



THE TRUSTEE FOR NICOLA AND CATERINA  
VALENZISI SUPERANNUATION FUND  
PO BOX 1562  
PORT ADELAIDE SA 5015

Our reference: 7115181700312

Phone: 13 10 20

ABN: 97 118 771 711

31 March 2020

## Authority to release benefits due to Division 293 due and payable

Dear Trustee,

This is an authority to release benefits for NICOLA VALENZISI due to Division 293 due and payable. They have requested that \$2,467.50 be released from their superannuation account. The released amount is to be paid to the ATO.

### What you need to do

NICOLA AND CATERINA VALENZISI ITF NICOLA AND CATERINA VALENZISI SUPERANNUATION FUND is required within 20 business days of the date of this letter to:

- › make a payment to us of the lesser of either:
  - \$2,467.50 or
  - the sum of all available release amounts for each super interest held by you for NICOLA VALENZISI.
- › If you can't release the full amount, please specify your reason, and
- › return the enclosed statement to us.

### Need help

If you have any questions, please phone **13 10 20** between 8:00am and 6:00pm, Monday to Friday.

Yours faithfully,  
**Grant Brodie**  
Deputy Commissioner of Taxation

#### PAY NOW

**Your payment reference  
number (PRN) is:**  
551005882386465411

BPAY®



**Bill code:** 75556  
**Ref:** 551005882386465411

#### Telephone & Internet Banking - BPAY®

Contact your bank or financial institution to make this payment from your cheque, savings, debit or credit card account. More info: [www.bpay.com.au](http://www.bpay.com.au)

#### CREDIT OR DEBIT CARD

Pay online with your credit or debit card at [www.governmenteasypay.gov.au/PayATO](http://www.governmenteasypay.gov.au/PayATO) or phone **1300 898 089**. A card payment fee applies.

#### OTHER PAYMENT OPTIONS

For other payments options, visit [ato.gov.au/paymentoptions](http://ato.gov.au/paymentoptions)



## Release authority statement

31 March 2020

You must:

- complete section B **and** if required section C
- sign and date the declaration (section E) that applies to you, and
- send the completed statement **without a cover sheet** by mail or fax:

mail to

Australian Taxation Office  
PO Box 3578  
ALBURY NSW 2640

OR fax individually to

1300 139 011

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS and print one character per box.

S M I T H S T

- Place  $\chi$  in ALL applicable boxes.

**You must return this statement to us within 20 business days of the issue date on the enclosed letter.**



1	Title	MR
2	Family name	VALENZISI
3	First given name	NICOLA
4	Member TFN	588238646
5	Member account number	SMSF114259948870
6	Member identifier number	
7	Unique superannuation identifier	
8	Year of assessment	2018 – 19
9	Payment reference number	5510 0588 2386 4654 11

Complete this section detailing the amount paid and if required the amount unable to be released from your member's super interest.

**The amount to be paid to the ATO is \$ 2,467.50**

**10 Amount paid** \$    .    .    .

Day                      Month                      Year

**11 Date amount paid**   /   /

**12 Amount unable to be released** \$    ,    ,    .    
(Complete **section C** if there is an  
amount unable to be released)

**Complete this section if you cannot pay the full amount from your member's super interests.**

- ☐ The member does not have sufficient funds available or no longer has any super interests within this fund.
- ☐ The member has funds available, though cannot be released due to the interest being a defined benefit interest.

14	Super fund name	NICOLA AND CATERINA VALENZISI ITF NICOLA AND CATERINA VALENZISI SUPERANNUATION FUND
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Contact number

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Contact number

Tax agent number (if applicable)

ato.gov.au