

# 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

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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** \$

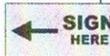
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## Section D: Superannuation provider's signature

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

Date

## PART 2 – MEMBER TO COMPLETE

### Section E: Cash amount

1 Pay me a gross cash amount of: \$

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)

Signature



 **SIGN  
HERE**

Date

 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

Surname or family name

Given name(s)

Residential address

Suburb/town/locality

State/territory

Postcode

Date of birth (if known)

## Section B: Payment details

Date of payment

TOTAL TAX WITHHELD \$

### Taxable component

Taxed element \$

Untaxed element \$

Tax-free component \$

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)

**!** You must also complete this section

Branch number

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

Privacy - For information about your privacy visit our website at [ato.gov.au/privacy](http://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

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](http://www.ato.gov.au) - refer to TaxPack - phone 13 28 61

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Suburb/town/locality

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State/territory

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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

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Taxed element \$

Untaxed element \$

Tax-free component \$

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Preserved amount \$

Restricted non-preserved \$

Unrestricted non-preserved \$

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HERE**

Date

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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

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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 <b>must</b> 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](http://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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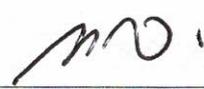
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Name (print in block letters)

NEIL WADSWORTH

Signature



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Date

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Date of payment

TOTAL TAX WITHHELD \$

### Taxable component

Taxed element \$

Untaxed element \$

Tax-free component \$

Is this payment a death benefit? No  Yes

Type of death benefit  Trustee of deceased estate  or Non-dependant

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