

**PART A Electronic Lodgment Declaration (Form I)**

This declaration is to be completed where a taxpayer elects to use the Electronic Lodgment Service. It is the responsibility of the taxpayer to retain this declaration for a period of five years after the declaration is made; penalties may apply for failure to do so.

**Privacy**

The Tax Office is authorised by the Income Tax Assessment Act 1936, the Income Tax Assessment Act 1997 and the Taxation Administration Act 1953, the A New Tax System (Australian Business Number) Act 1999 and the Superannuation (Unclaimed Money and Lost Members) Act 1999 to ask for information in this form. We need this information to help us to administer the taxation and superannuation laws.

We may give this information to other government and non-government organisations specified in the taxation and superannuation laws to receive it - for example, benefit payment agencies such as Centrelink, the Department of Education, Employment and Workplace Relations and the Department of Families, Housing, Community Services and Indigenous Affairs; law enforcement agencies such as state and federal police; and other organisations such as the Child Support Agency, the Australian Bureau of Statistics, the Reserve Bank of Australia and superannuation funds. The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this tax return to maintain the integrity of the register.

**Your tax file number**

You do not have to quote your TFN. However, you cannot lodge your income tax form electronically if you do not quote your TFN.

**Electronic funds transfer - direct debit**

Where you have requested an EFT direct debit some of your details will be provided to your financial institution and the Tax Office's sponsor bank to facilitate the payment of your taxation liability from your nominated account.

Tax file number (TFN)  Year   
Name

**Declaration****I declare that**

- the information provided to my registered tax agent for the preparation of this tax return, including any applicable schedules is true and correct, and
- the agent is authorised to lodge this tax return.

**Important: The tax law imposes heavy penalties for giving false or misleading information.**

Signature  Date

**PART B Electronic funds transfer consent**

This declaration is to be completed when an electronic funds transfer (EFT) of a refund is requested and the tax return is being lodged through the electronic lodgment service (ELS).

The declaration must be signed by the taxpayer prior to the EFT details being transmitted to the Tax Office. If you elect for an EFT, all details below must be completed.

**Important:** Care should be taken when completing EFT details as the payment of any refund, including any family tax benefit, will be made to the account specified.

Agent's reference number   
Account name

I authorise the refund to be deposited directly to the specified account as above.

Signature  Date

# Individual tax return

## 1 July 2012 to 30 June 2013

# 2013

**Your tax file number (TFN)**

**Are you an Australian resident?**
 Y Print Y for yes or N for no.

See the Privacy note in the Taxpayer's declaration on page 15 of this tax return.

**Have you included any attachments?**
 N Print Y for yes or N for no.

**Your name**

Title - for example, Mr, Mrs, Ms, Miss

**Your sex**

print X in the relevant box.

 Male  Female 

Surname or family name

Given names

Has any part of your name changed since completing your last tax return?

 N Print Y for yes or N for no.

If yes, print

previous surname.

**Your postal address**


Has your postal address changed since completing your last tax return?

 Y Print Y for yes or N for no.



**Your home address**

If the same as your current postal address, print AS ABOVE.




**Your date of birth**

If you were under 18 years of age on 30 June 2013 you must complete item A1 on page 5 of this tax return.

**Final tax return**
 N

If you know this is your final tax return, print FINAL.

**Your daytime phone number**

Area code

Phone number

**Electronic funds transfer (EFT)**

We need your financial institution details to pay any refund owing to you, even if you have provided them to us before. Write the BSB number, account number and account name below.

BSB number (must be six digits)

Use Agent Trust Account?

 N

Account number

Account name (for example, JQ Citizen. Do not show the account type, such as cheque, savings, mortgage offset)

**Income**

**1 Salary or wages**

Your main salary and wage occupation

Doctor - general practice Occupation code **X** 253111

Payer	Allowances	Lump A	Lump B	Tax Withheld	Gross
MANTILLA MEDICA PTY LTD				ABN: 43 152 083 997	RESC:1224
				55,054.00	264,174

