20 spesf01 Super, member state.xls

Specialised Worx Super Fund	7									
Members Benefits Year Ended	30/06/2019									
	Σ	Matthew Schultz	Age 50		Kane Powell	Age 45	>	Yvonne Powe	Age 46	
	Undeducted	Taxed	Total	Undeducted	Taxed	Total	Undeducted	Taxed	Total	Total
Opening Balance	35,476.34	212,376.44	247,852.78	23,823.53	208,200.51	232,024.04	1,287.07	58,750.81	60,037.88	539,914.70
Excess Concessional Contributions	0.00	-3,425.21	-3,425.21	00.00	-3,454.78	-3,454.78	00:00	0.00	0.00	-6,879.99
Income for the year	00.00	18,189.31	18,189.31	00:00	17,027.68	17,027.68	0.00	4,406.03	4,406.03	39,623.02
(*apportioned to opening balances)										
Contributions	0.00	11,585.17	11,585.17	0.00	8,819.85	8,819.85	0.00	0.00	0.00	20,405.02
	0.00	26,349.27	26,349.27	0.00	22,392.75	22,392.75	0.00	4,406.03	4,406.03	53,148.05
Tax on Income	00:00	2,728.40	2,728.40	0.00	2,554.15	2,554.15	0.00	06.099	06.099	5.943.45
Tax on Contributions	00.00	1,737.75	1,737.75	00.00	1,323.00	1,323.00	0.00		0.00	3,060.75
	0.00	4,466.15	4,466.15	00.00	3,877.15	3,877.15	0.00	06.099	06.099	9,004.20
Net Increase/(Decrease) for year	0.00	21,883.12	21,883.12	0.00	18,515.60	18,515.60	0.00	3,745.13	3,745.13	44,143.85
Closing Balance	35,476.34	234,259.56	269,735.90	23,823.53	226,716.11	250,539.64	1,287.07	62,495.94	63,783.01	584,058.55

6/04/2021



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THE TRUSTEE FOR SPECIALISED WORX SUPER FUND 9 CHEVIOT AV

COLDSTREAM VIC 3770

Our reference: 7115445459807

Phone: 13 10 20

ABN: 59 941 244 671

20 April 2020

Authority to release benefits due to excess concessional contributions

Dear Trustee,

This is an authority to release benefits for MATTHEW SCHULTZ due to excess concessional contributions. They have requested that \$3,425.21 be released from their superannuation account. The released amount is to be paid to the ATO.

What you need to do

THE TRUSTEE FOR SPECIALISED WORX SUPER FUND is required within 20 business days of the date of this letter to:

- > make a payment to us of the lesser of either:
 - \$3,425.21 or
 - the sum of all available release amounts for each super interest held by you for MATTHEW SCHULTZ.
- > If you can't release the full amount, please specify your reason, and
- return the enclosed statement to us.

You don't need to amend the contributions report you provided for this member in your SMSF annual return or member contributions statement. Releasing this benefit doesn't change the contributions that led to the excess.

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: 551001690837987391

BPAY®



Biller code: 75556 Ref: 551001690837987391

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

CREDIT OR DEBIT CARD

Pay online with your credit or debit card at 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



Authority to release benefits due to excess concessional contributions

Release authority statement

20 April 2020

Yo III (ow to complete this statement unust: complete section B and if required section Bign and date the declaration (section E) the send the completed statement without a complete statement without without a complete statement without with	nat applies to you, and
Au Po	uil to Jistralian Taxation Office D Box 3578 JBURY NSW 2640	OR fax individually to 1300 139 011
m F	Ompleting this form Print clearly, using a BLACK pen only. Use BLOCK LETTERS and print one chara SM / TH ST	icter per box.
₩ F	Place X in ALL applicable boxes.	n 20 husiness days of the issue date on the
	u must return this statement to us withi closed letter.	n 20 business days of the issue date on the
0111	Jood Totton	
S	ection A: Member detai l	le e
O	MD	
A	Title MR	
2	Family name SCHULTZ	
3	First given name MATTHEW	
4	Member TFN	169083798
5	Member account number	SMSF114349435422
6	Member identifier number	
7	Unique superannuation identifier	
8	Year of assessment	2018 - 19
9	Payment reference number	5510 0169 0837 9873 91
Se	ection B: Details of payr	ment
Cor		t paid and if required the amount unable to be released from your
The	e amount to be paid to the ATO is \$	3,425.21
10	Amount paid	\$,
11	Date amount paid	Day Month Year
12	Amount unable to be released	\$

amount unable to be released)

Section C: Reason for not releasing money	
Complete this section if you cannot pay the full amount from your member's super interests.	
13 Reason for non-release or partial release (Place an χ in the applicable box)	
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.	
Section D: Super fund details	
14 Superfund name THE TRUSTEE FOR SPECIALISED WORX SUPER FUND	
15 Super fund ABN 59941244671	
Section E: Declaration	
Complete the declaration that applies to you.	
Penalties may be imposed for giving false or misleading information.	
TRUSTEE, DIRECTOR OR AUTHORISED OFFICER DECLARATION	
I declare that: the information contained in the statement is true and correct	
where an amount has been paid, it has been released from account(s) held by the member.	
Name (Print in BLOCK LETTERS)	
Signature	
Date Day Month	Year
Contact number	
JR	
AUTHORISED REPRESENTATIVE DECLARATION I, the authorised representative of the super provider, declare that:	
I have prepared the statement with the information supplied by the super provider I have prepared the statement with the information supplied by the super provider	
I have received a declaration made by the super provider that the information provided to me for the preparation of this	
statement is true and correct I am authorised by the super provider to give the information in the statement to the ATO.	
Name (Print in BLOCK LETTERS)	
Signature Date	
	Year
Contact number Tax agent number (if applicable)	

