

PIECEWORK AGREEMENT – Startswork Pty Ltd

Agreement between:

(the **Employee**)

And

Startswork Pty Ltd ABN 51 628 367 242 (the **Employer**)

1. This is a Piecework Agreement (**Agreement**) for the purpose of clause 15.1 of the Horticulture Award [MA000028] (**Award**).
2. This Agreement starts on < / / 202 >.
3. Your employment will be casual. You will be employed at level 1 under the Award.
4. The work you will do under this Agreement is described below:

Picking Raspberries

5. You will be required to perform this work at the following location/s, or elsewhere as reasonably directed by the Employer.
 - a. 7/25 Bartel Road, Caboolture, 4510, QLD
 - b. 109 Spratt Road, Caboolture, 4510, QLD
6. The agreed piecework rate/s for your work is/ are set out in the table below. These rates will be reviewed regularly.

Unit of Measure	\$ per unit	Crop Type	Notes (conditions/variables)
Punnet	Minimum of \$0.1 per Punnet Packed	Raspberry	Available product volume Product quality Weather conditions
KG	Minimum of \$2 per kg picked	Raspberry	Available product volume Product quality Weather conditions

- 7. The Employer will pay the piecework rate/s as set out in clause 6 above of this Piecework Agreement for all work performed as set out in clause 4 above.
- 8. The Employer will pay the agreed piecework rates instead of the minimum wages specified in clause 14 of the Award. Your earnings will depend on your productivity. The Agreement does not guarantee you will earn at least the minimum ordinary time weekly or hourly wage in the Award.
- 9. The following clauses of the Award do not apply to you as an employee on a piecework rate:
 - 9.1 Clause 23 – Ordinary hours of work and rostering
 - 9.2 Clause 25 – Overtime
 - 9.3 Clause 25.4 – Meal Allowance
- 10. The Employer may require you to do additional work outside of this Agreement. Any work you do that is not covered by this Agreement will be paid at the minimum hourly rate in the Award for your type of employment and classification level.
- 11. This Agreement has been made genuinely and without coercion or duress.

Employee Signature: _____

Employee Name: _____

Date: _____

Employer Signature:  _____

Employer Name: Seongmin Yun _____

Date: / / 202 _____

PLEASE KEEP A COPY OF THIS AGREEMENT FOR YOUR RECORDS



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.

ato.gov.au

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

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

First given name

Other given names

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

4 What is your date of birth? Day / Month / Year

5 What is your home address in Australia?

Suburb/town/locality

State/territory

Postcode

6 On what basis are you paid? (Select only one.) Full-time employment Part-time employment Labour hire Superannuation or annuity income stream Casual employment

7 Are you an Australian resident for tax purposes? (Visit ato.gov.au/residency to check) Yes No

8 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. Answer no here and at question 10 if you are a foreign resident, except if you are a foreign resident in receipt of an Australian Government pension or allowance. Yes No

9 Do you want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you? Complete a Withholding declaration (NAT 3093), but only if you are claiming the tax-free threshold from this payer. If you have more than one payer, see page 3 of the instructions. Yes No

10 Do you want to claim a zone, overseas forces or invalid and invalid carer tax offset by reducing the amount withheld from payments made to you? Complete a Withholding declaration (NAT 3093). Yes No

11 (a) Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt? Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. Yes No

(b) Do you have a Financial Supplement debt? Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. Yes No

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

Date Day / Month / Year

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

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? 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)?

4 What is your business address?

Suburb/town/locality

State/territory

Postcode

5 Who is your contact person?

Business phone number

6 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 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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Sensitive (when completed)



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.