PAYG Payment Summary - Superannuation Income Stream 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.

Payee Details				
Payee's surname or family name				
CARRAGHER				
Payee's given name(s)				
GEORGIA LESLEY				
Payee's address				
35 EDNAH STREET				
COMO WA 6152				
Date of birth	22/03/1943			
withheld, you may still have to lodge request. For more information about www.ato.gov.au - refer to TaxPack -	a tax return. If you have already this payment summary, lodging	he total tax withheld box, you must lodg lodged your tax return, you may need your tax return or an amendment requ	to lodge an ame	endment
parameter, and a second se				
Payee's Tax File Number	182772949	Total Tax withheld	\$	
Taxable component				
Taxed element	\$	27,702		
Untaxed element	\$			
Tax free component	s	9,577		
Tax offset amount	\$			
Lump sum in arrears - taxable comp	ponent \$			
Lump sum in arrears - Tax free con	ponent \$			
Payer Details				
Payer's ABN or Withholder Payer	Number	Branch Number		
922	79871994			
Payer's Name				
GL CARRAGHER SUPERANN	AUTION FUND			
Signature of authorised person				
				Date
			***	/ /

GL CARRAGHER SUPERANNAUTION FUND PENSIONS CALCULATION SUMMARY REPORT AT 14/07/2022

Member Name

Carragher, Georgia Lesley

Member Account

501

Member DOB

22/03/1943

Pension Start Date

01/07/2007

Age at Start Date

64

Balance Details at 01/07/2007

 Taxable
 27,703.90

 Tax Free
 9,575.75

 Total Benefit
 37,279.65

 Tax-Free Proportion
 25.69%

Pension Calculation Year

2021

Age at 01/07/2020

77

Below Calculations are based on Account Balance at 01/07/2020 of 57,770.94

Pension Type

Minimum Account-Based

Minimum Payment Factor
Maximum Payment Factor
Minimum Payment
Minimum Payment

1,730.00
Maximum Payment
57,770.94

 Pension Payable
 Year 14
 Annual

 Pension Amount
 37,279.65
 37,279.65

 Tax Free Component
 9,577.14
 9,577.14

 Taxable Component
 27,702.51
 27,702.51

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 prepayment statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

Part 1 - SUPERAN	NUATION PROVIDER TO COMPLETE
Section A: Superar	nuation provider details
1 Superannuation fur	d, ADF, RSA or annuity provider name
GL CARRAGHER SU	PERANNAUTION FUND
2 Postal address	
1C SALISBURY AVEN	IUE
SOUTH PERTH WA	6151
3 Australian business	number (ABN) or withholder payer number
92279871994	
4 Authorised contact	person
ROBERT JOHN WOO	DGATE
5 Daytime phone num	ber
Section B: Member	r's details
6 Full name	
Title MRS	
Family Name	
CARRAGHER	
First given name	Other given names
GEORGIA LESLEY	
7 Postal address	
35 EDNAH STREET	
COMO WA 6152	
8 Date of birth	22/03/1943

Se	ction C: Superannuation lump	sum payment det	ails			•
9	Lump sum payment is calculated to this date		30/06/2021			
10	Superannuation lump sum compon	ents				
	Taxable component					
	Taxed element	S	21,794.90			
	Untaxed element	S				
	Tax-free component	S	7,534.80			
	KiwiSaver tax-free component	\$				
	Total amount	S	29,329.70			
11	Preservation amounts of the supera	nnuation lump sum				
	Preserved amount	S				
	Restricted non-preserved amount	\$				
	Unrestricted non-preserved amount	\$	29,329.70			
	Total amount	\$	29,329.70			
Se	ction D: Superannuation prov	ider's signature				
12	Date the statement is issued to the	member	1 1			
13	Member is to return statement by		/ /			
14	Superannuation fund's, ADF's, RS	A's or annuity provid	er's signature			
	7000 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
				Dete	/	
				Date	L	

Section E: Cash amount				
1 Pay me a gross cash amount of:	\$]		
I understand that this amount	93-7-1945-9-10-10-10-10-10-10-10-10-10-10-10-10-10-	J		
may be subject to tax	NO Section in the section of the sec	•••••		
You may wish to speak with a tax superannuation fund, ADF, RSA or an sure you are aware of your tax obligation roll over options.	nuity provider to make			
Section F: Rollover payment				
2 Roll over my payment to: (provide the fu	ll name of fund, RSA or ann	uity provider)		
G.G. O'REILLY NOMINEES PTY LTD	7,000			
3 Fund ABN		1		
4 Superannuation fund, ADF, RSA or ann	uity provider postal address	:		
35 EDNAH STREET				
COMO WA 6152				
77776764676564	191m Av 1 10			
5 Member account number	***************************************			
		CONTRACTOR		
6 Roll over an amount of:	29,329.70			
				