**9 Attributed personal services income**

**Total tax withheld** Add up the boxes. **\$** 55,054.00

**10 Gross interest**

Tax file number amounts withheld from gross interest **M**

Gross interest **L** 376

Bank / Branch / Account	TFN amt	Gross amt
ANZ ***114		25
CBA ***565		351
ATO		

**I Only used by taxpayers completing the supplementary section**

Transfer the amount from TOTAL SUPPLEMENT INCOME OR LOSS **0** / **LOSS**

**TOTAL INCOME OR LOSS** Add up the income amounts and deduct any loss amount in the boxes. 264,550 / **LOSS**

**Deductions**

**D3 Work related uniform, occupation specific or protective clothing, laundry and dry cleaning expenses**

**C** 150 / **CLAIM C**

Laundry 150 **C**

**D Only used by taxpayers completing the supplementary section**

Transfer the amount from TOTAL SUPPLEMENT DEDUCTIONS **0**

**TOTAL DEDUCTIONS** Items D1 to **D** add up the boxes **150**

**SUBTOTAL** **TOTAL INCOME OR LOSS** less **TOTAL DEDUCTIONS** 264,400 / **LOSS**

**TAXABLE INCOME OR LOSS** Subtract amounts at **F** and **Z** item L1 from amount at SUBTOTAL **\$** 264,400 / **LOSS**

**T Only used by taxpayers completing the supplementary section**

Transfer the amount from TOTAL SUPPLEMENT TAX OFFSETS. **0**

**TOTAL TAX OFFSETS** Items T1, T3 and **T** -add up the boxes **U** **0**

**M2 Medicare levy surcharge (MLS)**

**THIS ITEM IS COMPULSORY**

If you do not complete this item you may be charged the full Medicare levy surcharge.

For the whole period 1 July 2012 to 30 June 2013, were you and all your dependants (including your spouse) - if you had any - covered by private patient HOSPITAL cover? **E** **Y** Print **Y** for yes or **N** for no.

Number of days NOT liable for surcharge **A** 365

**Private health insurance policy details**

You must read Private health insurance policy details in the instructions before completing this item.

Fill all the labels below unless directed in the instructions.

Health insurer ID **B** AMA Membership number **C** 221364

Your share of premiums paid in the financial year **J** 2,214 Your share of Australian Government rebate received **K** 949

Benefit code **L** 30 Tax claim code. Read the instructions **CODE** **C**

**Income tests**

You must complete this section.

If you had a spouse during 2012-13 you must also complete Spouse details – married or de facto on page 7.

If the amount is zero, write 0.

<b>IT1 Total reportable fringe benefits amount</b>	<b>W</b>	<input type="text" value="0"/>
<b>IT2 Reportable employer superannuation contributions</b>	<b>T</b>	<input type="text" value="1,224"/>
<b>IT3 Tax-free government pensions</b>	<b>U</b>	<input type="text" value="0"/>
<b>IT4 Target foreign income</b>	<b>V</b>	<input type="text" value="0"/>
<b>IT5 Net financial investment loss</b>	<b>X</b>	<input type="text" value="0"/>
<b>IT6 Net rental property loss</b>	<b>Y</b>	<input type="text" value="0"/>
<b>IT7 Child support you paid</b>	<b>Z</b>	<input type="text" value="0"/>
<b>IT8 Number of dependent children</b>	<b>D</b>	<input type="text" value="2"/>
<b>Adjusted taxable income</b>		<input type="text" value="265,624"/> / <input type="text"/>
<b>Estimated total income</b>		<input type="text" value="265,774"/> / <input type="text"/>
<b>Estimated eligible income</b>		<input type="text" value="265,398"/>

**Spouse details-married or de facto**

Use related ref details?

Y	JCMA0003
---	----------

If you had a spouse during 2012-13, you must complete Spouse details - married or de facto.

We need the information included in this section to assess your tax accurately.

If you did not have a spouse, go to page 8.

**Your spouse's name**

If you had more than one spouse during 2012-13 print the name of your spouse on 30 June 2013 or your last spouse.

Surname or family name	<input type="text" value="MANTILLA"/>	
First given name	<input type="text" value="CHARINA"/>	Other given names <input type="text"/>

Your spouse's date of birth **K**

Day	Month	Year
<input type="text" value="22"/>	<input type="text" value="09"/>	<input type="text" value="1978"/>

Your spouse's sex Male  Female

**Period you had a spouse - married or de facto**

Did you have a spouse for the full year - 1 July 2012 to 30 June 2013?

**L** No  Yes

If you did not have a spouse for the full year, write the dates you had a spouse between 1 July 2012 and 30 June 2013.

From **M**   
to **N**

Did your spouse die during the year?

No  Yes

**This information relates to your spouse's income**

**You must complete all labels**

Pre-fill using related ref return details? (Related ref for spouse details above must be answered Y)  Your spouse's 2012-13 taxable income **O**

Your spouse's share of trust income on which the trustee is assessed under section 98 and which has not been included in spouse's taxable income **T**

Distributions to your spouse on which family trust distribution tax has been paid and which your spouse would have had to show as assessable income if the tax had not been paid **U**

Your spouse's total reportable fringe benefits amounts **S**

Amount of Australian Government pensions and allowances (see Q6 Australian Government pensions and allowances in the instructions) that your spouse received in 2012-13 (exclude exempt pension income) **P**

Amount of exempt pension income (see Amounts that you do not pay tax on in the instructions) that your spouse received in 2012-13 (show your spouse's exempt pension income) **Q**

