

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.

(NAT 70946) if you are having trouble completing this payment summary.	If this is an AMENDED payment
Payment summary for year ending 30 June 29/5	summary please place X in this box
PAYEE DETAILS	
Payee's surname or family name	
Payee's given name(s) Payee's residential address	
49 COLLESE RUAD Suburb/town/locality	State/territory Postcode
LISMORE LAST	Mrw 2 PFC
Payee's date of birth (if known) /5/06/1756	
Date of payment Day Month Year Year Year	
Payee's tax file number 484 096 802 TOTAL TAX WI	THHELD \$,,
Taxable component	
Taxed element \$,	
Untaxed element \$	-
Tax free component \$] Tax Office original
Place an X in the appropriate box for each field below.	0
Is this payment a death benefit? No Yes	×
Type of death benefit	on-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)	Branch number
Payer's name (use the same name that appears on your activity statement)	
DECLARATION	· · · · · · · · · · · · · · · · · · ·
I peclare that the information given on this form is complete and correct. Signature of authorised perspn	
22 Wei	Date Day Month Year
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Payment summary for year ending 30 June 2 0 / 5

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

Payment summary for year ending 30 June 27 7	summary please place X in this box
PAYEE DETAILS	
Payee's surname or family name Payee's given name(s)	
BRAD Payee's residential address	
49 COLLEGEROAD	State/territory Postcode
LITMORE EAST	NJW 2750
Payee's date of birth (if known) / 5 / 06 / 75 56	
Date of payment Day Month Year Year J J J J J J J J J J J J J	
Payee's tax file number 484 096 802 TOTAL TAX WI	THHELD \$,,,
Taxable component	
Taxed element \$,/8,566 • \$	
Untaxed element \$	
Tax free component \$,	Tax Office original
Place an X in the appropriate box for each field below.	0 0
Is this payment a death benefit? No X	× O
Type of death benefit Trustee of deceased estate or N	lon-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) 6 7 7 2 or withholding payer number (WPN)	3P1 955 Branch number
Payer's name (use the same name that appears on your activity statement)	
BRAD WEIR SUPERANY UATION	
DECLARATION	
I declare that the information given on this form is complete and correct. Signature of authorised person	
Bre wew	Date Day Month Year Year



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Payment summary for year ending 30 June 20 15	If this is an AMENDED payment summary please place X in this box
PAYEE DETAILS	
Payee's surname or family name Payee's given name(s) Payee's residential address Payee's residential address Suburb/town/locality Payee's date of birth (if known) Day Month Year Payee's date of birth (if known)	State/territory Postcode MSW 2480
Date of payment Day Month Year Year	
Payee's tax file number 787 096 802 TOTAL TAX WIT	HHELD \$
Taxable component	
Taxed element \$,	
Untaxed element \$	
Tax free component \$	∐ax Office original
Place an X in the appropriate box for each field below.	0
Is this payment a death benefit? No Yes	z z
Type of death benefit Trustee of deceased estate or No.	on-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) 68 772 Payer's page (use the case page that are start as a serie that a serie that are start as a serie that are start as a serie that a serie	351 959 Branch number
Payer's name (use the same name that appears on your activity statement) BRAD MEIR CUPERAWWUATION	
DECLARATION I declare that the information given on this form is complete and correct.	
Signature of authorised person	
Bral Wes	Date Day Month Year Year



Australian Taxation Office

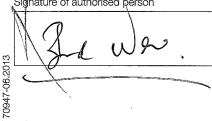
PAYG payment summary superannuation lump sum



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

If this is an AMENDED payment

Payment summary for year ending 30 June 2015 **summary** please place X in this box PAYEE DETAILS Payee's surname or family name 06 Payee's date of birth (if known) 04 Date of payment 096 Payee's tax file number **TOTAL TAX WITHHELD** Taxable component Taxed element Untaxed element Tax Office original Tax free component in the appropriate box for each field below. No 🗶 Is this payment a death benefit? Yes Trustee of deceased estate Type of death benefit or Non-dependant Was the payment received without meeting a condition of release? NoX Include this amount at the taxed element above. PAYER DETAILS Payer's Australian business number (ABN) or withholding payer number (WPN) Branch Payer's name (use the same name that appears on your activity statement) **DECLARATION** I declare that the information given on this form is complete and correct. Signature of authorised person



Date



Australian Taxation Office

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

If this is an AMENDED payment

Payment summary for year ending 30 June 2 0 / 6	summary please place X in this box
PAYEE DETAILS	
Payee's surname or family name Payee's given name(s)	
Payee's residential address	
49 COLLECE ROAD	State/territory Postcode
LICMOREKAST	MCN 2780
Payee's date of birth (if known)	
Date of payment Day Month Year Year O O O O O O O O O O O O O	
Payee's tax file number 484 096 8 2 TOTAL TAX WIT	THHELD \$,,
Taxable component	
Taxed element \$,	
Untaxed element \$,
Tax free component \$,	Tax Office original
Place an X in the appropriate box for each field below.	0
Is this payment a death benefit? No X Yes	× O
Type of death benefit Trustee of deceased estate or Ne	on-dependant
Was the payment received without meeting a condition of release? No Yes \(\) Include this amount at the taxed element above.	•
y include this amount at the taxed element above.	,
PAYER DETAILS Payer's Australian business number (ABN) or withholding payer number (WPN) Payer's Australian business number (WPN)	351 975 Branch number
Payer's name (use the same name that appears on your activity statement)	
DECLARATION	
I declare that the information given on this form is complete and correct. Signature of an horised person	
Signature 5 of the following portions	Date
/ IV" //	Day Month Year Year

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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	summary please place X in this box
PAYEE DETAILS	
Payee's surname or family name ML/R Payee's given name(s) Payee's residential address 49 CULLEGE ROOF Suburb/town/locality	State/territory Postcode
ZISMORE EAST	NSW 2460
Payee's date of birth (if known) / / / / / / / / / / / / / / / / / / /	
Date of payment Day Month Year Year Year	
Payee's tax file number # 8 # 0 9 8 8 0 2 TOTAL TAX WIT	THHELD \$, , , , , , , , , , , , , , , , , ,
Taxable component	
Taxed element \$,	
Untaxed element \$	
Tax free component \$,] Tax Office original
Place an X in the appropriate box for each field below.	E C O
Is this payment a death benefit? No Yes	× O
Type of death benefit Trustee of deceased estate or No.	on-dependant
Was the payment received without meeting a condition of release? No Yes \(\bigcup \) Include this amount at the taxed element above.	
PAYER DETAILS Payer's Australian business number (ABN) or withholding payer number (WPN) Payer's name (use the same name that appears on your activity statement) ORDOWER ORDOWER Payer's Australian business number (ABN) ORDOWER ORDOWER	331989 Branch number
DECLARATION I declare that the information given on this form is complete and correct. Signature of authorises person	Date Day Month Year 1 7 1 2 / 2 1 7

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