

# 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

BOA CONSTRUCTOR PTY LTD SUPERANNUATION FUND

#### 2 Postal address

BDO BUSINESS CENTRE 01/07/2013 TO 30/06/2014 IF YOU WISH TO C  
72 CAVENAGH STREET

Suburb/town/locality

DARWIN

State/territory

NT

Postcode

0800

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

71770322839

#### 4 Authorised contact person

Title:

Family name

First given name

Other given names

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

### Section B: Member's details

#### 6 Your full name

Title:

MRS

Family name

WHARTON

First given name

Other given names

LINDSEY

#### 7 Current postal address

10 LITTLE STREET

Suburb/town/locality

FANNIE BAY

State/territory

NT

Postcode

0820

#### 8 Date of birth

08 JUNE 1948

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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

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**

BW



Date

## PART 2 – MEMBER TO COMPLETE

### Section E: Cash amount

1 Pay me a gross cash amount of: \$ 8000.00

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: \$

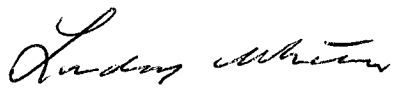
### Section G: Member's declaration

*I authorise my superannuation lump sum to be paid as instructed on this statement.*

Name (print in block letters)

LINDSEY WHARTON

Signature



Date

14 MAY 2021

! 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	114002382		
Surname or family name	WHARTON		
Given name(s)	LINDSEY		
Residential address	10 LITTLE STREET		
Suburb/town/locality	State/territory	Postcode	
FANNIE BAY	NT	0820	
Date of birth (if known)	Day	Month	Year
	08	JUNE	1948

## Section B: Payment details

Date of payment	14 MAY 2021
TOTAL TAX WITHHELD \$	
Taxable component	
Taxed element	\$ 6895.88
Untaxed element	\$
Tax-free component	\$ 1104.12

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)

71770322839

Branch number

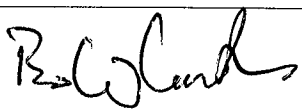
Name (use the same name that appears on your activity statement)

BOA CONSTRUCTOR 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

14 MAY 2021

**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

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## PART 1 – SUPERANNUATION PROVIDER TO COMPLETE

### Section A: Superannuation provider details

#### 1 Superannuation fund, ADF, RSA or annuity provider name

BOA CONSTRUCTOR PTY LTD SUPERANNUATION FUND

#### 2 Postal address

BDO BUSINESS CENTRE 01/07/2013 TO 30/06/2014 IF YOU WISH TO C  
72 CAVENAGH STREET

Suburb/town/locality

DARWIN

State/territory

NT

Postcode

0800

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

71770322839

#### 4 Authorised contact person

Title:

Family name

First given name

Other given names

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

### Section B: Member's details

#### 6 Your full name

Title:

MR

Family name

WHARTON

First given name

Other given names

KIM

#### 7 Current postal address

10 LITTLE STREET

Suburb/town/locality

FANNIE BAY

State/territory

NT

Postcode

0820

#### 8 Date of birth

01 JULY 1947

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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

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** \$

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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**

LW



Date

## PART 2 – MEMBER TO COMPLETE

### Section E: Cash amount

1 Pay me a gross cash amount of: \$ 6070.00

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)

KIM WHARTON

Signature



Date

15 APRIL 2021

! 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	615400967		
Surname or family name	WHARTON		
Given name(s)	KIM		
Residential address	10 LITTLE STREET		
Suburb/town/locality	State/territory	Postcode	
FANNIE BAY	NT	0820	
Date of birth (if known)	Day	Month	Year
	01	JULY	1947

## Section B: Payment details

Date of payment	15 APRIL 2021
TOTAL TAX WITHHELD \$	
Taxable component	
Taxed element	\$ 5230.98
Untaxed element	\$
Tax-free component	\$ 839.02

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)

71770322839

Branch number

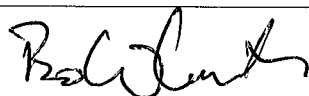
Name (use the same name that appears on your activity statement)

BOA CONSTRUCTOR PTY LTD SUPERANNUATION FUND

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

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

Signature of authorised person



Date

15 APRIL 2021

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State/territory

NT

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0800

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

71770322839

#### 4 Authorised contact person

Title:

Family name

First given name

Other given names

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

### Section B: Member's details

#### 6 Your full name

Title:

MR

Family name

WHARTON

First given name

Other given names

KIM

#### 7 Current postal address

10 LITTLE STREET

Suburb/town/locality

FANNIE BAY

State/territory

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0820

#### 8 Date of birth

01 JULY 1947

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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 \$

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## Section D: Superannuation provider's signature

12 Date the statement is issued to the member

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LW



Date

## PART 2 – MEMBER TO COMPLETE

### Section E: Cash amount

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Suburb/town/locality

State/territory

Postcode

5 Member account number

6 Roll over an amount of: \$


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KIM WHARTON

Signature



Date

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Given name(s)	KIM		
Residential address	10 LITTLE STREET		
Suburb/town/locality	State/territory	Postcode	
FANNIE BAY	NT	0820	
Date of birth (if known)	Day	Month	Year
	01	JULY	1947

## Section B: Payment details

Date of payment	15 JUNE 2021
TOTAL TAX WITHHELD \$	

### Taxable component

Taxed element \$ 6904.34

Untaxed element \$

Tax-free component \$ 1095.66

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)

71770322839

Branch number

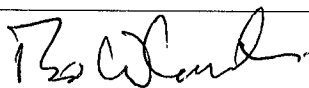
Name (use the same name that appears on your activity statement)

BOA CONSTRUCTOR PTY LTD SUPERANNUATION FUND

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Date

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