Australian Government
Australian Taxation Office

PAYG payment summary – superannuation lump sum

Read *How to complete the PAYG payment summary – superannuation lump sum form* (NAT 70946) if you are having trouble completing this payment summary.

Payment summary for year ending 30 June **2015**

709470613

If this is an **AMENDED** payment summary please place X in this box ☐

PAYEE DETAILS

Payee's surname or family name
WEIR

Payee's given name(s)
BRAD

Payee's residential address
49 COLLEGE ROAD

Suburb/town/locality
LISMORE EAST

State/territory **NSW**
Postcode **2480**

Payee's date of birth (if known) Day **15** / Month **06** / Year **1956**

Date of payment Day **01** / Month **04** / Year **2015**

Payee's tax file number **484 096 802**

TOTAL TAX WITHHELD $ ☐☐,☐☐☐,☐☐**0**.☒

Taxable component

Taxed element $ ☐☐,☐**1**,**198**.☒

Untaxed element $ ☐☐,☐☐☐,☐☐☐.☒

Tax free component

$ ☐☐,☐☐☐,**202**.☒

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 ☐

Was the payment received without meeting a condition of release? No ☒ Yes ☐) Include this amount at the taxed element above.

PAYER DETAILS

Payer's Australian business number (ABN) or withholding payer number (WPN) **68 442 551 955** Branch number ☐☐☐

Payer's name (use the same name that appears on your activity statement)
BRAD WEIR SUPERANNUATION FUND

Tax Office original

DECLARATION

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

Signature of authorised person

Date Day **01** / Month **04** / Year **2015**

T 70947-06.2013

Australian Government
Australian Taxation Office

PAYG payment summary – superannuation lump sum

709470613

Read *How to complete the PAYG payment summary – superannuation lump sum form* (NAT 70946) if you are having trouble completing this payment summary.

Payment summary for year ending 30 June `2` `0` `1` `5`

If this is an **AMENDED** payment summary please place X in this box ☐

PAYEE DETAILS

Payee's surname or family name
`W` `E` `I` `R`

Payee's given name(s)
`B` `R` `A` `D`

Payee's residential address
`4` `9` ` ` `C` `O` `L` `L` `E` `G` `E` ` ` `R` `O` `A` `D`

Suburb/town/locality
`L` `I` `S` `M` `O` `R` `E` ` ` `E` `A` `S` `T`

State/territory `N` `S` `W`   Postcode `2` `4` `8` `0`

Payee's date of birth (if known)   Day `1` `5` / Month `0` `6` / Year `1` `9` `5` `6`

Date of payment   Day `1` `8` / Month `0` `3` / Year `2` `0` `1` `5`

Payee's tax file number `4` `8` `4` `0` `9` `6` `8` `0` `2`

TOTAL TAX WITHHELD $ `        ` `0` .⊠

Taxable component

Taxed element $ `1` `8` , `5` `6` `6` .⊠

Untaxed element $ `            ` .⊠

Tax free component $ `3` , `1` `3` `4` .⊠

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 ☐

Was the payment received without meeting a condition of release?

No ☒   Yes ☐ ⟩ Include this amount at the taxed element above.

PAYER DETAILS

Payer's Australian business number (ABN) or withholding payer number (WPN)
`6` `8` ` ` `4` `4` `2` ` ` `3` `5` `1` ` ` `9` `5` `9`   Branch number ☐

Payer's name (use the same name that appears on your activity statement)
`B` `R` `A` `D` ` ` `W` `E` `I` `R` ` ` `S` `U` `P` `E` `R` `A` `N` `N` `U` `A` `T` `I` `O` `N` ` ` `F` `U` `N` `D`

DECLARATION

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

Signature of authorised person

(signature)

Date   Day `1` `8` / Month `0` `3` / Year `2` `0` `1` `5`

Tax Office original

T 70947-06.2013

Australian Government
Australian Taxation Office

PAYG payment summary – superannuation lump sum

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709470613

Payment summary for year ending 30 June **2015**

If this is an **AMENDED** payment summary please place X in this box ☐

PAYEE DETAILS

Payee's surname or family name
WEIR

Payee's given name(s)
BRAD

Payee's residential address
49 COLLEGE ROAD

Suburb/town/locality
LISMORE EAST

State/territory **NSW** Postcode **2480**

Payee's date of birth (if known) Day **15** / Month **06** / Year **1956**

Date of payment Day **12** / Month **03** / Year **2015**

Payee's tax file number **484 096 802**

TOTAL TAX WITHHELD $ ___ , ___ , __ 0 .00

Taxable component

Taxed element $ __ , _39 , 871 .00

Untaxed element $ __ , ___ , __ .00

Tax free component $ __ , _6 , 729 .00

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 ☐

Was the payment received without meeting a condition of release?

No ☒ Yes ☐) Include this amount at the taxed element above.

