

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 - SUPERANN	UATION PROVIDER TO COMPLETE
Section A: Superann	uation provider details
	ADF, RSA or annuity provider name
FAENZA TRANSPORT	PTY LTD STAFF SUPERANNUATION FUND
2 Postal address	
3 Australian business n	number (ABN) or withholder payer number
4 Authorised contact p	erson
5 Daytime phone numb	er
Section B: Member	's details
6 Full name	
Title MR	
Family Name	
FAENZA	
First given name	Other given names
ANGELO	
7 Postal address	
UNIT 1 65 WHITEHAVEN WA PELICAN WATERS (
8 Date of birth	02/10/1942

8 Date of birth

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 compone	ents				
	Taxable component					
	Taxed element	S	203,359.11			
	Untaxed element	S				
	Tax-free component	S	54,057.49			
	KiwiSaver tax-free component	\$				
	Total amount	S	257,416.60			
11	Preservation amounts of the supera	nnuation lump sum				
0	Preserved amount	S				
	Restricted non-preserved amount	\$				
	Unrestricted non-preserved amount	\$	257,416.60			
	Total amount	S	257,416.60			
	ection D: Superannuation prov 2 Date the statement is issued to the		/ /			
	3 Member is to return statement by		/ /			
1	4 Superannuation fund's, ADF's, R					
				Date	/	1

ĺ	Pay me a gross cash amount of:	S	257,416.60)				
	understand that this amount		237,110.00					
	may be subject to tax							
	You may wish to speak with a tax superannuation fund, ADF, RSA or and sure you are aware of your tax obligation roll over options.	nuity provid	ler to make					
Se	ction F: Rollover payment							
2	Roll over my payment to: (provide the fu	ıll name of f	und, RSA or ar	nuity provider)				
2	Fund ABN							
	V V20000 2000							
	C ADE DEA or one	•						
4	Superannuation fund, ADF, RSA or and	nuity provid	ler postal addre	ess:				
		nuity provid	ler postal addre	ess:				
	Member account number	nuity provid	ler postal addre	ess:				
		nuity provid	ler postal addre	ess:				
5	Member account number				ent.			
5	Member account number Roll over an amount of: s ection G: Member's declaration I authorise my superannuation l				ent.			
5 6 So	Member account number Roll over an amount of: section G: Member's declaration I authorise my superannuation l ANGELO FAENZA				ent.	Date		
5 6 S	Member account number Roll over an amount of: s ection G: Member's declaration I authorise my superannuation l				ent.	Date		



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				
FAENZA				
Payee's given name(s)				
ANGELO				
Payee's address				
UNIT 1				
65 WHITEHAVEN WAY				
PELICAN WATERS QLD 4:	551			
Date of birth	02/10/1942			
tell tell and many still house to lo	nent summary shows an amount in the total odge a tax return. If you have already lodge bout this payment summary, lodging your to k - phone 13 28 61	d vour tax return, vou ma	need to louge	an amenument
Date of payment	30/06/2021			
Payee's Tax File Number	687105102	Total Tax withheld	s	
Taxable component				
Taxed element	203,359			
Untaxed element]		
Tax free component	54,057]		
KiwiSaver tax-free component				
Death benefit	X			
Type of death benefit	Payment made to trustee			
Payer Details				
Payer's ABN or Withholder Pay	er Number	Branch Number		
Payer's Name				
FAENZA TRANSPORT PTY	LTD STAFF SUPERANNUATION FUND)		
Signature of authorised person			_	
				-
				Date
				1 1



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Section A: Superann	uation provider details
1 Superannuation fund	, ADF, RSA or annuity provider name
FAENZA TRANSPORT	PTY LTD STAFF SUPERANNUATION FUND
2 Postal address	
3 Australian business n	number (ABN) or withholder payer number
4 Authorised contact p	erson
5 Daytime phone numb	er
Section B: Member	's details
6 Full name	
Title MR	
Family Name	
FAENZA	
First given name	Other given names
ANGELO	
7 Postal address	
UNIT 1	
65 WHITEHAVEN WA	
PELICAN WATERS Q	LD 4551
8 Date of birth	02/10/1942

Section C: Superannuation lump sum payment details								
9	Lump sum payment is calculated to the	is date	30/06/2021					
10	Superannuation lump sum componer	its						
	Taxable component							
	Taxed element	\$	37,053.90					
	Untaxed element	S						
	Tax-free component	S						
	KiwiSaver tax-free component	S						
	Total amount	S	37,053.90					
11	Preservation amounts of the superan	nuation lump sum						
	Preserved amount	S						
	Restricted non-preserved amount	S						
	Unrestricted non-preserved amount	S	37,053.90					
	Total amount	S	37,053.90					
Se	Section D: Superannuation provider's signature							
12	Date the statement is issued to the m	iember	/ /					
13	Member is to return statement by		1 1					
14	Superannuation fund's, ADF's, RSA							
				Dat	e	/	/	

