

# PAYG payment summary – superannuation lump sum

You must complete all sections of this form. For help completing this form, visit our website at [ato.gov.au/paymentsummaries](https://ato.gov.au/paymentsummaries)

Payment summary for year ending 30 June 2022

If you are amending a payment summary you have already sent, place X in this box

## Section A: Payee details

Tax file number PROVIDED

Surname or family name

SANKEY

Given name(s)

MARGARET

Residential address

39 BOYCE STREET

Suburb/town/locality

GLEBE

State/territory

NSW

Postcode

2037

Date of birth (if known) PROVIDED

## Section B: Payment details

Date of payment 01/04/2022

TOTAL TAX WITHHELD \$

### Taxable component

Taxed element \$

Untaxed element \$

Tax-free component \$

Place an X in the appropriate box for each field below.

Is this payment a death benefit? No  Yes

Type of death benefit Trustee of deceased estate  or Non-dependant

## Section C: Payer details

**!** You must also complete this section

Australian business number (ABN) or withholding payer number (WPN)

91456043291

Branch number

Name (use the same name that appears on your activity statement)

SANKEY SUPERANNUATION FUND

**Privacy** – For information about your privacy visit our website at [ato.gov.au/privacy](https://ato.gov.au/privacy)

**DECLARATION** – I declare that the information given on this form is complete and correct.

Signature of authorised person

DocuSigned by:

Margaret Sankey

B34D181CB48843E...

Date

26-May-23 | 16:55 AEST

**Warning:** This form has been designed to assist you to prepare the ATO's PAYG payment summary - Superannuation lump sum. This form cannot be lodged with the ATO.

# 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 pre-payment statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

## PART 1 – SUPERANNUATION PROVIDER TO COMPLETE

### Section A: Superannuation provider details

#### 1 Superannuation fund, ADF, RSA or annuity provider name

SANKEY SUPERANNUATION FUND

#### 2 Postal address

39 BOYCE STREET

Suburb/town/locality

GLEBE

State/territory

NSW

Postcode

2037

#### 3 Australian business number (ABN) or withholder payer number

91456043291

#### 4 Authorised contact person

Title:

Family name

First given name

Other given names

#### 5 Daytime phone number (include area code)

### Section B: Member's details

#### 6 Your full name

Title:

MS

Family name

SANKEY

First given name

Other given names

MARGARET

#### 7 Current postal address

39 BOYCE STREET

Suburb/town/locality

GLEBE

State/territory

NSW

Postcode

2037

#### 8 Date of birth

PROVIDED

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## Section C: Superannuation lump sum payment details

**9 Lump sum payment is calculated to this date**

**10 Superannuation lump sum components**

Taxable component

Taxed element \$

Untaxed element \$

Tax-free component \$

**Total amount** \$

**11 Preservation amounts of the superannuation lump sum**

Preserved amount \$

Restricted non-preserved \$

Unrestricted non-preserved \$

**Total amount** \$

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## 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

## PART 2 – MEMBER TO COMPLETE

### Section E: Cash amount

1 Pay me a gross cash amount of: \$

I understand that this amount may be subject to tax.

**!** You may wish to speak with a tax professional or your superannuation fund, ADF, RSA or annuity provider to make sure you are aware of your tax obligations and superannuation roll over options.

### Section F: Rollover payment

2 Roll over my payment to: (provide the full name of fund, RSA or annuity provider)

3 Fund ABN

4 Superannuation fund, ADF, RSA or annuity provider postal address:

Suburb/town/locality

State/territory

Postcode

5 Member account number

6 Roll over an amount of: \$

### Section G: Member's declaration

*I authorise my superannuation lump sum to be paid as instructed on this statement.*

Name (print in block letters)

Signature



Date

**!** You should keep a copy of the statement for your records for a period of five years.