Section G: Member's declaration				
I authorise my superannuation lui	mp sum to be paid as instruc	ted on this statement.		
GEORGIA LESLEY CARRAGHER				
Signature			Date	/ /
	Walder Committee			
Give this completed statement to your super fu	nd. You should keen a copy for	r your records for a period of	five years	
		The state of the s	- ,	

Rollover benefits statement

Complete this form if:

- you are a trustee of a super fund, and
- a member asks you to roll over a benefit payment for them.

If a member asks you to roll over parts of their entitlement to more then one fund, you must complete separate statements for each rollover payment.

Warning: This form has been designed to assist you to prepare the Australian Tax Office's Rollover benefits statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

Section A: Receiving fund	
1 Australian business number (ABN)	
L	
2 Fund name	
G.G. O'REILLY NOMINEES PTY LTD	
3 Postal address	
35 EDNAH STREET COMO WA 6152	
4 You must provide at least one of the receiving fund's	s numbers below :
(a) Unique superannuation identifier (USI)	
4)34	
(b) Member client identifier	002
Section B: Member's details	
5 Tax File Number (TFN)	182772949
6 Full name	
Title MRS	
Family Name	
CARRAGHER	
First given name	Other given names
GEORGIA LESLEY	
7 Residential address	
35 EDNAH STREET COMO WA 6152	
8 Date of birth	22/03/1943
9 Sex [F
10 Daytime phone number (include area code)	
11 Email address (if applicable)	

Section C: Rollover transaction details

12	Service period start date	28/10/1997	
13	Tax components		
	Tax-free component	S	7,534.80
	KiwiSaver tax-free component	S	
	Taxable component:		
	Element taxed in the fund	S	21,794.90
	Element untaxed in the fund	S	
	Tax components TOTAL	S	29,329.70
14	Preservation amounts		
	Preserved amount	S	
	KiwiSaver preserved amount	\$	
	Restricted non-preserved amount	S	
	Unrestricted non-preserved amount	S	29,329.70
	Preservation amounts TOTAL	\$	29,329.70

Section D: Non-complying funds

15 Contributions made to a non-complying fund on or after 10 May 2006

\$

6 Fund ABN	92279871994	أوم معرب ورود ورود ورود ورود ورود ورود ورود ور	
7 Fund name			
GL CARRAGHER SUPERANNA	UTION FUND		
8 Contact name			
ROBERT JOHN WOODGATE			
9 Daytime phone number (include area code)		
elephone No			
0 Email address (if applicable	e)		
ignature of authorised person			

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.

Payce Details				
Payee's surname or family name				
CARRAGHER				
Payee's given name(s)				
GEORGIA LESLEY				
Payee's address				
35 EDNAH STREET				
COMO WA 6152				
30-30-30-30-30-30-30-30-30-30-30-30-30-3				
Date of birth	22/03/1943			
withheld, you may still have to lo request. For more information a www.ato.gov.au - refer to TaxPac		dged your tax return, you ma	y need to lodg nt request, you	e an amendment 1 can : - visit
Date of payment	30/06/2021		-	
Payee's Tax File Number	182772949	Total Tax withheld	s	
Taxable component				
Taxed element	21,794			
Untaxed element		MAGAS PAR		
Tax free component	7,534			
KiwiSaver tax-free component				
Death benefit				
Type of death benefit				
Payer Details				
Payer's ABN or Withholder Payer	er Number	Branch Number		
92	2279871994			
Payer's Name				
GL CARRAGHER SUPERAN	INAUTION FUND			
Signature of authorised person			-1	
				Date
			And a second sec	/ /
L			J	

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 prepayment statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

Part 1 - SUPERAN	NUATION PROVIDER TO COMPLETE
Section A: Superan	nuation provider details
1 Superannuation fun	d, ADF, RSA or annuity provider name
GL CARRAGHER SUI	PERANNAUTION FUND
2 Postal address	
1C SALISBURY AVEN	UE
SOUTH PERTH WA	6151
3 Australian business	number (ABN) or withholder payer number
92279871994	
4 Authorised contact	person
ROBERT JOHN WOOI	DGATE CONTROL OF THE PROPERTY
5 Daytime phone numb	per
Section B: Member	r's details
6 Full name	
Title	
Family Name	
BELLAMY	
First given name	Other given names
JULIE ANNE	
7 Postal address	
UNIT 1 33 ANGELO ST	REET
SOUTH PERTH WA	6151
8 Date of birth	19/07/1973