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THE TRUSTEE FOR SPECIALISED WORX SUPER FUND 9 CHEVIOT AV COLDSTREAM VIC 3770

Our reference: 7115431604036

Phone: 13 10 20

ABN: 59 941 244 671

20 April 2020

Authority to release benefits due to excess concessional contributions

Dear Trustee,

This is an authority to release benefits for KANE POWELL due to excess concessional contributions. They have requested that \$3,454.78 be released from their superannuation account. The released amount is to be paid to the ATO.

What you need to do

THE TRUSTEE FOR SPECIALISED WORX SUPER FUND is required within 20 business days of the date of this letter to:

- > make a payment to us of the lesser of either:
 - \$3,454.78 or
 - the sum of all available release amounts for each super interest held by you for KANE POWELL.
- > If you can't release the full amount, please specify your reason, and
- return the enclosed statement to us.

You don't need to amend the contributions report you provided for this member in your SMSF annual return or member contributions statement. Releasing this benefit doesn't change the contributions that led to the excess.

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: 551002138963652191

BPAY®



Biller code: 75556 Ref: 551002138963652191

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

CREDIT OR DEBIT CARD

Pay online with your credit or debit card at 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



Authority to release benefits due to excess concessional contributions

Release authority statement

20 April 2020

Yo	low to complete this statement but 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:
A P	ail to OR fax individually to Sustralian Taxation Office 1300 139 011 PO Box 3578 SLBURY NSW 2640
100	ompleting this form Print clearly, using a BLACK pen only. Use BLOCK LETTERS and print one character per box.
Yo	Place X in ALL applicable boxes. but must return this statement to us within 20 business days of the issue date on the inclosed letter.
S	Section A: Member details
1	Title MR
2	Family name POWELL
3	First given name KANE
4	Member TFN 213896365
5	Member account number SMSF114349435435
6	Member identifier number
7	Unique superannuation identifier
8	Year of assessment 2018 - 19
9	Payment reference number 5510 0213 8963 6521 91
S	ection B: Details of payment
Co	omplete this section detailing the amount paid and if required the amount unable to be released from your ember's super interest.
Th	ne amount to be paid to the ATO is \$ 3,454.78
10	Amount paid \$,
11	Day Month Year Date amount paid
12	2 Amount unable to be released (Complete section C if there is an

amount unable to be released)

				5						-		MIN MATERIAL SATURATION OF SAT		***************************************	MENNOCOTOR LANGUAGE SAN	NOTE THE SECOND ASSESSMENT OF THE SECOND ASSES
Section C: Reas					400		100									
Complete this section if yo											sts.					
13 Reason for non-rel	aliai a di									,						
The member does	not have suf	ficient fu	ınds a	vailabl	e or no	longe	r has	any su	per in	teres	sts wit	hin th	nis fun	d.		
The member has full	nds available	e, though	n cann	ot be r	elease	d due t	to the	interes	st bein	gac	define	d ber	efit int	erest		
Section D: Supe	r fund	deta	ils													
14 Super fund name	THE 7	TRUST	EE E	FOR	SPEC	CIAL	ISEI	OW C	RX S	SUP	ER	FUN	D			
15 Super fund ABN	59941	2446	71													
	33341	12110	7 1	A 3												
Section E: Decla	ıration															
Complete the declaration	on that ap	plies t	o you													
Penalties may be impos	ed for giving	false o	misle	ading	inform	ation.										
TRUSTEE, DIRECTOR OR	AUTHORIS	ED OFF	ICER	DECL	ARAT	ION										
I declare that:																
the information contained iwhere an amount has beei						unt(e) h	nold h	u tha n	amha	or						
Name (Print in BLOCK LETT)		DECITI	vicase	u IIOII	racco	uiii(8) i	ieiu D _.	ушеп	IEITIDE	71.						
Signature	***************************************									_	Date	2				
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	Mari Auto i Milita di Mario, Mario e Si Patro i a manganan		***************************************											_] /		
Contact number																
JR																
AUTHORISED REPRESENT	TATIVE DEC	LARAT	ON													
I, the authorised representati																
I have prepared the statemI have received a declaration									ed to .	me f	or the	prer	aratio	n of t	his	
statement is true and corre	ect											11-				
I am authorised by the sup-		o give tl	ne info	rmatio	n in th	e state	ement	to the	ATO.							
Name (Print in BLOCK LETTE	=RS)			3.00	The state of the s				00000							
L Signature											JLIL					
orgriditato											Date					
											Da _i	y /	Mont	h 7	ГПГ	Year
		7 [<u>ا</u> _		/		/		
Contact number								igent r (if app								
Privacy						***************************************										
The ATO is a government age and tax file numbers (TFNs). F														nform	nation	

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