



Superannuation guarantee charge statement – quarterly

Before 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.

Section A: Statement details

1 **Type of statement** Original statement Amended statement

2 **Statement is for the quarter ended** / / / /
Day Month Year Use a separate statement for each quarter.

Quarter	Period covered	Quarter	Period covered
1	1 July to 30 September	3	1 January to 31 March
2	1 October to 31 December	4	1 April to 30 June

Section B: Your details

3 **Tax file number (TFN)**

We are authorised under the *Taxation Administration Act 1953* 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**

 Suburb/town/locality State/territory Postcode
 Country if outside Australia

8 **Postal address for superannuation guarantee notices**

 Suburb/town/locality State/territory Postcode
 Country if outside Australia

9 **Authorised contact person**
 Authorised contact name
 Telephone number
 Mobile number
 Facsimile number

Section C: Employee details

❗ If there are not enough pages to report all your employees, photocopy and complete the blank employee details pages and attach them to your completed statement.

EMPLOYEE

10 TFN

11 Name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given name

12 Date of birth / /

13 Postal address

Suburb/town/locality

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Country if outside Australia

14 Nominated fund details

Name of superannuation provider

ABN

Superannuation product identification number

Account number

15 Superannuation guarantee shortfall (excluding choice)

H \$,.

16 Did you meet your superannuation choice obligations for this employee?

No Yes Write '0' at question 17 and go to question 18.

17 Superannuation choice liability

❗ Do not show more than \$500 as the choice liability for each employee is capped at \$500 per notice period. We may reduce this liability in some circumstances.

I \$.

18 Employee's subtotal (H + I)

J \$,.

19 Do you want to claim a late payment offset for this employee?

❗ To claim a late payment offset, you must have paid contributions to your employee's fund after the cut-off date.

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 J) plus nominal interest (label K from the *Nominal interest calculation worksheet* [NAT 72393]) for this employee.

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Section D: Totals

21	Number of employees reported for the quarter													
22	Total superannuation guarantee shortfalls (excluding choice) for the quarter	H _{TOTAL}	\$,					.		
23	Total choice liabilities for the quarter	I _{TOTAL}	\$,					.		
24	Subtotal for the quarter (H _{TOTAL} + I _{TOTAL})	J _{TOTAL}	\$,					.		
25	Nominal interest component (Refer to label K in the <i>Nominal interest calculation worksheet</i> [NAT 72393])	K _{TOTAL}	\$,					.		
26	Administration component (\$20.00 for each employee recorded in this statement)	L	\$,					.		
27	Superannuation guarantee charge for the quarter (J _{TOTAL} + K _{TOTAL} + L)	M	\$,					.		
28	Number of employees that you have indicated, at question 19, you want to claim a late payment offset for													
29	Total late payment offset election amount	N _{TOTAL}	\$,					.		
30	Total superannuation guarantee charge payable (M - N _{TOTAL})	T	\$,					.		

Section E: Declaration

Complete and sign the following statement that applies to you.

EMPLOYER DECLARATION

I declare that the information given in this statement is true and correct.

Name (Print in BLOCK LETTERS)

Signature

Date

Day: / Month: / Year:

AGENT DECLARATION

I declare that I am authorised to complete and lodge this statement on behalf of the entity whose TFN and/or ABN appears on this document; for this purpose, the entity has provided me with a declaration assuring that the information provided and used to complete this statement is true and correct.

Name (Print in BLOCK LETTERS)

Tax agent registration number

Daytime phone number

Facsimile number

Signature

Date

Day: / Month: / Year:

❗ If the declaration is not signed we consider the *Superannuation guarantee charge statement - quarterly* to be incomplete and may return it to you. Nominal interest will continue to accrue until you lodge a completed and signed statement.

❗ Cheques should be made payable to the 'Deputy Commissioner of Taxation' and crossed 'Not Negotiable'. Do not send cash.

➡ Send the completed statement and payment to:
Australian Taxation Office
PO Box 3578
ALBURY NSW 2640

❗ Don't use pins, staples, paper clips or adhesive tape.

❗ Penalties may apply if you don't keep adequate records. Records must be kept for five years after the statement is lodged.

Privacy information

We are authorised under the *Superannuation Guarantee (Administration) Act 1992* to collect the information on this form. We need this information to work out your superannuation guarantee charge including any choice liability. We may provide your name and the amount of an employee's individual shortfall that you provide in the form to that employee. We are very careful to protect your privacy.

IN-CONFIDENCE – when completed

**Australian
Taxation
Office**

Payment slip – 27

You must complete this payment slip if you are attaching a cheque. Enclose your cheque with this statement, please do not staple or pin the cheque to the statement.

Superannuation guarantee quarterly statement

For the quarter ended / /

Australian business number (ABN)

Full legal name of employer

Amount \$

Tax file number

Office use only

27

HOR

