sup>Month</sup> / <sup>Year</sup>



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

Z I O L K O W S K I

Payee's given name(s)

V I C T O R

Payee's residential address

1 1 4 H A V E N R O A D

Suburb/town/locality

U P P E R B R O O K E F I E L D

State/territory

Q L D

Postcode

4 0 6 9

Payee's date of birth (if known)

Day: 15 / Month: 02 / Year: 1951

Period during which payments were made

Day: 01 / Month: 07 / Year: 2008 to Day: 11 / Month: 05 / Year: 2009

Payee's tax file number 1 2 1 2 6 8 5 5 8

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)

5 6 0 7 0 4 3 1 3 2 6

Branch number

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

T H E Z I O L K O W S K I S U P E R A N N U A T I O N F U N D

**DECLARATION**

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

Signature of authorised person

Date

Day: / Month: / Year:



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 **2009**

**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 \$ 0,000,000.00

**Taxable component**

Taxed element \$ 25,396.00

Untaxed element \$ 0.00

Tax free component \$ 653.00

Tax offset amount \$ 3,809.00

**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

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



Payment summary for year ending 30 June

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

**PAYEE DETAILS**

Payee's surname or family name

Payee's given name(s)

Payee's residential address

Suburb/town/locality

State/territory

Postcode

Payee's date of birth (if known)

Date of payment

Payee's tax file number

TOTAL TAX WITHHELD \$  ~~X~~

Taxable component

Taxed element \$  ~~X~~

Untaxed element \$  ~~X~~

Tax free component

\$  ~~X~~

Place an  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)  Branch number

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

**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

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

**PAYEE DETAILS**

Payee's surname or family name

Payee's given name(s)

Payee's residential address

Suburb/town/locality

State/territory

Postcode

Payee's date of birth (if known)

Period during which payments were made

to

Payee's tax file number

TOTAL TAX WITHHELD \$

**Taxable component**

Taxed element

\$

Untaxed element

\$

**Tax free component**

\$

**Tax offset amount**

\$

**Lump sum in arrears – taxable component**

Taxed element

\$

Untaxed element

\$

**Lump sum in arrears –  
tax free component**

\$

PAYG payer's copy

**PAYER DETAILS**

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

Branch  
number

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

**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

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

**PAYEE DETAILS**

Payee's surname or family name

ZIOLKUNSKI

Payee's given name(s)

MERRILEE AVN

Payee's residential address

114 HAVEN ROAD

Suburb/town/locality

WIPPER BROOKFIELD

State/territory

Postcode

Postcode

Postcode

Payee's date of birth (if known)

Day: 4 / Month: 12 / Year: 1951

Period during which payments were made

Day: 01 / Month: 07 / Year: 2008 to Day: 30 / Month: 06 / Year: 2009

Payee's tax file number

TOTAL TAX WITHHELD \$  X

**Taxable component**

Taxed element \$  X

Untaxed element \$  X

**Tax free component**

\$  X

**Tax offset amount**

\$  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)

Branch number

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

ZIOLKUNSKI SUPERANNUATION FUND

**DECLARATION**

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

Signature of authorised person

Date

Day: / Month: / Year: