

PART A Electronic lodgment declaration (Form P, T, C, F, SMSF or EX)

This declaration is to be completed where the tax return is to be lodged via the Tax Office's electronic lodgment service (ELS). 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*Your tax file number*

It is not an offence not to quote your (or if applicable, the partner's or beneficiary's) tax file number (TFN). However, you cannot lodge your tax return electronically if you do not quote your TFN. The Tax Office is authorised by the Income Tax Assessment Act 1936 and the Income Tax Assessment Act 1997 to ask for information on this tax return.

The Australian Business Register

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.

Please refer to the privacy statement on the Australian Business Register (ABR) website (www.abr.gov.au) for further information - it outlines our commitment to safeguarding your details.

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 Year Name of partnership, trust, fund or entity

I authorise my tax agent to electronically transmit this tax return via the electronic lodgment service.

Important

Before making this declaration please check to ensure that all income has been disclosed and the tax return is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the Tax Office. The tax law provides heavy penalties for false or misleading statements on tax returns.

Declaration: I declare that:

- the information provided to the 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.

Signature of partner, trustee, director or public officer

Date

Trust tax return**2012**

Day Month Year Day Month Year
 to

or specify period if part year or approved substitute period

Notes to help you prepare this tax return are provided in the Trust tax return instructions 2012 (the instructions), available from the website www.ato.gov.au

Tax file number (TFN)

934 989 507

Have you attached any
'other attachments'?

No

Name of trust

J & C MANTILLA FAMILY TRUST

Australian business number (ABN)

24 946 979 811

Current postal address

If the address has not changed, print it exactly as shown on the last notice of assessment or the last tax return lodged.

PO Box 736

KOTRA

NSW

2289

Postal address on previous tax return

If the address has changed, print your previous address exactly as shown on the last notice of assessment or the last tax return lodged.

Full name of the trustee to whom notices should be sent

• If the trustee is an individual, print details here.

Title—for example, Mr, Mrs, Ms, Miss

Surname or family name

Given names

• If the trustee is a company, print details here including ABN.

Name

 ABN

Daytime contact phone number

Area code

Telephone number

Family trust election status

If the trustee has made, or is making, a family trust election, write the four-digit **income year specified** of the election (for example, for the 2011-12 income year write 2012).

If revoking or varying a family trust election, print **R** for revoke or print **V** for variation and complete and attach the Family trust election, revocation or variation 2012.

Interposed entity election status

If the trustee has an existing election, write the earliest income year specified. If the trustee is making one or more elections this year, write the earliest income year being specified and complete an Interposed entity election or revocation 2012 for each election.

If revoking an interposed entity election, print **R** and complete and attach the Interposed entity election or revocation 2012.

Type of trust

Print the code representing the type of trust.

Print X if also an item 1.5 charitable trust in section 50-5 of ITAA 1997.

If code D, write the date of death.

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Managed Investment trusts

If the trust is a managed investment trust, has the trustee made an election into capital account treatment? Print Y for yes or N for no.

Is any tax payable by the trustee?

Print Y for yes or N for no.

Final tax return

Electronic funds transfer (EFT)

Use Agent Trust Account?

Provide your financial institution details. Write the BSB number, account number and account name below. (See relevant instructions.)

BSB number must be six digits

Account number

Account name

1 Description of main business activity

Office Administrative Services Industry code **A** 72910

2 Status of business- print X at label **B1**, **B2** or **B3**, whichever is the first applicable option, or leave blank.

Multiple business **B1** Ceased business **B2** Commenced business **B3**

Consolidation status - print X at label **Z2** if applicable Consolidated subsidiary member **Z2**

Income excluding foreign income

5 Business income and expenses

Income

	Primary production	Non-primary production	Totals
Gross payments where ABN not quoted C	<input type="text"/>	D <input type="text"/>	<input type="text"/>
Gross payments subject to foreign resident withholding A	<input type="text"/>	B <input type="text"/>	<input type="text"/>
Assessable government industry payments E	<input type="text"/> / <input type="text"/> <small>CODE</small>	F <input type="text"/> / <input type="text"/> <small>CODE</small>	<input type="text"/>
Other business income G	<input type="text"/> / <input type="text"/>	H 13,728 / <input type="text"/>	13,728 / <input type="text"/> F
Total business income	0 / <input type="text"/>	13,728 / <input type="text"/>	13,728 / <input type="text"/>

Expenses

Foreign resident withholding expenses	<input type="text"/>	<input type="text"/>	P <input type="text"/>
Contractor, sub-contractor and commission expenses	<input type="text"/>	<input type="text"/>	C <input type="text"/>
Superannuation expenses	<input type="text"/>	<input type="text"/>	D <input type="text"/>
Cost of sales	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	E <input type="text"/> / <input type="text"/>
Bad debts	<input type="text"/>	<input type="text"/>	F <input type="text"/>
Lease expenses	<input type="text"/>	<input type="text"/>	G <input type="text"/>
Rent expenses	<input type="text"/>	<input type="text"/>	H <input type="text"/>
Total interest expenses	<input type="text"/>	<input type="text"/>	I <input type="text"/>
Total royalty expenses	<input type="text"/>	<input type="text"/>	J <input type="text"/>
Depreciation expenses	<input type="text"/>	601	K 601
Motor vehicle expenses	<input type="text"/>	925	L 925
Repairs and maintenance	<input type="text"/>	<input type="text"/>	M <input type="text"/>
All other expenses	<input type="text"/>	895	N 895
Total expenses - labels P to N	<input type="text"/> / <input type="text"/>	2,421 / <input type="text"/>	O 2,421 / <input type="text"/>

