

Parkhall Shelf Companies Pty Ltd

A.B.N. 51 132 745 656
200 COMMERCIAL ROAD
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EMPLOYER SUPERANNUATION GUARANTEE LEVY ORDER FORM

Company/Trust/Fund name		ABN	
Registered Office Street address			
Suburb / City		State	Postcode
Principal place of business Street address			
Suburb / City		State	Postcode
Mailing address if not registered office			
Suburb / City		State	Postcode

Employer Contact details

Surname		Job title	
Given Names			
Mailing Street address			
Suburb / City		State	Postcode
Fax Number	Telephone Number	Mobile Number	
Email address			

Employee details

Surname			
Given Names			
Street address			
Suburb / City		State	Postcode
Date of birth	/ /19	TFN	Male / Female
Work Status: Full time / Part time / Casual			Hours per week
Occupation		Qualifications	
Principal Duties			
Annual Salary \$	Date joined employer	/ /20	Amount of manual work %

Surname			
Given Names			
Street address			
Suburb / City		State	Postcode
Date of birth	/ /19	TFN	Male / Female
Work Status: Full time / Part time / Casual			Hours per week
Occupation		Qualifications	
Principal Duties			
Annual Salary \$	Date joined employer	/ /20	Amount of manual work %

EMPLOYER SUPERANNUATION GUARANTEE LEVY ORDER FORM (Continued)**Employee details (Continued)**

Surname			
Given Names			
Street address			
Suburb / City		State	Postcode
Date of birth / /19	TFN	Male / Female	
Work Status: Full time / Part time / Casual		Hours per week	
Occupation		Qualifications	
Principal Duties			
Annual Salary \$	Date joined employer / /20	Amount of manual work	%

Surname			
Given Names			
Street address			
Suburb / City		State	Postcode
Date of birth / /19	TFN	Male / Female	
Work Status: Full time / Part time / Casual		Hours per week	
Occupation		Qualifications	
Principal Duties			
Annual Salary \$	Date joined employer / /20	Amount of manual work	%

Surname			
Given Names			
Street address			
Suburb / City		State	Postcode
Date of birth / /19	TFN	Male / Female	
Work Status: Full time / Part time / Casual		Hours per week	
Occupation		Qualifications	
Principal Duties			
Annual Salary \$	Date joined employer / /20	Amount of manual work	%

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Given Names			
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Suburb / City		State	Postcode
Date of birth / /19	TFN	Male / Female	
Work Status: Full time / Part time / Casual		Hours per week	
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Principal Duties			
Annual Salary \$	Date joined employer / /20	Amount of manual work	%