



Return of Payments Schedule

State Penalties Enforcement Act 1999

Section 84(1)

Employee Details

FCN Id Number

Full name of employee

Employee address

Postcode:

Monthly payment amount under Fine Collection Notice

\$

Actual monthly payment amount collected

\$

Reason for discrepancy

Payment Type/Details

Cheque

Money Order

Direct Credit

▶ Email is the preferred method for returning Direct Credit payment schedule details.

Credit Card

▶ Complete card details below

MasterCard

Visa

Card Number

Name as it appears on card

Expiry date

Total Amount

\$

Signature

Employer Details

Employer name

Full name

Position

Contact Phone Number

Signed

Date

This notice should be returned to:

Postal address

The Registrar
State Penalties Enforcement Registry
GPO Box 1387 Brisbane Qld 4001

Fax

07 3035 3334

Email

sper@treasury.qld.gov.au

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