Reconciliation items

Add: Income reconciliation adjustments	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	A <input type="text"/> / <input type="text"/>
Add: Expense reconciliation adjustments	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	B <input type="text"/> / <input type="text"/>
Net income or loss from business Q	<input type="text"/> / <input type="text"/>	R 11,307 / <input type="text"/>	S 11,307 / <input type="text"/>

8 Partnerships and trusts

Primary production

Distribution from partnerships **A** /

Distribution from trusts **Z** /

Deductions relating to distribution in labels **A** and **Z** **S**

Net primary production distribution /

Non-primary production

Distribution from partnerships, less foreign income **B** /

Distribution from trusts, less net capital gain and foreign income **R** /

Deductions relating to distribution in labels **B** and **R** **T**

Franked distributions from trusts **F**

Deductions relating to franked distributions from trusts in label **F** **G**

Net non-primary production distribution /

Distributions of net capital gains (including net foreign capital gains) must be included at item 21. Distributions of foreign income must be included at item 22 or 23.

Share of credits from income Share of credit for tax withheld where ABN not quoted **C**

Share of franking credit from franked dividends **D**

Share of credit for TFN amounts withheld from interest, dividends and unit trust distributions **E**

Credit for TFN amounts withheld from payments from closely held trusts **O**

Share of credit for tax withheld from foreign resident withholding **U**

15 Total of items 5 to 14

Add the boxes 11,307 /

Deductions relating to franked distributions should not include deductions included at G item 8

Franked distributions **R**

19 Total of items 16 to 18

20 Net Australian income or loss - other than capital gains

Subtract item 19 from item 15 **\$** 11,307 / **F**

21 Capital gains

Do you need to complete a *Capital gains tax (CGT) Schedule 2012*?

Did you have a CGT event during the year? **G** **N** Print Y for yes or N for no. Print Y at **G** if the trust received a distribution of a capital gain from a trust.

Did this CGT event relate to a forestry managed investment scheme interest that you held other than as an initial participant? **H**

Net capital gain **A**

Net capital losses brought forward from prior years

Net capital losses carried forward to later income years

Non-Collectables
Collectables

24 Total of items 20 to 23

Add the boxes 11,307 /

26 Total net income or loss

Subtract item 25 from item 24. 11,307 / **F**

Taxation of financial arrangements**31 Taxation of financial arrangements (TOFA)**

Did you make a gain, loss or transitional balancing adjustment from a financial arrangement subject to the TOFA rules?

L

Print Y for yes or N for no.

Total TOFA gains

M

Total TOFA losses

N

TOFA transitional balancing adjustment

O /

TOFA gains from unrealised movements in the value of financial arrangements

P **Key financial information**32 All current assets **F** 33 Total assets **G** 34 All current liabilities **I** 35 Total liabilities **J** 36 Proprietors' funds **K** / **Business and professional items**

The following information must be filled in for all trusts carrying on a business.

37 Business name of main business**38 Business address of main business****A**

39 Opening stock	C <input type="text"/>	50 Deduction for project pool	P <input type="text"/>
40 Purchases and other costs	B <input type="text"/>	51 Section 40-880 deduction	X <input type="text"/>
41 Closing stock	D <input type="text"/> / <input style="font-size: small; vertical-align: middle; margin-left: 5px;" type="text"/> CODE	52 Small business and general business tax break	F <input type="text"/>
42 Trade debtors	E <input type="text"/>	53 Fringe benefit employee contributions	T <input type="text"/>
43 Trade creditors	H <input type="text"/>	54 Interest expenses overseas	Q <input type="text"/>
44 Total salary and wage expenses	L <input type="text"/> / <input style="font-size: small; vertical-align: middle; margin-left: 5px;" type="text"/> CODE	55 Royalty expenses overseas	R <input type="text"/>
45 Payments to associated persons	M <input type="text"/>	56 Landcare operations and deduction for decline in value of water facility	S <input type="text"/>
46 Intangible depreciating assets first deducted	N <input type="text"/>	57 Deduction for environmental protection expenses	V <input type="text"/>
47 Other depreciating assets first deducted	U <input type="text"/>	58 Unpaid present entitlement to a private company	Y <input type="text"/> / <input style="font-size: small; vertical-align: middle; margin-left: 5px;" type="text"/> CODE
48 Termination value of intangible depreciating assets	O <input type="text"/>	59 Trading stock election	<input type="checkbox"/> Print Y for yes or leave blank. F
49 Termination value of other depreciating assets	W <input type="text"/>		

65 Statement of distribution**Distribution details**

Complete the distribution details on the following pages for BENEFICIARY 1 to 5 if required, and for Income to which no beneficiary is presently entitled and in which no beneficiary has an indefeasible vested interest, and the trustee's share of credit for tax deducted, if it applies.