Section C: Superannuation lump	sum paymen	it details			
9 Lump sum payment is calculated to	this date	30/06/2021			
10 Superannuation lump sum compor	ents				
Taxable component					
Taxed element	s	179,566.10			
Untaxed element	S				
Tax-free component	S	32,836.36			
KiwiSaver tax-free component	\$				
Total amount	\$	212,402.46			
11 Preservation amounts of the supera	annuation lump	sum			
Preserved amount	s	212,402.46			
Restricted non-preserved amount	S				
Unrestricted non-preserved amount	S				
Total amount	s	212,402.46			
Section D: Superannuation prov	ider's signatu	re		NEW CONTRACTOR OF THE CONTRACT	
12 Date the statement is issued to the	member	/ /			
13 Member is to return statement by		/ /			
14 Superannuation fund's, ADF's, RS	A's or annuity p	orovider's signature	_		
					/
			Date		-

Section E: Cash a	ımount						
1 Pay me a gross ca	ish amount of:	S	212,402.46				
I understand that may be subject to							
superannuation	rish to speak with a tax p fund, ADF, RSA or ann are of your tax obligation.	uity provider	to make				
Section F: Rollov	er payment						
2 Roll over my payr	nent to: (provide the ful	name of fund	l, RSA or annui	ty provider)			
			Amura a de la companya de la company			***************************************	
3 Fund ABN							
4 Superannuation for	und, ADF, RSA or annu	iity provider į	oostal address:				
5 Member account i	number						
6 Roll over an amou	ant of:	The Robbins					
Section G: Memb	er's declaration					**************************************	
I authorise	my superannuation lum	p sum to be p	aid as instructed	d on this statement			
	LIE ANNE BELLAMY						
Signature					Date	/	/
Give this completed st	atement to your super fun	d. You should	keep a copy for y	our records for a po	eriod of five years	5.	***************************************

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.

Payee Details						
Payee's surname or family name						
BELLAMY	Note that the second of the se					
Payee's given name(s)						
JULIE ANNE						
Payee's address						
UNIT 1 33 ANGELO STREET						
SOUTH PERTH WA 6151						
Date of birth	19/07/1973					
withheld, you may still have to lodge a request. For more information about t www.ato.gov.au - refer to TaxPack - ph	his payment summary, lodging	y lodged your tax return, you mag your tax return or an amendmen	y need nt requ	to lodg	ge an amend u can : - visi	ment t
Date of payment	30/06/2021					
Payee's Tax File Number	204526371	Total Tax withheld	\$			
Taxable component						
Taxed element	179,566					
Untaxed element	444 MARINE MARIN					
Tax free component	32,836					
KiwiSaver tax-free component						
Death benefit						
Type of death benefit					77.000000000000000000000000000000000000	
Payer Details		***************************************				
Payer's ABN or Withholder Payer Nun	ıber	Branch Number				
9227987	1994					
Payer's Name						
GL CARRAGHER SUPERANNAU	ΓΙΟΝ FUND					
Signature of authorised person			_			
						ate .
					/	/

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 prepayment statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

Part 1 - SUPERAN	NUATION PROVIDER TO COMPLETE
Section A: Superan	nuation provider details
1 Superannuation fun	d, ADF, RSA or annuity provider name
GL CARRAGHER SUI	PERANNAUTION FUND
2 Postal address	
IC SALISBURY AVEN SOUTH PERTH WA	
3 Australian business	number (ABN) or withholder payer number
92279871994	
4 Authorised contact	person
ROBERT JOHN WOOI	DGATE CONTROL OF THE PROPERTY
5 Daytime phone numl	per
Section B: Member	r's details
6 Full name	
Title MRS	
Family Name	
CARRAGHER	
First given name	Other given names
GEORGIA LESLEY	
7 Postal address	
35 EDNAH STREET COMO WA 6152	
8 Date of birth	22/03/1943

Section C: Superannuation lum	p sum paymen	t details			
9 Lump sum payment is calculated to	Lump sum payment is calculated to this date				
10 Superannuation lump sum compo	nents				
Taxable component					
Taxed element	\$				
Untaxed element	S				
Tax-free component	\$	158,741.99			
KiwiSaver tax-free component	\$				
Total amount	S	158,741.99			
11 Preservation amounts of the super	annuation lump s	um			
Preserved amount	S				
Restricted non-preserved amount	\$				
Unrestricted non-preserved amount	S	158,741.99			
Total amount	\$	158,741.99			
Section D: Superannuation prov	vider's signatui	re			
12 Date the statement is issued to the	member	/ /			
13 Member is to return statement by		/ /			
14 Superannuation fund's, ADF's, R	SA's or annuity p	rovider's signature	_		
			Date	7	/

