Request for Calculation of Tax on Weekly Payment Redemption – Form 1

| Employee details | Surname |  |
| --- | --- | --- |
| First name |  |
| Employee number |  |
| Notional weekly earnings | $ |
| Re-Employment Exclusion Period\* |  |
| Agency details | Department name |  |
| Section / branch |  |

*\* If an exclusion period has been applied to this payment that would result in the employee being ineligible for re-employment within the Public Sector, then the period of exclusion (weeks) should be entered in this field.*

**Agreed redemption amount**

| A | Total Gross Redemption Amount | $ | Not shown on payroll (only taxable) |
| --- | --- | --- | --- |
| B | Redemption Medical Component | $ | To be paid by Agency |
| C | Total Taxable Redemption Amount (Gross less Medical) | $ | To be processed by Payroll Services |
| D | Tax Payable on A | $ | To be paid by Payroll Services |
| E | Total Redemption Net Amount | $ | Paid by Shared Services |
| F | Medicare 10% payment | $ | To be paid by Agency |
| G | Centrelink Payment | $ | To be paid by Agency |

*Note: Medical, Medicare and Centrelink are the responsibility of the agency to pay. Please ensure correct amounts are displayed to ensure net payment to employee is correctly calculated.*

**Shared Services SA to complete the following:**

| Tax payable | $ | D |
| --- | --- | --- |
| Net amount | $ | C – D – F = E  |
| Reference number |  |

Please note that this quote is subject to change based upon the change in earnings from quote to payment of redemption payment

Please provide any supporting documentation to assist with the quote.