

# 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

SCARAMOUCH HOLDINGS PTY LTD SUPERANNUATION FUND

#### 2 Postal address

17 SALTWATER AVENUE

Suburb/town/locality

NOOSAVILLE

State/territory

QLD

Postcode

4566

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

22958061185

#### 4 Authorised contact person

Title:

Family name

SPARKS

First given name

Other given names

GREGORY THOMAS

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

02 96351937

### Section B: Member's details

#### 6 Your full name

Title:

Family name

SPARKS

First given name

Other given names

GREGORY THOMAS

#### 7 Current postal address

17 SALTWATER AVENUE

Suburb/town/locality

NOOSAVILLE

State/territory

QLD

Postcode

4566

#### 8 Date of birth

13 FEBRUARY 1948

---

## 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** \$

---

## 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)

GREGORY THOMAS SPARKS

Signature

Date

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

# PAYG Payment Summary - Superannuation Lump Sum

Payment summary for year ending 30 June 2021

**Warning:** This form has been designed to assist you to prepare the Australian Tax Office's PAYG Payment Summary Statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

## Section A: Payee details

Tax file number	686867934		
Surname or family name	SPARKS		
Given name(s)	GREGORY THOMAS		
Residential address	17 SALTWATER AVENUE		
Suburb/town/locality	State/territory	Postcode	
NOOSAVILLE	QLD	4566	
Date of birth (if known)	Day	Month	Year
	13	FEBRUARY	1948

## Section B: Payment details

Date of payment	17 MAY 2021
TOTAL TAX WITHHELD \$	
Taxable component	
Taxed element	\$ 230,000.00
Untaxed element	\$
Tax-free component	\$

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)

22958061185

Branch number

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

SCARAMOUCH HOLDINGS PTY LTD SUPERANNUATION FUND

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

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

Signature of authorised person

Date

**NOTICE TO PAYEE** If this payment summary shows an amount in the total tax withheld box, you must lodge a tax return. If no tax was withheld, you may still have to lodge a tax return. If you have already lodged your tax return, you may need to lodge an amendment request. For more information about this payment summary, lodging your tax return or an amendment request, you can : - visit [www.ato.gov.au](https://www.ato.gov.au) - refer to TaxPack - phone 13 28 61