

ANNUAL PAYMENT SUMMARY

Statement of Earnings and Tax Withheld

Financial Year:
Period of Payment:

PAYER / EMPLOYER DETAILS

Business Name:

ABN / Tax ID:

Address:

Contact Number:

PAYEE / EMPLOYEE DETAILS

Full Name:

Tax File No / SSN:

Address:

Employee ID:

PAYMENT SUMMARY DETAILS

| PAYMENT COMPONENT DESCRIPTION | AMOUNT (\$) |
|--|-------------|
| Gross Payments / Salary | |
| Total Tax Withheld / PAYG Withholding | |
| Reportable Superannuation Contributions | |
| Car / Travel Allowance | |
| Other Allowances (Itemise below if applicable) | |
| Union Fees / Deductions | |
| Net Payment / Total Paid | |

DECLARATION

I declare that the information given on this form is complete, true and correct, and represents the actual payments made and tax withheld on behalf of the recipient for the specified financial period.

Authorized Signature:

Name:

Date: