

# PAYMENT SUMMARY

Financial Year Statement

Financial Year:

## PAYER DETAILS (EMPLOYER)

Registered Name:

Business Number (ABN/Tax ID):

Address:

## PAYEE DETAILS (EMPLOYEE)

Full Name:

Tax File Number / Identifier:

Address:

## PERIOD OF PAYMENT

Period From:

To:

## SUMMARY OF PAYMENTS

Payment Description	Amount (\$)
Gross Payments	
Total Tax Withheld	
Allowances (Specify: _____)	
Lump Sum Payments	
Superannuation Contributions	
<b>Net Amount Paid</b>	

## DECLARATION

I declare that the information given on this form is complete, true, and correct, and represents the total payments made and tax amounts withheld for the period specified above.

Authorized Signatory Name:

Signature:

Date: