

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

YVETTE & NEIL SUPERANNUATION FUND

2 Postal address

C/- BDO BUSINESS CENTRE
72 CAVENAGH STREET

Suburb/town/locality

DARWIN

State/territory

NT

Postcode

0800

3 Australian business number (ABN) or withholder payer number

67745211768

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

WADSWORTH

First given name

Other given names

NEIL

7 Current postal address

82 ROSS STREET

Suburb/town/locality

AYR

State/territory

QLD

Postcode

4807

8 Date of birth

26 NOVEMBER 1956

Section C: Superannuation lump sum payment details

9 Lump sum payment is calculated to this date 06 MAY 2021

10 Superannuation lump sum components

Taxable component

Taxed element \$ 235.76

Untaxed element \$

Tax-free component \$ 109.24

Total amount \$ 345.00

11 Preservation amounts of the superannuation lump sum

Preserved amount \$ 345.00

Restricted non-preserved \$

Unrestricted non-preserved \$


Total amount \$ 345.00

Section D: Superannuation provider's signature

12 Date the statement is issued to the member 6 May 2021

13 Member is to return statement by 6 May 2021

14 Superannuation fund's, ADF's, RSA's or annuity provider's signature





Date

6 May 2021

PART 2 – MEMBER TO COMPLETE

Section E: Cash amount

1 Pay me a gross cash amount of: \$ 345.00

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

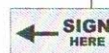
I authorise my superannuation lump sum to be paid as instructed on this statement.

Name (print in block letters)

NEIL WADSWORTH

Signature





Date

6 May 2021

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

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.

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

546424479

Surname or family name

WADSWORTH

Given name(s)

NEIL

Residential address

82 ROSS STREET

Suburb/town/locality

AYR

State/territory

QLD

Postcode

4807

Date of birth (if known)

Day Month Year
26 NOVEMBER 1956

Section B: Payment details

Date of payment

06 MAY 2021

TOTAL TAX WITHHELD \$

Taxable component

Taxed element

\$ 235.76

Untaxed element

\$

Tax-free component

\$ 109.24

Is this payment a death benefit?

No ☒

Yes ☐

Type of death benefit

Trustee of deceased estate ☐

or Non-dependant ☐

Section C: Payer details

Australian business number (ABN) or withholding payer number (WPN)

67745211768

Branch number

! You must also complete this section

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

YVETTE & NEIL SUPERANNUATION FUND

Privacy - For information about your privacy visit our website at ato.gov.au/privacy

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

Signature of authorised person



SIGN HERE

Date

6 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 - refer to TaxPack - phone 13 28 61

Superannuation lump sum pre-payment statement

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C/- BDO BUSINESS CENTRE
72 CAVENAGH STREET

Suburb/town/locality

DARWIN

State/territory

NT

Postcode

0800

3 Australian business number (ABN) or withholder payer number

67745211768

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

WADSWORTH

First given name

Other given names

NEIL

7 Current postal address

82 ROSS STREET

Suburb/town/locality

AYR

State/territory

QLD

Postcode

4807

8 Date of birth

26 NOVEMBER 1956

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 \$

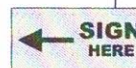
Section D: Superannuation provider's signature

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





Date

PART 2 – MEMBER TO COMPLETE

Section E: Cash amount

1 Pay me a gross cash amount of: \$ 233.99

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)

NEIL WADSWORTH

Signature



← SIGN
HERE

Date

30 June 2021

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

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PAYG Payment Summary - Superannuation Lump Sum

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Section A: Payee details

Tax file number	546424479		
Surname or family name	WADSWORTH		
Given name(s)	NEIL		
Residential address	82 ROSS STREET		
Suburb/town/locality	State/territory	Postcode	
AYR	QLD	4807	
Date of birth (if known)	Day	Month	Year
	26	NOVEMBER	1956

Section B: Payment details

Date of payment	30 JUNE 2021
TOTAL TAX WITHHELD \$	
Taxable component	
Taxed element	\$ 159.90
Untaxed element	\$
Tax-free component	\$ 74.09

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)	Branch number
	67745211768	
Name (use the same name that appears on your activity statement)		
YVETTE & NEIL SUPERANNUATION FUND		

Privacy - For information about your privacy visit our website at ato.gov.au/privacy

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

Signature of authorised person			Date
			30 June 2021

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4 Authorised contact person

Title:

Family name

First given name

Other given names

5 Daytime phone number (include area code)

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6 Your full name

Title:

MR

Family name

WADSWORTH

First given name

Other given names

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7 Current postal address

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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 \$

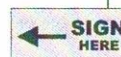
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State/territory

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)

NEIL WADSWORTH

Signature





Date

30 June 2021

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	State/territory	Postcode	
	QLD	4807	
Date of birth (if known)	Day	Month	Year
	26	NOVEMBER	1956

Section B: Payment details

Date of payment	30 JUNE 2021
TOTAL TAX WITHHELD \$	
Taxable component	
Taxed element	\$ 47.15
Untaxed element	\$
Tax-free component	\$ 21.85

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)

YVETTE & NEIL SUPERANNUATION FUND

Australian business number (ABN) or withholding payer number (WPN)


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