						<u></u>		
S	ection E: Cash amount							
1	Pay me a gross cash amount of	: [S					
	I understand that this amount	ı						
	may be subject to tax		AND					
	You may wish to speak we superannuation fund, ADF, RS sure you are aware of your tax roll over options.	SA or annu	uity provider to make					
S	ection F: Rollover payment							
2	Roll over my payment to: (provi	de the full	name of fund, RSA or	annuity provid	ler)			
	G.G. O'REILLY NOMINEES PTY L	TD						
3	Fund ABN							
4	Superannuation fund, ADF, RS	A or annu	ity provider postal add	lress:				***************************************
1	35 EDNAH STREET COMO WA 6152							
					4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
5	Member account number							
6	Roll over an amount of:	\$	158,741.99					
S	ection G: Member's declar	ation						
	I authorise my superanni	uation lum	p sum to be paid as ins	tructed on this .	statement.			
	GEORGIA LESLEY CARRAGHER	10000-01-00 A						
5	Signature					Date	1	/
(Give this completed statement to you	r super fun	d. You should keep a co	py for your recor	ds for a period of	five years.		
	30 A							

Rollover benefits statement

Complete this form if:

- you are a trustee of a super fund, and
- a member asks you to roll over a benefit payment for them.

If a member asks you to roll over parts of their entitlement to more then one fund, you must complete separate statements for each rollover payment.

Warning: This form has been designed to assist you to prepare the Australian Tax Office's Rollover benefits statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

Section A: Receiving fund					
1 Australian business number (ABN)	1 Australian business number (ABN)				
2 Fund name					
G.G. O'REILLY NOMINEES PTY LTD	**************************************				
3 Postal address					
35 EDNAH STREET COMO WA 6152					
4 You must provide at least one of the receiving fund's	s numbers below :				
(a) Unique superannuation identifier (USI)					
(b) Member client identifier	002				
Section B: Member's details					
5 Tax File Number (TFN)	182772949				
6 Full name					
Title MRS					
Family Name					
CARRAGHER					
First given name	Other given names				
GEORGIA LESLEY					
7 Residential address					
35 EDNAH STREET COMO WA 6152					
8 Date of birth	22/03/1943				
9 Sex	F				
10 Daytime phone number (include area code)					
11 Email address (if applicable)					

Section C: Rollover transaction details

12 Service period start date	28/10/1997	
13 Tax components		
Tax-free component	S	158,741.99
KiwiSaver tax-free component	\$	
Taxable component:		
Element taxed in the fund	S	
Element untaxed in the fund	S	
Tax components TOTAL	\$	158,741.99
14 Preservation amounts		
Preserved amount	S	
KiwiSaver preserved amount	\$	
Restricted non-preserved amount	\$	
Unrestricted non-preserved amount	\$	158,741.99
Preservation amounts TOTAL	\$	158,741.99

Section D: Non-complying funds

15 Contributions made to a non-complying fund on or after 10 May 2006

\$

Section E: Transferring fund 16 Fund ABN 92279871994 17 Fund name GL CARRAGHER SUPERANNAUTION FUND 18 Contact name ROBERT JOHN WOODGATE 19 Daytime phone number (include area code) Telephone No 20 Email address (if applicable) Signature of authorised person / 1 Date You do not need to send a copy of the statement to the ATO however, you must keep a copy 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.

Payee Details				
Payee's surname or family name	:			
CARRAGHER	4-01-7-01			
Payee's given name(s)		and the second s		
GEORGIA LESLEY				
Payee's address				
35 EDNAH STREET				
COMO WA 6152	ACTIVITY OF THE PROPERTY OF TH			
Date of birth	22/03/1943			
www.ato.gov.au - refer to TaxPa Date of payment	30/06/2021			
Payee's Tax File Number	182772949	Total Tax withheld	\$	
Taxable component			L	
Taxed element				
Untaxed element				
Tax free component	158,741			
KiwiSaver tax-free component				
Death benefit				
Type of death benefit				
Payer Details				***************************************
Payer's ABN or Withholder Pay	er Number	Branch Number		
92	2279871994			
Payer's Name				
GL CARRAGHER SUPERAN	NAUTION FUND			
Signature of authorised person			- 1	
				D :
			The state of the s	Date
	TARRIAN TO THE TARREST TO THE TARRES			/ /