



01/07/20XX

Private and confidential

Jeffery Pipe
16 Talbot Avenue
Sproutsville VIC 3190
E: jpipe@yazoo.com
P: 0412 654 546

Dear Jeffery

Letter of offer

I am pleased to offer you full time employment in the position of **Office Manager** with us at **IckyLeaks** ('the employer') on the terms and conditions set out in this letter.

1. Position

- 1.1 Your start date will be **12/07/20XX**. Your employment will be on a **full-time basis**, working **38 hours** per week.
- 1.2 You will be required to perform your duties at 235 High Street, Burwood VIC or elsewhere as reasonably directed by the employer.

2. Terms and conditions

- 2.1 Unless more generous provisions are provided in this letter or in the attached Schedule, the terms and conditions of your employment will be those set out in the applicable legislation. This includes, but not limited to, the National Employment Standards in the *Fair Work Act 2009*.
- 2.2 Your employment may be terminated at any time by providing you with notice, to apply at the end of your current employment.

3. Remuneration

- 3.1 You will be paid at the rate of **\$56,000** per annum.
- 3.2 You will be paid **fortnightly** to the bank account nominated by you.
- 3.3 The employer will also make superannuation payments on your behalf in accordance with the *Superannuation Guarantee (Administration) Act 1992*.
- 3.4 Your remuneration will be reviewed annually and may be increased at the employer's discretion.

SCHEDULE OF ADDITIONAL TERMS AND CONDITIONS

Uniform allowance \$20 per fortnight (before tax)
Union Fees (optional) \$10 per fortnight deducted from your pay

4. Leave

- 4.1 You are entitled to 20 days of annual leave, 10 days of personal leave plus 2 extra days of unpaid carer's leave.
- 4.2 Compassionate leave, parental leave, community service and long service leave in accordance with the Plumbing Award and the National Employment Standards.

5. Your obligations to the employer

5.1 You will be required to:

- a) Perform all duties to the best of your abilities at all times;
- b) Use your best endeavours to promote and protect the interests of the employer; and
- c) Follow all reasonable and lawful directions given to you by the employer, including complying with policies and procedures as amended from time to time. These policies and procedures are not incorporated into your contract of employment.

6. Confidentiality

6.1 By accepting this letter of offer, you acknowledge and agree that you will not, during the course of your employment or thereafter, except with the consent of the employer, as required by law or in the performance of your duties, use or disclose confidential information relating to the business of the employer, including but not limited to client lists, trade secrets, client details and pricing structures.

7. Entire agreement

7.1 The terms and conditions referred to in this letter constitute all of the terms and conditions of your employment and replace any prior understanding or agreement between you and the employer.

7.2 The terms and conditions referred to in this letter may only be varied by a written agreement signed by both and the employer.

If you have any questions about the terms and conditions of employment, please don't hesitate to contact Steve Drip on 922 8989.

Employees and employers may also seek information about minimum terms and conditions of employment from the Fair Work Ombudsman. You can contact them on 13 13 94 or visit their website at www.fairwork.gov.au.

To accept this offer of employment please return a signed and dated copy of this letter to me by 08/07/20XX.

Your sincerely

Steve Drip

I, **Jeffery Pipe** have read and understood this letter and accept the offer of employment from **IckyLeaks** on the terms and conditions set out in the letter. I understand that each engagement will constitute a separate contract of employment between us.

Signed:

Date:

Print name:



Tax file number declaration

This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
- Print X in the appropriate boxes.
- Read all the instructions including the privacy statement before you complete this declaration.

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

4 1 6 1 1 8 6 5 7

For more information, see question 1 on page 2 of the instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name?

Title: Mr Mrs Miss Ms

Surname or family name

P I P E

First given name

J E F F E R Y

Other given names

3 What is your home address in Australia?

1 6 T A L B O T A V E N U E

Suburb/town/locality

S P R O U T S V I L L E

State/territory

V I C

Postcode

3 1 9 0

4 If you have changed your name since you last dealt with the ATO, provide your previous family name.

Once section A is completed and signed, give it to your payer to complete section B.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number?

5 3 0 8 6 7 6 0 3 0 3

Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one?

Yes No

3 What is your legal name or registered business name (or your individual name if not in business)?

I C K Y L E A K S

4 What is your business address?

2 3 5 H I G H S T R E E T

Suburb/town/locality

B U R W O O D

State/territory

V I C

Postcode

3 1 2 5

5 What is your primary e-mail address?

J P I P E @ Y A Z O O . C O M

6 What is your date of birth?

1 6 / 0 5 / 1 9 8 8

7 On what basis are you paid? (select only one)

Full-time employment Part-time employment Labour hire Superannuation or annuity income stream Casual employment

8 Are you: (select only one)

An Australian resident for tax purposes A foreign resident for tax purposes OR A working holiday maker

9 Do you want to claim the tax-free threshold from this payer?

Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.

Yes No Answer no here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

10 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Yes No Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.

DECLARATION by payee: I declare that the information I have given is true and correct.

Signature

You MUST SIGN here

Date Day Month Year

There are penalties for deliberately making a false or misleading statement.

