Superannuation lump sum pre-payment statement

Warning: This form has been designed to assist you to prepare the Australian Tax Office's Superannuation lump sum prepayment statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

Part 1 - SUPERANNUATION PROVIDER TO COMPLETE

12/06/1967

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Section A	\: NI	perannuation	nrovider	details

8 Date of birth

1 Superannuation fund, ADF, RSA or annuity provider name	
FSM BARBARO SUPERFUND	
2 Postal address	
7 LORENZO COURT ANGLE VALE SA 5117	
3 Australian business number (ABN) or withholder payer number	
22055758487	
4 Authorised contact person	
STEVEN JAMES BARBARO	
5 Daytime phone number	
Section B: Member's details 6 Full name	
Title MR	
Family Name	
BARBARO	
First given name	Other given names
STEVEN JAMES	
7 Postal address	
7 LORENZO COURT ANGLE VALE SA 5117	

Se	ction C: Superannuation lump	sum payment d	etails			
9	Lump sum payment is calculated to the	nis date	30/06/2016			
10	Superannuation lump sum componer	nts				
	Taxable component					
	Taxed element	\$	125,096.08			
	Untaxed element	\$				
	Tax-free component	\$	15,866.92			
	KiwiSaver tax-free component	\$				
	Total amount	\$	140,963.00			
11	Preservation amounts of the superan	nuation lump sum	1			
	Preserved amount	\$	140,963.00			
	Restricted non-preserved amount	\$				
	Unrestricted non-preserved amount	\$				
	Total amount	\$	140,963.00			
Section D: Superannuation provider's signature 12 Date the statement is issued to the member / / / 13 Member is to return statement by / / 14 Superannuation fund's, ADF's, RSA's or annuity provider's signature Date / /						

S	ection E: Cash	amount							
1	Pay me a gross	cash amount of:	\$						
	I understand that may be subject t								
	superannuation	wish to speak with a to fund, ADF, RSA or ware of your tax obligns.	annuity provider to	make					
S	ection F: Rollo	over payment							
2	Roll over my pa	yment to: (provide the	e full name of fund,	RSA or ann	uity provider)				
J	BARBARO & SO	ONS STAFF SUPER F	UND						
3	Fund ABN		29465475911						
4	Superannuation	fund, ADF, RSA or a	annuity provider po	ostal address	:				
	9-23 GRAHAM S WINGFIELD SA Member accoun	5013							
	Roll over an am		140,96	53.00					
S		nber's declaration		oaid as instru	ected on this si	tatement.			
		EVEN JAMES BARBARO	, ,						
S	Signature					Da	ite	/	/
_		I statement to your supe							

Rollover benefits statement

Complete this form if:

- you are a trustee of a super fund, and
- a member asks you to roll over a benefit payment for them.

If a member asks you to roll over parts of their entitlement to more then one fund, you must complete separate statements for each rollover payment.

Warning: This form has been designed to assist you to prepare the Australian Tax Office's Rollover benefits statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

Section A: Receiving fund							
1 Australian business number (ABN)	29465475911						
2 Fund name							
J BARBARO & SONS STAFF SUPER FUND							
3 Postal address							
19-23 GRAHAM STREET WINGFIELD SA 5013							
4 You must provide at least one of the receiving fund	l's numbers below :						
(a) Unique superannuation identifier (USI)							
(b) Member client identifier							
Section B: Member's details							
5 Tax File Number (TFN)	147027466						
6 Full name							
Title MR							
Family Name							
BARBARO							
First given name	Other given names						
STEVEN JAMES							
7 Residential address							
7 LORENZO COURT ANGLE VALE SA 5117							
8 Date of birth	12/06/1967						
9 Sex	M						
10 Daytime phone number (include area code)							
11 Email address (if applicable)							

Section C: Rollover transaction details

12 Service period start date	22/02/201	1
13 Tax components		
Tax-free component	\$	15,866.92
KiwiSaver tax-free component	\$	
Taxable component:		
Element taxed in the fund	\$	125,096.08
Element untaxed in the fund	\$	
Tax components TOTAL	\$	140,963.00
14 Preservation amounts		
Preserved amount	\$	140,963.00
KiwiSaver preserved amount	\$	
Restricted non-preserved amount	\$	
Unrestricted non-preserved amount	\$	
Preservation amounts TOTAL	\$	140,963.00
Section D: Non-complying funds		

15 Contributions made to a non-complying fund on or after 10 May 2006

\$		

Section E: Transferring fund 16 Fund ABN 22085758487 17 Fund name ESM BARBARO SUPERFUND 18 Contact name STEVEN JAMES BARBARO 19 Daytime phone number (include area code) Telephone No 20 Email address (if applicable) Signature of authorised person Vou do not need to send a copy of the statement to the ATO however, you must keep a copy for your records for a period of five years.

PAYG Payment Summary - Superannuation Lump Sum Payment summary for year ending 30 June 2016

Payment summary for year ending 30 June 2016
Warning: This form has been designed to assist you to prepare the Australian Tax Office's PAYG Payment Summary Statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

Payee Details				
Payee's surname or family name				
BARBARO				
Payee's given name(s)		_		
STEVEN JAMES				
Payee's address				
7 LORENZO COURT				
ANGLE VALE SA 5117				
Date of birth	12/06/1967			
request. For more information a www.ato.gov.au - refer to TaxPac	bout this payment summary, lodging your ck - phone 13 28 61	tax return or an amendme	nt request, you	u can : - visit
Date of payment	30/00/2016			
Payee's Tax File Number	147027466	Total Tax withheld	\$	
Taxable component				
Taxed element	125,096			
Untaxed element		7		
Tax free component	15,866			
KiwiSaver tax-free component				
Death benefit				
Type of death benefit				
Payer Details				
Payer's ABN or Withholder Payer	er Number	Branch Number		
22	2055758487			
Payer's Name				
FSM BARBARO SUPERFUN	ID			
Signature of authorised person			_	
				Б.,
				Date
			_	/ /