



# Lockwood and Ward

TAXATION AND BUSINESS ADVISORS

## Employee Form

Basic Information		
Full Name		
Start Date		
Address		
Phone	(h)	(m)
Date of Birth		
Tax File Number		
Next of Kin Name		
Contact Number		

Bank Account Details:	
Bank Name	
BSB	
Account number	

Employee Payment Details	
Gross Annual Pay (including Super)	\$
Frequency of payment:	
Pay Day:	
Type of Employment:	
Hours per week:	

Salary sacrifice	\$
Type	
Is this a part of the gross annual pay?	

Salary sacrifice	\$
Type	
Is this a part of the gross annual pay?	

Allowance	\$
Type	
Is this a part of the gross annual pay?	

Allowance	\$
Type	
Is this a part of the gross annual pay?	

**Superannuation Details*****Retail Super***

Fund Name

ABN

Fund USI

Member Number

***Self-managed super fund***

Fund Name

ABN

Fund telephone number

Fund Electronic Service  
Address (ESA)

Fund BSB

Fund Account Number