

**Ace Bean Counters
Payroll Form**

**Mail to Ace Bean Counters
PO Box 2584
Taren Point NSW 2229**

Fax to :- 02-9531-2060

Corporate Information

Company Name _____
Trading Name _____
Address 1 _____
Address 2 _____
Suburb _____
State _____
Post Code _____

Mail Address (If different from above)

Address 1 _____
Address 2 _____
Suburb _____
State _____
Post Code _____

Contact 1 _____ ACN # _____
Contact 2 _____ ABN # _____
Phone _____
Fax _____
Email _____

**If you require ABC to produce a bank transfer file for your payroll
please provide your banking details :-**

Account Name _____
Bank _____
Branch _____
BSB # _____
Account # _____
APCA # _____

For Workers Compensation Details

Insurers Name _____
Address 1 _____
Address 2 _____
Suburb _____
State _____
Post Code _____
Phone _____
Fax _____

Client Name :-

Corporate Information

Award Information

What awards (if any) are your employees covered by?

Please list	Award Name

Superannuation

If you would like Ace Bean Counters Payroll to track and report superannuation please advise the name and details of your funds

Pay super if greater than (E.g. \$450) \$ _____ SGC Rate _____ %

Fund Name	_____
Address	_____
Suburb	_____
State	_____ Post Code _____
Fund Number	_____

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Address	_____
Suburb	_____
State	_____ Post Code _____
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