5 What is your primary e-mail address?

S T E V E @ I C K Y L E A K S . C O M

6 Who is your contact person?

S T E V E D R I P

Business phone number 0 4 9 1 5 7 0 1 1 0

7 If you no longer make payments to this payee, print X in this box.

DECLARATION by payer: I declare that the information I have given is true and correct.

Signature of payer

You MUST SIGN here

Date Day Month Year

There are penalties for deliberately making a false or misleading statement.

Return the completed original ATO copy to:

Australian Taxation Office
PO Box 9004
PENRITH NSW 2740

IMPORTANT

See next page for:
■ payer obligations
■ lodging online.



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For use by employers when offering employees a choice of fund and by employees to advise their employer of their chosen fund.

Section A: Employee to complete

1 Choice of superannuation (super) fund

I request that all my future super contributions be paid to: (place an in one of the boxes below)

The APRA fund or retirement savings account (RSA) I nominate Complete items 2, 3 and 5

The self-managed super fund (SMSF) I nominate Complete items 2, 4 and 5

The super fund nominated by my employer (in section B) Complete items 2 and 5

2 Your details

Name

Employee identification number (if applicable)

Tax file number (TFN)

! You do not have to quote your TFN but if you do not provide it, your contributions may be taxed at a higher rate. Your TFN also helps you keep track of your super and allows you to make personal contributions to your fund.

3 Nominating your APRA fund or RSA

You will need current details from your APRA regulated fund or RSA to complete this item.

Fund ABN

Fund name

Fund address

Suburb/town

State/territory

Postcode

Fund phone

Unique superannuation identifier (USI)

Your account name (if applicable)

Your member number (if applicable)

Required documentation

You need to attach a letter from your fund stating that they are a complying fund and that they will accept contributions from your employer. Correct information about your super fund is needed for your employer to pay super contributions.

4 Nominating your self-managed super fund (SMSF)

You will need current details from your SMSF trustee to complete this item.

Fund ABN

Fund name

Fund address

Suburb/town State/territory Postcode

Fund phone

Fund electronic service address (ESA)

Fund bank account

BSB code (please include all six numbers) Account number

Required documentation

You need to attach a document confirming the SMSF is an ATO regulated super fund. You can locate and print a copy of the compliance status for your SMSF by searching using the ABN or fund name in the Super Fund Lookup service at <http://superfundlookup.gov.au/>

If you are the trustee, or a director of the corporate trustee you can confirm that your SMSF will accept contributions from your employer by making the following declaration (place an 'X' in the box below):

I am the trustee, or a director of the corporate trustee of the SMSF and I declare that the SMSF will accept contributions from my employer.

If you are not the trustee, or a director of the corporate trustee of the SMSF, then you must attach a letter from the trustee confirming that the fund will accept contributions from your employer.

5 Signature and date

If you have nominated your own fund in Item 3 or 4, check that you have attached the required documentation and then place an 'X' in the box below.

I have attached the relevant documentation.

Signature

Date

Day / Month / Year

/ /

Return the completed form to your employer as soon as possible.

Section B: Employer to complete

You must complete this section before giving the form to an employee who is eligible to choose the super fund into which you pay their super contributions.

! Sign and date the form when you give it to your employee.

6 Your details

Business name

ABN

Signature

Date

Day / Month / Year
 / /

7 Your nominated super fund

If the employee does not choose their own super fund, you are required to pay super contributions on their behalf to the fund that you have nominated below:

Super fund name

Unique superannuation identifier (USI)

Phone (for the product disclosure statement for this fund)

Super fund website address

Section C: Employer to complete

! Complete this section when your employee returns the form to you with section A completed.

8 Record of choice acceptance

In the two months after you receive the form from your employee you can make super contributions to either the fund you nominated or the fund the employee nominated. After the two-month period you must make payments to the fund chosen by the employee.

! If you don't meet your obligations, including paying your employee superannuation contributions to the correct fund, you may face penalties.

Date employee's choice is received / /

Date you act on your employee's choice / /

! Employers must keep the completed form for their own record for five years. **Do not send it to the Australian Taxation Office, the employer's nominated fund or the employee's nominated fund.**

PRIVACY STATEMENT

The ATO does not collect this information; we provide this form as a means for employees to identify and provide necessary information to their employer. An employer is authorised to collect an employee's TFN under the *Superannuation Industry (Supervision) Act 1993*. It is not an offence for an employee not to quote their TFN. However, quoting a TFN reduces the risk of administrative errors and if the employee does not quote their TFN their contributions may be taxed at a higher rate. An employee can get more details regarding their privacy rights by contacting their superannuation fund.

My payroll stuff



From: Jeffery Pipe <jpipe@yazoo.com>

To: Me

Hi Boss

Could I have 30% of my pay go to my Bankwest account?

- 303-545
- 200 188 567
- Jeffery Pipe

And the remaining amount to go to my St. George account?

- 113-250
- 977 333 321
- Jeff Pipe

I also want 25% of my pay to go to my super fund and I want union fee to be deducted.

Cheers

Jeff