

Examples of Supporting Documentation

Centrelink Statement Example

Locked Bag 7834 Canberra Bc, ACT 2610

Reference: Your CRN number

Mr John Smith
123 Smith Road
Douglas



23 November 2015

This Income Statement shows information we hold about you on your Centrelink record. If you decide to show this information to anyone else for any reason, you can choose to show all the information or to block some information out.

Income Statement

DOB	2 Sept 1986
Customer Partnered	Y
Maximum Rate Family Tax Benefit (A)	Y
Number of Children Assessed	3
Child 1 Percentage Care	100%
Child 2 Percentage Care	100%
Child 3 Percentage Care	100%

Previous regular entitlements and payments

Payment Type	Amount	Date Paid	Date of Grant
Carer Allowance	\$121.70	18 Nov 2015	21 Jun 2002
Family Tax Benefit Part A (\$539.28)*	\$539.28	18 Nov 2015	12 Feb 2003
Family Tax Benefit Part B	\$41.90	18 Nov 2015	12 Feb 2003

Your Medicare care can identify your children



Examples of Supporting Documentation

Australia Tax Notice of Assessment Example



Australian Government
Australian Taxation Office



MR CREDIT TAXPAYER
PO BOX
PERTH WA 6000

Tax period ending	30 June 2009
Tax file number	111 111 111
Date of issue	25 November 2009
Our reference (quoted when using e-tax)	222 222 222 222

Internet: www.ato.gov.au Phone enquiries: 13 28 61

Notice of assessment

Income Tax Assessment Act 1936 and Income Tax Assessment Act 1997

Description	Debits \$	Credits \$
Your taxable income is \$75,781.00		
Tax on your taxable or net income	16,734.30	
Less non-refundable tax offsets		3,153.00
Less refundable tax offsets		17.00

Payslips x 3 (preferably consecutive months)

Company Name
Pay Slip

Write to:
Phone: 555-555-
Website:
Email:

Name of Employee: _____
Period of Payment: _____

Scale of Payment:	
Description	Days
Standard Working Days in a Month	----
Standard Working Hours on Daily Basis	----
Training Rate	-----

Computation of Gross Salary to be Paid	
Description	Days
Hours worked by employee & holidays	-----
Hours of overtime	-----
Overtime in holidays	-----
Hours of total night shifts	-----
Total paid leaves	-----

Break Up of Deductions for the Month	
Description	Amount (\$)
Hours of overtime	-----
Overtime in holidays	-----
Hours of total night shifts	-----
Total paid leaves	-----

Company Name
Pay Slip

Write Compa
Phone: 555-555-5555
Website: www.
Email: abc@

Name of Employee: _____
Period of Payment: _____

Scale of Payment:	
Description	Days
Standard Working Days in a Month	----
Standard Working Hours on Daily Basis	----
Training Rate	-----

Computation of Gross Salary to be Paid for This Month:	
Description	Days
Hours worked by employee & holidays	-----
Hours of overtime	-----
Overtime in holidays	-----
Hours of total night shifts	-----
Total paid leaves	-----

Break Up of Deductions for the Month	
Description	Amount (\$)
Hours of overtime	-----
Overtime in holidays	-----
Hours of total night shifts	-----
Total paid leaves	-----

Company Name
Pay Slip

Write Company Address Here
Phone: 555-555-555555, Fax: 123-456-49165955
Website: www.templatesmob.com
Email: abc@example.com

Scale of Payment:			
Description	Days	Description	Amount (\$)
Standard Working Days in a Month	----	Basic Pay for a Month	000000.00
Standard Working Hours on Daily Basis	----	Daily Pay Rate	0000.00
Training Rate	-----	Pay Rate Per Hour	000.00
Computation of Gross Salary to be Paid for This Month:			
Hours worked by employee & holidays	-----	Salary to be paid on daily basis	0000.00
Hours of overtime	-----	Salary of overtime working	000.00
Overtime in holidays	-----	Salary for holiday overtime	000.00
Hours of total night shifts	-----	Pay for total night hours	000.00
Total paid leaves	-----	Salary for all paid leaves	000.00
		Total of Gross Salary	0000000.00
Break Up of Deductions for the Month			
		Contribution for social security	
		Contribution for health insurance	
		Contribution for housing insurance	