Amount of your spouse's reportable superannuation contributions (which is the total of reportable employer superannuation contributions and deductible personal superannuation contributions) **A**

Your spouse's amount of any tax-free government pensions paid under the Military Rehabilitation and Compensation Act 2004 that have not been included at Q above **B**

Your spouse's target foreign income **C**

Your spouse's total net investment loss (total of net financial investment loss and net rental property loss) **D**

Child support your spouse paid **E**

Your spouse's taxed element of a superannuation lump sum for which the tax rate is zero (see M2 Medicare levy surcharge in the instructions) **F**

Spouse's total ATI (ELS Validation purpose only)

**18 Capital gains** Did you have a capital gains tax event during the year? **G**  Print **Y** for yes or **N** for no.

Have you applied an exemption or rollover? **M**  CODE

Net capital gain **A**

**19 Foreign entities** Did you have either a direct or indirect interest in a controlled foreign company (CFC)? **I**  Print **Y** for yes or **N** for no.

Have you ever, either directly or indirectly, caused the transfer of property-including money-or services to a non-resident trust estate? **W**  Print **Y** for yes or **N** for no.

CFC income **K**

Transferor trust income **B**

**20 Foreign source income and foreign assets or property** During the year did you own, or have an interest in, assets located outside Australia which had a total value of AUD\$50,000 or more? **P**  Print **Y** for yes or **N** for no.

**Taxpayer's declaration**

Read and sign the declaration after completing your tax return, including the Supplementary section, Business and professional items section and other schedules if applicable.

**I declare that:**

- the information provided to my registered tax agent for the preparation of this tax return is true and correct, and
- I authorise my registered tax agent to lodge this tax return.

Taxpayer's  
Signature

Date

Day	Month	Year
-----	-------	------

**Important:** The tax law imposes heavy penalties for giving false or misleading information.

**The ATO will issue your assessment based on your tax return. However, the ATO has some time to review your tax return, and issue an amended assessment if a review shows inaccuracies that change the assessment. The standard review period is two years but for some taxpayers it is four years.**

**Privacy:**

The ATO is authorised by the Taxation Administration Act 1953 to request you to quote your tax file number (TFN). It is not an offence not to quote your TFN. However, your assessment may be delayed if you do not quote your TFN. The ATO is also authorised by the Income Tax Assessment Act 1936, the Income Tax Assessment Act 1997 and the A New Tax System (Family Assistance) (Administration) Act 1999 to ask for the other information on this tax return. We need this information to help us to administer the taxation laws. We may give this information to other government agencies as authorised in taxation law - for example, benefit payment agencies such as the Department of Human Services, the Department of Education, Employment and Workplace Relations, and the Department of Families, Housing, Community Services and Indigenous Affairs; law enforcement agencies such as state and federal police; and other agencies such as the Australian Bureau of Statistics and the Reserve Bank of Australia. The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this tax return to maintain the integrity of the register.

**Tax agent's declaration**

I,

declare that this tax return has been prepared in accordance with information supplied by the taxpayer, that the taxpayer has given me a declaration stating that the information provided to me is true and correct and that the taxpayer has authorised me to lodge the tax return.

Agent's signature

Date

Day	Month	Year
-----	-------	------

Client's reference

Contact name

Agent's telephone number

Area code      Telephone number

045	2226590
-----	---------

Agent's reference number

# Income Tax Return Tax Estimate

2013

DR ANECITO MANTILLA

TFN:

## Tax Payable for Individual

Taxable Income	264,400
Tax Free Part	18,200
<b>Tax Payable on Taxable Income</b>	<b>92,527.00</b>

**Sub-Total \$** 92,527.00

### Less Offsets:

Offsets (T1 to T11 except T2,T9)	0.00
Private Health Insurance Offset - Payable	-949.00
Seniors / Pension / Beneficiary Offset	0.00
Mature Aged Workers Tax Offset	0.00
Low Income Offset	0.00
Lump Sum	0.00
Other Offsets	0.00

**Sub-Total \$** -949.00

93,476.00

### Plus:

Medicare Levy	3,966.00
---------------	----------

**Sub-Total \$** 3,966.00

97,442.00

### Less Credits:

Tax withheld - salary & wage type income	55,054.00
Arrears tax withheld	0.00
Foreign Tax Credits	0.00
TFN Amounts (credits)	0.00
Franking Tax Offset (refundable)	0.00
Other Refundable Credits	0.00
Other Amounts withheld - ABN,Vol,Labour,Foreign	0.00
PAYG Income Tax Instalments	0.00

**Sub-Total \$** 55,054.00

42,388.00

DR

**Estimated Tax Payable**

#### DISCLAIMER

=====

This estimate is provided without warranty of any kind.

It is subject to legislative changes and includes estimates of currently unknown rates.

WARNING : Amounts shown may be adjusted by amounts not included in this return.