



Australian Government
Australian Taxation Office

IN CONFIDENCE – when completed

Valid from 2003/04 onwards

Superannuation guarantee (quarterly) statement (HOR 27)

OFFICE USE ONLY			
Amount received			
\$			
Date received	DAY	MONTH	YEAR
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please enclose your cheque with this form, please do not staple or pin the cheque to the form.

Valid for assessments for quarters from 1 July 2003.

Note: One statement should be used for each quarter.

This statement should be completed by employers and their representatives who are required to lodge a *Superannuation guarantee statement* due to a superannuation guarantee shortfall for any employee.

1 For Year / **Quarter** *

* For example, for the first quarter of the financial year ended 30 June 2004, write 2004/1.

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

2 Tax file number of the employer

(company tax file number or partnership tax file number)

 /

3 Australian business number (ABN)

4 Trading name

5 Full name of employer

(company name or partnership name)

6 Postal address for service of superannuation guarantee notices

STATE POSTCODE

7 Main business address

(This must be a street address, not a post office box)

STATE POSTCODE

Contact name

Telephone number

 ()

Mobile number

Statements can be sent to:

Australian Taxation Office
Superannuation Business Line
PO Box 277
WTC VIC 8005

Privacy

The information requested is needed for taxation purposes and is required by Commonwealth law. The employer name and the amount of an employee's individual shortfall provided on this form may be disclosed to that employee. We are very careful to protect your privacy. More details about privacy are in the free brochure "Safeguarding your Privacy", available at any Tax Office.

Note: The tax law imposes heavy penalties for giving false or misleading information.

NAT9599-4.2004

Australian Taxation Office

Payment Slip – 27

Full name of employer (i.e. company name or partnership name etc.)

Tax file number

Financial year

27
HOR

Please enclose your cheque with this form, please do not staple or pin the cheque to the form.

Superannuation guarantee (quarterly) statement

For the quarter ending DAY MONTH YEAR / /

Australian business number (ABN)

Amount \$

Superannuation guarantee statement for Year/quarter / Employer's ABN/TFN Number of employees included in this statement

Total superannuation guarantee shortfall (sum of all employee's total shortfalls)

 1

Nominal interest component

 2

Administration component

 3

Superannuation guarantee charge (1 + 2 + 3 = 4). This is the amount of your superannuation guarantee liability

 4

Employer's declaration

I declare that the particulars shown in this statement and the relevant records used to determine the superannuation guarantee charge, as shown, are correct.

This statement includes an attachment of pages.

Please note: The tax law imposes heavy penalties for giving false or misleading information.

Details of person making this declaration

Print name Telephone number Signature Date DAY / MONTH / YEAR

Agent's certificate

Having charged a fee directly or indirectly for preparing or assisting in the preparation of this statement, I hereby certify that this statement has been prepared in accordance with the information supplied by the employer.

Print name Tax agent registration number Signature Telephone number Date DAY / MONTH / YEAR

Contact person

Print name Telephone number

Additional superannuation guarantee statement forms and guides can be obtained by:

- calling our Publications Distribution Service on 1300 720 092
- visiting our superannuation website at www.ato.gov.au/super
- calling the Superannuation Infoline on 13 10 20.

If you have less than 20 employees, please provide an estimate of the time taken to complete this form.

HRS	MINS
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Note:

You will not receive a notice of assessment if we agree with your statement.
If we amend your assessment details in some way, you will receive details of the changes.

Superannuation guarantee statement for Year/quarter /

Employer's ABN/TFN

Employee details

Tax file number

Full name
Title Mr Mrs Miss Ms

Last name

First given name

Other given names

Is this employee an overseas resident? No 1 Yes 2

Postal address

STATE POSTCODE

Date of birth DAY MONTH YEAR
 / /

Employee's shortfall \$

Employee details

Tax file number

Full name
Title Mr Mrs Miss Ms

Last name

First given name

Other given names

Is this employee an overseas resident? No 1 Yes 2

Postal address

STATE POSTCODE

Date of birth DAY MONTH YEAR
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Employee's shortfall \$

Superannuation guarantee statement – Attachment for Year/quarter /

Employer's ABN/TFN

Attachment page of

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Last name

First given name

Other given names

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Date of birth DAY MONTH YEAR
 / /

Employee's shortfall \$

MORE EMPLOYEE DETAIL SHEETS ON REVERSE

Employer's declaration

This is an attachment of pages referred to in the Superannuation guarantee statement of

Full name of the employer and trading name

Signature

Date DAY MONTH YEAR
 / /

Superannuation guarantee statement – Attachment for Year/quarter /

Employer's ABN/TFN

Attachment page of

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Last name

First given name

Other given names

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Date of birth DAY MONTH YEAR
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