Contact name



PAYG payment summary statement for year ending 30 June 2016

If the below ABN (or WPN) is not correct, phone 13 28 66. 89 159 322 737

ABN (or WPN)

001 **Branch**

DANG MINH CONSULTANT & INVESTMENT (DMC) PTY LTD 358 SUMNERS RD RIVERHILLS QLD 4074

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DANG MINH CONSULTANT & INVESTMENT (DMC) PTY LTD

This form is part of the PAYG payment summary annual report. See reverse of page 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.

| DANGLKHOA, LNGUYENL | |
|--|---|
| If you report your payment summary information | 0 |

PAYG withholding payment summary annual reports can be lodged online anytime via the Business Portal. For more information, visit ato.gov.au/onlineservices

to us online, do not complete this form.

Complete and send this form to us by 14 August with the ATO original of the payment summaries issued.

Contact phone number

Send your completed form to:

Australian Taxation Office

Locked Bag 50

PENRITH NSW 2740

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

| | , ayırıcı, | C CONTINUOU TO TO COOL | |
|---|--|---|----------------------------------|
| Payment summary type | Total number of payment summaries issued | Total of gross payments or taxable components | Total of amounts of tax withheld |
| Individual non-business (includes salaries or wages paid to employees | | \$ 119,423 × | \$ 24,284. |
| Employment termination payment | | \$× | \$× |
| Superannuation lump sum | | \$ | \$× |
| Superannuation income stream | | \$× | \$X |
| Business and personal services income | | \$× | \$X |
| Foreign employment | | \$× | \$ <u> </u> |

Payment summaries issued

Privacy - For information about your privacy, visit our website at ato.gov.au/privacy

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

Signature of authorised person

| DANG | KHOA | NGUYEN |
|------|------|--------|
| | | |

| | Day | | | | onth | | Year | | | | | |
|------|-----|---|---|---|------|---|------|---|---|---|--|--|
| Date | 2 | 7 | / | 0 | 7 | / | 2 | 0 | 1 | 6 | | |

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



You must complete all sections of this form.

| For help completing this form, visit our website at ato.gov.au/paymentsummaries | If you are amending a payment summary |
|--|--|
| Payment summary for year ending 30 June 2016 | you have already sent, place X in this box. |
| Section A: Payee details | |
| Tax file number 829 177 112 | |
| Surname or family name | |
| Given name/s | |
| Residential address | |
| Suburb/town/locality | State/territory Postcode |
| CABRAMATTA Vear | NSW 2166 |
| Date of birth (if known) 18/06/1483 | |
| Section B: Payment details | Year Day Month Year |
| Period during which payments were made 0 1 / 0 7 / | DO 15 to 30/06/2016 |
| payr | e information on this payment summary relates to ments of a pension or annuity, place X in this box. |
| GROSS PAYMENTS (do not include amounts shown under 'Allowances', 'Lump sum payments', 'CDEP payments' and 'Exempt foreign employment income') \$ \[\] \] | Lump A \$, |
| Community Development Employment Projects (CDEP) payments \$ | Lump B\$, , , , , , , , , , , , , , , , , , |
| Reportable fringe benefits amount FBT year 1 April to 31 March \$ | Lump D\$ |
| Reportable employer superannuation | |
| amounts. For more information, see the back page of this form.) Deductible amount of the unded veted | sum E\$, |
| purchase price of an annuity \$ | |
| Exampt foreign emple work | Amount |
| Exempt foreign employment income | \$ |
| Allowances (provide details) | |
| | |
| | \$, |
| Total allowance | es \$, , , , , , , , , , , , , , , , , , |
| Union/Professional association fees – Name of organisation | Amount Samuel Sa |
| | \$ |
| Workplace giving – Name of organisation | \$ |
| , Similar of organization | \$ 1 1 1 62 |
| Section C: Payer details Australian business | s number (ABN) or withholding payer number (WPN) |
| Name (use the same name that appears on your activity statement) | 9 322 737 Branch number 001 |
| DANG MINH CONSULTANTIST | INVESTMENT (DMC) |
| PTYLYD | |
| 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. | |

NAT 0046-02.2014 JS 30516

Signature of authorised person

MILL DANG KHOA, NGUYEN

Date Day

Month / 2

2016



Australian Government

Australian Taxation Office





You must complete all sections of this form.

| or | help | o completing | this | form, | visit | our | website | at | ato.gov.au/ | pa | ymentsummaries |
|----|------|--------------|------|-------|-------|-----|---------|----|-------------|----|----------------|
|----|------|--------------|------|-------|-------|-----|---------|----|-------------|----|----------------|

If you are amending a payment summary Payment summary for year ending 30 June 2 0 1 6 you have already sent, place X in this box. Section A: Payee details Tax file number Surname or family name 160 State/territory QUD Date of birth (if known) 20/11/1371 Section B: Payment details t Day Month Period during which payments were made 5 to 30 07 06 If the information on this payment summary relates to TOTAL TAX WITHHELD payments of a pension or annuity, place X in this box. GROSS PAYMENTS (do not include amounts Lump shown under 'Allowances', 'Lump sum payments', 'CDEP payments' and 'Exempt foreign employment income') A \$ 00 sum Community Development Employment Lump B \$ Projects (CDEP) payments sum Reportable fringe benefits amount Lump D \$ 00 FBT year 1 April to 31 March sum Reportable employer superannuation Lump **contributions** (do not include compulsory super guarantee **\$** amounts. For more information, see the back page of this form.) E\$ sum Deductible amount of the undeducted purchase price of an annuity Amount Exempt foreign employment income -00 \$ Allowances (provide details) ATO original Total allowances Union/Professional association fees - Name of organisation **Amount** Workplace giving - Name of organisation (ABN) or withholding payer number (WPN) Section C: Payer details Branch 29 number You must also complete this section Name (use the same name that appears on your activity statement)

Signature of authorised person

DANG KHOA, NGUYEN

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.

27/07/2016