Australian Government
Australian Taxation Office

PAYG payment summary statement

34470413

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.

Payment summaries printed from payroll software should **not** accompany this form. Use ATO printed payment summary forms.

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 original** of the payment summaries issued. Do not use this form if you report using electronic media.

Send your completed form to:
Australian Taxation Office
Locked Bag 50
PENRITH NSW 2740

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

Statement for year ending 30 June 2020

Payer details

Payer's ABN or withholding payer number 34 635 160 182

Branch number

Payer's name

MINIMAL STUDIOS PTY LTD.

Payer's address

Street number and street name

11 CAMPDEN COURT

Suburb, town or locality: BROOKFIELD

State: QLD

Postcode: 4069

Contact name: MRS TITIAN SIGLE

Contact phone number: 03 9419 0194

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)	1	$ 15,000	$ 0
Employment termination payment		$	$
Superannuation lump sum		$	$
Superannuation income stream		$	$
Business and personal services income		$	$
Foreign employment		$	$

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

Signature

Date (Day / Month / Year): 10 / 12 / 2020

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 – individual non-business

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You must complete all sections of this form.
For help completing this form, visit our website at ato.gov.au/paymentsummaries

Payment summary for year ending 30 June 2020

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

Section A: Payee details

Tax file number 845 570 156

Date of birth (if known) Day 10 / Month 05 / Year 1989

Surname or family name
RASHLEIGH

Given name/s
NATHAN TROY

Residential address
14 PATRICIA STREET

Suburb/town/locality
KARALEE

State/territory QLD

Postcode 4306

Section B: Payment details

Period during which payments were made Day 01 / Month 07 / Year 2019 to Day 30 / Month 06 / Year 2020

TOTAL TAX WITHHELD $ 0.00

GROSS PAYMENTS (do not include amounts shown under 'Allowances', 'Lump sum payments', 'CDEP payments' and 'Exempt foreign employment income') $ 15,000.00

Gross payments type

Community Development Employment Projects (CDEP) payments $

Reportable employer superannuation contributions (do not include compulsory super guarantee amounts. For more information, see the back page of this form.) $

Reportable fringe benefits amount FBT year 1 April to 31 March $

Is the employer exempt from FBT under section 57A of the FBTAA 1986? No ☐ Yes ☐

Deductible amount of the undeducted purchase price of an annuity $

Lump sum A $ — Type

Lump sum B $

Lump sum D $

Lump sum E $

	Amount
Exempt foreign employment income	$
Allowances (provide details)	
	$
	$
Total allowances	$
Union/Professional association fees – Name of organisation	
	$
	$
Workplace giving – Name of organisation	
	$

ATO original

Section C: Payer details

You **must** also complete this section

Australian business number (ABN) or withholding payer number (WPN) 34 635 160 182 Branch number

Name (use the same name that appears on your activity statement)
MRS TITIAN SIGLE

Privacy – For information about your privacy, go to **ato.gov.au/privacy**

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

Signature of authorised person

Date Day 10 / Month 12 / Year 2020

NAT 0046-01.2017 JS 37695

Australian Government
Australian Taxation Office

PAYG payment summary – individual non-business

For important information see reverse of page.

You must complete all sections of this form.
For help completing this form, visit our website at **ato.gov.au/paymentsummaries**

Payment summary for year ending 30 June 2020

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

Section A: **Payee details** See reverse of page for information about tax file numbers.

Tax file number 845 570 156

Date of birth (if known) Day 16 / Month 05 / Year 1989

Surname or family name
RASHLEIGH

Given name/s
NATHAN TROY

Residential address
14 PATRICIA STREET

Suburb/town/locality
KARALEE

State/territory QLD

Postcode 4306

Section B: **Payment details**

Period during which payments were made Day 01 / Month 07 / Year 2019 to Day 30 / Month 06 / Year 2020

TOTAL TAX WITHHELD $ 0.00

GROSS PAYMENTS (do not include amounts shown under 'Allowances', 'Lump sum payments', 'CDEP payments' and 'Exempt foreign employment income') $ 15,000.00

Gross payments type

Community Development Employment Projects (CDEP) payments $

Reportable employer superannuation contributions (do not include compulsory super guarantee amounts. For more information, see the back page of this form.) $

Reportable fringe benefits amount FBT year 1 April to 31 March $

Is the employer exempt from FBT under section 57A of the FBTAA 1986? No ☐ Yes ☐

Deductible amount of the undeducted purchase price of an annuity $

Type

Lump sum A $

Lump sum B $

Lump sum D $

Lump sum E $

	Amount
Exempt foreign employment income	$
Allowances (provide details)	
	$
	$
Total allowances	$

Union/Professional association fees – Name of organisation — Amount $

Workplace giving – Name of organisation $

Section C: **Payer details**

You must also complete this section

Australian business number (ABN) or withholding payer number (WPN) 34 635 160 182

Branch number

Name (use the same name that appears on your activity statement)
MRS TITIAN SIGLE

Privacy – For information about your privacy, go to **ato.gov.au/privacy**

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

Signature of authorised person

Date Day 18 / Month 12 / Year 2020

Payee's copy

NAT 0046-01.2017 JS 37695

Australian Government
Australian Taxation Office

PAYG payment summary – individual non-business

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

Payment summary for year ending 30 June 2020

Section A: Payee details

Tax file number: 845 570 156

Date of birth (if known): Day 10 / Month 05 / Year 1989

Surname or family name
RASHLEIGH

Given name/s
NATHAN TROY

Residential address
14 PATRICIA STREET

Suburb/town/locality
WARALEE

State/territory: QLD

Postcode: 4306

Section B: Payment details

Period during which payments were made: Day 01 / Month 07 / Year 2019 to Day 30 / Month 06 / Year 2020

TOTAL TAX WITHHELD $ 0.00

GROSS PAYMENTS (do not include amounts shown under 'Allowances', 'Lump sum payments', 'CDEP payments' and 'Exempt foreign employment income') $ 15,000.00

Gross payments type ☐

Community Development Employment Projects (CDEP) payments $ .00

Reportable employer superannuation contributions (do not include compulsory super guarantee amounts. For more information, see the back page of this form.) $ .00

Reportable fringe benefits amount FBT year 1 April to 31 March $ .00

Is the employer exempt from FBT under section 57A of the FBTAA 1986? No ☐ Yes ☐

Deductible amount of the undeducted purchase price of an annuity $ .00

Lump sum A $ .00 Type ☐

Lump sum B $ .00

Lump sum D $ .00

Lump sum E $ .00

	Amount
Exempt foreign employment income	$ .00
Allowances (provide details)	
	$ .00
	$ .00
Total allowances	$ .00
Union/Professional association fees – Name of organisation	
	$ .00
	$ .00
Workplace giving – Name of organisation	
	$ .00

PAYG payer's copy

Section C: Payer details

You **must** also complete this section

Australian business number (ABN) or withholding payer number (WPN): 34 635 160 182 Branch number

Name (use the same name that appears on your activity statement)
MRS TITIAN SIGLE

Privacy – For information about your privacy, go to **ato.gov.au/privacy**

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

Signature of authorised person

Date: Day 10 / Month 12 / Year 2020

NAT 0046-01.2017 JS 37695