	Pay me a gross cash amount of:	S	37,053.90			
	understand that this amount nay be subject to tax					
	You may wish to speak with a superannuation fund, ADF, RSA or sure you are aware of your tax oblig roll over options.	annuity provider	to make			
	ction F: Rollover payment Roll over my payment to: (provide th	e full name of fun	d, RSA or annui	ty provider)		
	Fund ABN					
-	Superannuation fund, ADF, RSA or	annuity provider				
_	Superannuation fund, ADI-, KSA of	amulty provider	postal address:			
	Member account number	amunty provider	postal address:			
Charles Company	Member account number	\$	postal address:			
5	Member account number	s n		d on this statement.		
5	Member account number Roll over an amount of: ction G: Member's declaration I authorise my superannuatio	s n		d on this statement.		



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Payee's surname or family name				
FAENZA				
Payee's given name(s)		_		
ANGELO				
Payee's address				
UNIT 1				
65 WHITEHAVEN WAY]		
PELICAN WATERS QLD 4	551]		
Date of birth	02/10/1942]		
withheld, you may still have to lo	nent summary shows an amount in the tota dge a tax return. If you have already lodg bout this payment summary, lodging your k - phone 13 28 61	ed your tax return, you may	y need to lodg	e an amendment
Date of payment	30/06/2021			
Payee's Tax File Number	687105102	Total Tax withheld	s	
Taxable component				
Taxed element	37,053]		
Untaxed element]		
Tax free component]		
KiwiSaver tax-free component]		
Death benefit	X			
Type of death benefit	Payment made to trustee			
Payer Details				
Payer's ABN or Withholder Payer	er Number	Branch Number		
Payer's Name				
FAENZA TRANSPORT PTY	LTD STAFF SUPERANNUATION FUND)		
Signature of authorised person			7	
				D:49
				Date /
			J	1 1



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Part 1 - SUPERANNUATION PROVIDER TO COMPLETE
Section A: Superannuation provider details
1 Superannuation fund, ADF, RSA or annuity provider name
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Family Name
FAENZA
First given name Other given names
ANGELO
7 Postal address
UNIT 1
65 WHITEHAVEN WAY
PELICAN WATERS QLD 4551
8 Date of birth 02/10/1942



Se	ction C: Superannuation lump s	um payment deta	ails				
9	Lump sum payment is calculated to the	is date	30/06/2021				
10	Superannuation lump sum componer	its					
	Taxable component						
	Taxed element	S	49,335.80				
	Untaxed element	S					
	Tax-free component	S	89,716.62				
	KiwiSaver tax-free component	S					
	Total amount	S	139,052.42				
11	Preservation amounts of the superan	nuation lump sum					
	Preserved amount	S					
	Restricted non-preserved amount	S					
	Unrestricted non-preserved amount	S	139,052.42				
	Total amount	S	139,052.42				
	ction D: Superannuation provid						
12	Date the statement is issued to the m	ember	1				
13	Member is to return statement by		1	/			
14	Superannuation fund's, ADF's, RSA						
					Date	/	/

ection E: Cash amount		
Pay me a gross cash amount of:	\$ 139,052.42	
I understand that this amount may be subject to tax		
You may wish to speak with a tax superannuation fund, ADF, RSA or an sure you are aware of your tax obligat roll over options.	nuity provider to make	
ection F: Rollover payment Roll over my payment to: (provide the fo	all name of fund, RSA or annuity provider)	
Fund ABN		
Superannuation fund, ADF, RSA or an	nuity provider postal address:	
Member account number		
Roll over an amount of:		
ection G: Member's declaration I authorise my superannuation la ANGELO FAENZA	ump sum to be paid as instructed on this state.	ment.
Signature		Date / /
Give this completed statement to your super	fund. You should keep a copy for your records for	or a period of five years.



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Payee Details				
Payee's surname or family name				
FAENZA]		
Payee's given name(s)		•		
ANGELO				
Payee's address				
UNIT 1]		
65 WHITEHAVEN WAY]		
PELICAN WATERS QLD 4	551			
Date of birth	02/10/1942]		
withheld, you may still have to lo	nent summary shows an amount in the total odge a tax return. If you have already lodg bout this payment summary, lodging your tek - phone 13 28 61	ed your tax return, you ma	ay need to loo	lge an amendment
Date of payment	30/06/2021			
Payee's Tax File Number	687105102	Total Tax withheld	s	
Taxable component				
Taxed element	49,335]		
Untaxed element]		
Tax free component	89,716			
KiwiSaver tax-free component]		
Death benefit	X	-		
Type of death benefit	Payment made to trustee			
Payer Details				
Payer's ABN or Withholder Payer	er Number	Branch Number		
Payer's Name				
FAENZA TRANSPORT PTY	LTD STAFF SUPERANNUATION FUND	1		
Signature of authorised person				
				Date /
				, ,