

EARNINGS & PAYMENT SUMMARY

Financial Year

Document No.

Date Issued

PAYER / EMPLOYER DETAILS

Business Name

ABN / Tax ID

Address

Contact Number

PAYEE / EMPLOYEE DETAILS

Full Name

Tax File Number

Employee ID

Period of Payment

EARNINGS DESCRIPTION	GROSS AMOUNT (\$)	TAX WITHHELD (\$)
Gross Salary & Wages		
Allowances		
Lump Sum Payments		
Director Fees		
Other Earnings		
Total Earnings & Tax Withheld		

SUPERANNUATION / RETIREMENT CONTRIBUTIONS	AMOUNT (\$)
Superannuation Guarantee Contribution	
Reportable Employer Superannuation Contributions	
Total Superannuation Contributions	

DECLARATION

I declare that the information shown on this payment summary is true and correct, and is a complete record of payments made and tax withheld.

Authorized Representative Signature

Date

