

# 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

CONIGLIO SUPERANNUATION FUND

#### 2 Postal address

PO BOX 3304  
AUSTRALIA FAIR

Suburb/town/locality

SOUTHPORT

State/territory

QLD

Postcode

4215

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

90302393722

#### 4 Authorised contact person

Title: MR

Family name

CONIGLIO

First given name

Other given names

ALAIN

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

### Section B: Member's details

#### 6 Your full name

Title: MR

Family name

CONIGLIO

First given name

Other given names

ALAIN

#### 7 Current postal address

PO BOX 3304  
AUSTRALIA FAIR

Suburb/town/locality

SOUTHPORT

State/territory

QLD

Postcode

4215

#### 8 Date of birth

PROVIDED

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**Section C: Superannuation lump sum payment details**

**9 Lump sum payment is calculated to this date**

**10 Superannuation lump sum components**

Taxable component	
<b>Taxed element</b>	<b>\$</b> <input type="text" value="156.44"/>
<b>Untaxed element</b>	<b>\$</b> <input type="text"/>
Tax-free component	<b>\$</b> <input type="text" value="343.56"/>
<b>Total amount</b>	<b>\$</b> <input type="text" value="500.00"/>

**11 Preservation amounts of the superannuation lump sum**

Preserved amount	<b>\$</b> <input type="text"/>
Restricted non-preserved	<b>\$</b> <input type="text"/>
Unrestricted non-preserved	<b>\$</b> <input type="text" value="500.00"/>
<b>Total amount</b>	<b>\$</b> <input type="text" value="500.00"/>

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**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

# PAYG Payment Summary - Superannuation Lump Sum

Payment summary for year ending 30 June 2022

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	PROVIDED		
Surname or family name	CONIGLIO		
Given name(s)	ALAIN		
Residential address	PO BOX 3304 AUSTRALIA FAIR		
Suburb/town/locality	State/territory	Postcode	
SOUTHPORT	QLD	4215	
Date of birth (if known)	Day	Month	Year
PROVIDED			

## Section B: Payment details

Date of payment	13 OCTOBER 2021
TOTAL TAX WITHHELD \$	
Taxable component	
Taxed element	\$ 156.44
Untaxed element	\$
Tax-free component	\$ 343.56

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

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

CONIGLIO SUPERANNUATION FUND
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Australian business number (ABN) or withholding payer number (WPN)

90302393722

Branch number

Privacy - For information about your privacy visit our website at [ato.gov.au/privacy](http://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](http://www.ato.gov.au) - refer to TaxPack - phone 13 28 61

## 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)

Signature



Date

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

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