PAYER DETAILS

Payer's Australian business number (ABN) or withholding payer number (WPN) **68 442 331 939** Branch number ☐☐☐

Payer's name (use the same name that appears on your activity statement)
BRAD WEIR SUPERANNUATION FUND

DECLARATION

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

Signature of authorised person

Date Day **12** / Month **03** / Year **2015**

Tax Office original

T 70947-06.2013

Australian Government
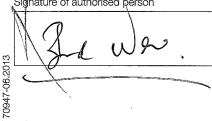## Australian Taxation Office

PAYG payment summary – superannuation lump sum

709470613

Read *How to complete the PAYG payment summary – superannuation lump sum form* (NAT 70946) if you are having trouble completing this payment summary.

Payment summary for year ending 30 June **2015**

If this is an **AMENDED** payment summary please place X in this box ☐

PAYEE DETAILS

Payee's surname or family name
WEIR

Payee's given name(s)
BRAD

Payee's residential address
49 COLLEGE ROAD

Suburb/town/locality
LISMORE EAST

State/territory **NSW**   Postcode **2480**

Payee's date of birth (if known) Day **15** / Month **06** / Year **1956**

Date of payment Day **16** / Month **04** / Year **2015**

Payee's tax file number **484 096 802**

TOTAL TAX WITHHELD $ [, , 0].00

Taxable component

Taxed element $ [, 1 , 020].00

Untaxed element $ [, ,].00

Tax free component $ [, , 172].00

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 ☐

Was the payment received without meeting a condition of release?

No ☒   Yes ☐) Include this amount at the taxed element above.

Tax Office original

PAYER DETAILS

Payer's Australian business number (ABN) or withholding payer number (WPN) **68 742 331 939**   Branch number ☐☐☐

Payer's name (use the same name that appears on your activity statement)
BRAD WEIR SUPERANNUATION FUND

DECLARATION

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

Signature of authorised person

Date Day **16** / Month **04** / Year **2015**

70947-06.2013

Australian Government
Australian Taxation Office

PAYG payment summary – superannuation lump sum

709470613

Read *How to complete the PAYG payment summary – superannuation lump sum form* (NAT 70946) if you are having trouble completing this payment summary.

Payment summary for year ending 30 June **2 0 1 6**

| If this is an AMENDED payment summary please place X in this box | |

PAYEE DETAILS

Payee's surname or family name
WEIR

Payee's given name(s)
BRAD

Payee's residential address
49 COLLEGE ROAD

Suburb/town/locality
LISMORE EAST   State/territory **NSW**   Postcode **2480**

Payee's date of birth (if known)   Day **15** / Month **06** / Year **1956**

Date of payment   Day **10** / Month **03** / Year **2016**

Payee's tax file number **484 096 802**

TOTAL TAX WITHHELD $ [ ],[ ][ ][ ],[ ][0].00

Taxable component

Taxed element $ [ ],[26],[544].00

Untaxed element $ [ ],[ ],[ ].00

Tax free component $ [ ],[4],[456].00

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

Is this payment a death benefit?   No **X**   Yes [ ]

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

Was the payment received without meeting a condition of release?

No **X**   Yes [ ] } Include this amount at the taxed element above.

PAYER DETAILS

Payer's Australian business number (ABN) or withholding payer number (WPN) **68 442 351 975**   Branch number [ ][ ]

Payer's name (use the same name that appears on your activity statement)
BRAD WEIR SUPERANNUATION FUND

DECLARATION

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

Signature of authorised person

Date   Day **10** / Month **3** / Year **2016**

Tax Office original

70947-06.2013

Australian Government
Australian Taxation Office

PAYG payment summary – superannuation lump sum

709470613

Read *How to complete the PAYG payment summary – superannuation lump sum form* (NAT 70946) if you are having trouble completing this payment summary.

Payment summary for year ending 30 June `2016`

If this is an **AMENDED** payment summary please place X in this box ☐

PAYEE DETAILS

Payee's surname or family name
`WEIR`

Payee's given name(s)
`BRAD`

Payee's residential address
`49 COLLEGE ROAD`

Suburb/town/locality
`LISMORE EAST`   State/territory `NSW`   Postcode `2480`

Payee's date of birth (if known)   Day `15` / Month `06` / Year `1956`

Date of payment   Day `03` / Month `12` / Year `2015`

Payee's tax file number `484 096 802`

TOTAL TAX WITHHELD $ ☐☐,☐☐☐,☐☐`0`.☒

Taxable component

Taxed element $ ☐☐,☐`43`,`198`.☒

Untaxed element $ ☐☐,☐☐☐,☐☐☐.☒

Tax free component

$ ☐☐,☐☐`7`,`252`.☒

Place an ☒ 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 ☐

Was the payment received without meeting a condition of release?

No ☒   Yes ☐) Include this amount at the taxed element above.

PAYER DETAILS

Payer's Australian business number (ABN) or withholding payer number (WPN) `68 442 331 959`   Branch number ☐☐☐

Payer's name (use the same name that appears on your activity statement)
`BRAD WEIR SUPERANNUATION FUND`

DECLARATION

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

Signature of authorised person

Date   Day `03` / Month `12` / Year `2015`

Tax Office original

70947-06.2013