

KAMPEN SUPER FUND

- 2020 IS DONE
- WE NEED TO UPDATE TO TODAY'S DATE AND PREPARE ROLLOVER FORMS

Tracey Oversluizen

From: Brad Woodgate
Sent: Wednesday, 3 March 2021 8:48 AM
To: Tracey Oversluizen
Subject: FW: New Super

BOOM
Regards

Brad Woodgate
Carter Woodgate Pty Ltd

'Liability limited by a scheme approved under Professional Standards Legislation.'
Email contact is highly recommended, especially if I have emailed you.

From: Peter Kampen [mailto:peter@foodtechnologyservices.com.au]
Sent: Wednesday, 3 March 2021 8:47 AM
To: Brad Woodgate <brad@carterwoodgate.com.au>
Subject: Re: New Super

Thanks Brad

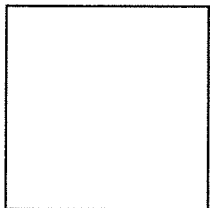
Peter Kampen
ANZ Smart Choice Super
ABN 61 808 189 263
USI MMF2076AU
Member Number 016185240706969

Cheryl Kampen
GESB
Member No 6287438

Error! Filename not specified.Error! Filename not specified.

Regards

Peter Kampen



13 Giles Street Lesmurdie WA 6076
M: 0438 380 963

Confidentiality Note: This e-mail and any attachment is private and confidential. If you are not the intended recipient, please advise us by return e-mail immediately and delete the e-mail including any attachment without using or disclosing the contents in any way

*6/3/21
Sydney NSW 2000*

On Wed, Mar 3, 2021 at 6:40 AM Brad Woodgate <brad@carterwoodgate.com.au> wrote:

Hi Peter,

Can I have the details of the fund that you are sending your Super too please?

Including member number too?

Cheers

Regards

Brad Woodgate

Carter Woodgate Pty Ltd

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Email contact is highly recommended, especially if I have emailed you.

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

KAMPEN

Payee's given name(s)

PETER

Payee's address

13 GILES STREET

LESMURDIE WA 6076

Date of birth

13/01/1955

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 - refer to TaxPack - phone 13 28 61

Date of payment

30/06/2021

Payee's Tax File Number

625002253

Total Tax withheld

\$

Taxable component

Taxed element

28,261

Untaxed element

Tax free component

65,707

KiwiSaver tax-free component

Death benefit

Type of death benefit

Payer Details

Payer's ABN or Withholder Payer Number

91239470027

Branch Number

Payer's Name

KAMPEN SUPERANNUATION FUND

Signature of authorised person

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

KAMPEN

Payee's given name(s)

CHERYL ANN

Payee's address

13 GILES STREET

LESMURDIE WA 6076

Date of birth

08/03/1957

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 - refer to TaxPack - phone 13 28 61

Date of payment

02/03/2021

Payee's Tax File Number

626642709

Total Tax withheld

\$

Taxable component

Taxed element

36,985

Untaxed element

Tax free component

11,010

KiwiSaver tax-free component

Death benefit

Type of death benefit

Payer Details

Payer's ABN or Withholder Payer Number

91239470027

Branch Number

Payer's Name

KAMPEN SUPERANNUATION FUND

Signature of authorised person

Date

/ /