

Superannuation guarantee charge statement – quarterly

Defore you complete this statement, read *Completing your Superannuation guarantee charge statement – quarterly* (NAT 9600). The instructions include examples and calculation worksheets to help you to complete this statement.

| Se | ection A: Statement details | | | | | | | |
|-----------|---|--|--|--|--|--|--|--|
| 1 | Type of statement Original statement Amended statement | | | | | | | |
| 2 | 2 Statement is for the quarter ended Day Month Year Use a separate statement for each quarter. | | | | | | | |
| | QuarterPeriod coveredQuarterPeriod covered11 July to 30 September31 January to 31 March21 October to 31 December41 April to 30 June | | | | | | | |
| Se | ection B: Your details | | | | | | | |
| 3 | Tax file number (TFN) We are authorised under the <i>Taxation Administration Act 1953</i> to request your TFN. You do not have to provide your TFN to us. | | | | | | | |
| | However, if you do, it will help us identify you correctly and process your statement quickly. | | | | | | | |
| 4 | Australian business number (ABN) | | | | | | | |
| 5 | Full legal business name | | | | | | | |
| | | | | | | | | |
| 6 | Trading name | | | | | | | |
| 7 | Street address | | | | | | | |
| Sub | ourb/town/locality State/territory Postcode | | | | | | | |
| Cou | untry if outside Australia | | | | | | | |
| 8 | Postal address for superannuation guarantee notices | | | | | | | |
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| 9 Auth | Authorised contact person norised contact name | | | | | | | |
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| Se | ection C: Employee details | If there are not enough pages to report all your employees, photocopy and complete the blank employee details pages and attach | | | | | | |
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| EM | PLOYEE | them to your completed statement. | | | | | | |
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| 15 | Superannuation guarantee shortfall (excluding | g choice) | | H \$ | └ | | | |
| 16 | Did you meet your superannuation choice obli | | | | | | | |
| | No Yes Write '0' at question 17 and g | go to question 18. | | | | | | |
| 17 | Superannuation choice liability | | | | | | | |
| | Do not show more than \$500 as the choice liability for at \$500 per notice period. We may reduce this liability in so | | | I | \$ | | • | |
| 18 | Employee's subtotal (H + I) | | | J \$ | | | • | |
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| | To claim a late payment offset, you must have paid con employee's fund after the cut-off date. | ntributions to your | | | | | | |
| | No If you have reported all your employees, go to section D. Yes | | | | | | | |
| 20 | Late payment offset election amount | | | | | | | |
| | This amount cannot be greater than the subtotal (label (label K from the <i>Nominal interest calculation worksheet</i> [NAT | J) plus nominal interest 72393]) for this employee. | | N \$ | , L | | | |

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| 10 | TFN | | |
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Section D: Totals Number of employees reported for the quarter 22 Total superannuation guarantee shortfalls (excluding choice) for the quarter 23 Total choice liabilities for the quarter $\mathbf{J}_{\mathsf{TOTAL}}$ Subtotal for the quarter $(H_{TOTAL} + I_{TOTAL})$ Nominal interest component (Refer to label K in the Nominal interest calculation worksheet [NAT 72393]) 26 Administration component (\$20.00 for each employee recorded in this statement) Superannuation guarantee charge for the quarter $(J_{TOTAL} + K_{TOTAL} + L)$ Number of employees that you have indicated, at question 19, you want to claim a late payment offset for N_{TOTAL} 29 Total late payment offset election amount

30 Total superannuation guarantee charge payable (M – N_{TOTAL})

Section E: **Declaration**

Complete and sign the following statement that applies to you.

EMPLOYER DECLARATION

Tax file number

| I declare that the information | given in this statement is true and correct. |
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| declare that the informa | ation given in this statement is true and co | rrect. |
| Name (Print in BLOCK LET | TERS) | |
| | | |
| Signature | | |
| | | Date Day Month Year |
| AGENT DECLARAT | ION | |
| declare that I am autho | rised to complete and lodge this statemer urpose, the entity has provided me with a | nt on behalf of the entity whose TFN and/or ABN appears on declaration assuring that the information provided and used |
| Name (Print in BLOCK LET | TERS) | |
| | | |
| Tax agent registration numb | per Daytime phone numbe | Facsimile number |
| | | Date Day Month Year |
| If the declaration is return it to you. Nomina | not signed we consider the <i>Superannuati</i> al interest will continue to accrue until you | ion guarantee charge statement – quarterly to be incomplete and may lodge a completed and signed statement. |
| ① Cheques should be | e made payable to the 'Deputy Commission | oner of Taxation' and crossed 'Not Negotiable'. Do not send cash. |
| Send the complete Australian Taxation O PO Box 3578 ALBURY NSW 2640 | d statement and payment to: ffice | ① Don't use pins, staples, paper clips or adhesive tape. |
| Penalties may apply | y if you don't keep adequate records. Rec | cords must be kept for five years after the statement is lodged. |
| We are authorised by the We require this information | Taxation Administration Act 1953 to ask for to help us administer taxation and superabout you and your employee's privacy go | in terms of handling personal information and tax file numbers (TFN). or the information requested on this form including your employee's TFN. cannuation laws. We may give this information to other government agencies. to ato.gov.au/privacy (when completed) |
| Australian | | You must complete this payment slip if you are attaching a cheque. Enclose your |
| Taxation Office | Payment slip – 13 | cheque with this statement, please do not staple or pin the cheque to the statement. Superannuation guarantee quarterly statement |
| Full logal name | | For the quarter ended Australian business number (ABN) |
| Full legal name of employer | | |
| . , | | Amount \$ |

Office use only

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