

PAYG payment summary – superannuation lump sum

You must complete all sections of this form. For help completing this form, visit our website at ato.gov.au/paymentsummaries

Payment summary for year ending 30 June

If you are **amending a payment summary** you have already sent, place X in this box ☐

Section A: Payee details

Tax file number <input type="text" value="546424479"/>		
Surname or family name <input type="text" value="WADSWORTH"/>		
Given name(s) <input type="text" value="NEIL"/> <input type="text" value="DEACON"/>		
Residential address <input type="text" value="82 ROSS STREET"/>		
Suburb/town/locality <input type="text" value="AYR"/>	State/territory <input type="text" value="QLD"/>	Postcode <input type="text" value="4807"/>
Date of birth (if known) <input type="text" value="26/11/1956"/>		

Section B: Payment details

Date of payment	<input type="text" value="15/12/2021"/>
TOTAL TAX WITHHELD \$ <input type="text"/>	
Taxable component	
Taxed element	\$ <input type="text"/>
Untaxed element	\$ <input type="text"/>
Tax-free component	\$ <input type="text"/>

Place an ☒ in the appropriate box for each field below.

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

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

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

Signature of authorised person



Date

 **SIGN
HERE**

Warning: This form has been designed to assist you to prepare the ATO's PAYG payment summary - Superannuation lump sum. This form cannot be lodged with the ATO.

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

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

 **SIGN
HERE**

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)

NEIL WADSWORTH

Signature



Date

← **SIGN
HERE**

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