

SP04

Superannuation Surcharge
Supplier/Provider Data

2012

^BUQ 99 999 697**^AAE 00013000**

SUPPLIER DETAILS

File Creation Date

^BUZ 19 03 2012Supplier Preferred Correspondence Method
Paper (hard copy)**^BRR P**

Supplier Organisation Name

^BRG ABC TAX AGENTS

Contact Person

^BUT JOHN DOE

Contact Phone Number

^BVB 02 ^BUU 1234 5678

Contact Facsimile Number

^BVC 02 ^BUV 2468 1359

Supplier File Reference

Supplier Street Address

^BRH 103 STREETS ST**^BRI GEORGETOWN****^BRJ NSW****^BRK 2298**

Postal Address

E-Mail Address

^BRQ ABCTA@TPG.COM.AU

Date of Report

^BRT 11 03 2012

SUPERANNUATION PROVIDER DETAILS

Australian Business Number (ABN)

^EBN 23 111 144 445

Current Name

^AAU ANY OLD ICON SUPER FUND

Previous Name

Contact Person

^BUW PASQUALE CAMPAREALE

Contact Phone Number

^BVD 02 ^BUX 6218 1050

Contact Facsimile Number

^BVE 02 ^BUY 1357 2460

Street Address

^BUB 'THE MUSE' 269 PORTOBELLO ROAD**^BUC ACTON****^BUD ACT****^BUE 2601**

Postal Address

^BUG PO BOX 334**^BUH CIVIC****^BUI ACT****^BUJ 2600**

Provider Name:

Address for service of Notices		^BRW	S
Superannuation Provider	S		
Supplier of Statement File	L		

Preferred Correspondence Method		^BRX	P
Paper	P		

Software Product Type	^BRY	IN HOUSE
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E-Mail Address	^BRZ	ANYOLDICON@TRANSACT.COM.AU
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Superannuation Administration Indicator		^BSA	T
Not the administrator		BLANK	
Self administered		A	
Accounting practice		C	
Financial Planning Practice		F	
Industry administrator		I	
Liquidator or Provisional Liquidator		L	
Retail administrator		R	
Specialist Firm, Consultancy or Life Office		S	
Tax Agent		T	
Actuarial administrator		U	
Controller or Administrator		W	
Trustee of a bankrupt estate or the trustee of a deed under Part IX or Part X of the Bankrupt Act		X	

Financial Year	^DRU	2007
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Deferred Annuity Provider		
Deferred Annuity Provider	Y	
Not a Deferred Annuity Provider	N	

Self Assessing Provider		
Self assessing provider	Y	
Not a self assessing provider	N	

Direct Credit Payment Code		
No change	BLANK	
Add or Update	A	
Cancel	C	

Provider Bank Account BSB
Provider Bank Account Number
Provider Bank Account Name

***** NOTE *****

THIS FORM CANNOT BE LODGED WITH THE ATO AS A PAPER REPRESENTATION OF THE FORM.

FOR PAPER LODGEMENT PLEASE USE THE PRE PRINTED FORMAT ISSUED BY THE ATO.