If there are more than five beneficiaries see the instructions for more information.

Note: It is not an offence not to quote a TFN for a beneficiary. However, TFNs help the Tax Office to correctly identify each beneficiary's tax records. The Tax Office is authorised by the Income Tax Assessment Act 1936 and the Income Tax Assessment Act 1997 to ask for information in this tax return. We need this information to help administer the tax laws. To make a correct Trustee Beneficiary (TB) statement you must quote the TFN of a resident trustee beneficiary of a closely held trust.

Note: If the trust needs to provide annual reports under the Trustee Beneficiary Rules or the TFN withholding rules you will be able to do so by completing the information in the statement of distribution

65 Statement of distribution (continued)Beneficiary's name and tax file number or postal address Distribution Fraction %

Tax file number	837 032 475		Date of birth	22/09/1978
Name	Mantilla			
	Charina			
Address	17 VALLEY VIEW CRES			
	GLENDALE	NSW	2285	

Assessment calculation code	V	30	Entity code	U	I	Franking credit	D	
Share of income of the trust estate	W					TFN amounts withheld	E	
Credit for tax withheld – foreign resident withholding	L					Share of credit for TFN amounts withheld from payments from closely held trusts	O	
Australian franking credits from a New Zealand company	N					Net capital gain	F	
Share of income	Primary production	A		/	<input type="text"/>	Attributed foreign income	G	
	Non-primary production	B	10,475	/	<input type="text"/>	Other assessable foreign source income	H	
	Credit for tax withheld where ABN not quoted	C				Foreign income tax offsets	I	
	Franked distributions	U				Share of National rental affordability scheme tax offset	R	

Entrepreneurs tax offset informationShare of net small business entity income **M** **Non-resident beneficiary additional information**s98(3) assessable amount **J** s98(4) assessable amount **K** **TB statement information**

For each trustee beneficiary, indicate whether you will be making a TB statement:

TB statement? Print Y for yes or N for no.Tax preferred amounts **P** Untaxed part of share of net income **Q** **Annual Trustee Payment report information**Distribution from ordinary or statutory income during income year **S** Total TFN amounts withheld from payments **T**

65 Statement of distribution (continued)

Beneficiary's name and tax file number or postal address Distribution Fraction %

Tax file number	<input type="text"/>	Date of birth	<input type="text" value="03/03/2006"/>
Name	Mantilla		
	Jessica		
Address	17 VALLEY VIEW CRES		
	GLENDALE	NSW	2285

Assessment calculation code	V	<input type="text" value="26"/>	Entity code	U	<input type="text" value="I"/>	Franking credit	D	<input type="text"/>
Share of income of the trust estate	W	<input type="text"/>				TFN amounts withheld	E	<input type="text"/>
Credit for tax withheld – foreign resident withholding	L	<input type="text"/>				Share of credit for TFN amounts withheld from payments from closely held trusts	O	<input type="text"/>
Australian franking credits from a New Zealand company	N	<input type="text"/>				Net capital gain	F	<input type="text"/>
Share of income	Primary production	A	<input type="text"/>	/	<input type="text"/>	Attributed foreign income	G	<input type="text"/>
	Non-primary production	B	<input type="text" value="416"/>	/	<input type="text"/>	Other assessable foreign source income	H	<input type="text"/>
	Credit for tax withheld where ABN not quoted	C	<input type="text"/>			Foreign income tax offsets	I	<input type="text"/>
	Franked distributions	U	<input type="text"/>			Share of National rental affordability scheme tax offset	R	<input type="text"/>

Entrepreneurs tax offset information

Share of net small business entity income **M**

Non-resident beneficiary additional information

s98(3) assessable amount **J**

s98(4) assessable amount **K**

TB statement information

For each trustee beneficiary, indicate whether you will be making a TB statement:

TB statement? Print Y for yes or N for no.

Tax preferred amounts **P**

Untaxed part of share of net income **Q**

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year **S**

Total TFN amounts withheld from payments **T**

65 Statement of distribution (continued)

Beneficiary's name and tax file number or postal address Distribution Fraction %

Tax file number Date of birth

Name

Address

Assessment calculation code	V <input type="text" value="26"/>	Entity code	U <input type="text" value="I"/>	Franking credit	D <input type="text"/>
Share of income of the trust estate	W <input type="text"/>			TFN amounts withheld	E <input type="text"/>
Credit for tax withheld – foreign resident withholding	L <input type="text"/>			Share of credit for TFN amounts withheld from payments from closely held trusts	O <input type="text"/>
Australian franking credits from a New Zealand company	N <input type="text"/>			Net capital gain	F <input type="text"/>
Share of income	Primary production	A <input type="text"/>	/ <input type="text"/>	Attributed foreign income	G <input type="text"/>
	Non-primary production	B <input type="text" value="416"/>	/ <input type="text"/>	Other assessable foreign source income	H <input type="text"/>
	Credit for tax withheld where ABN not quoted	C <input type="text"/>		Foreign income tax offsets	I <input type="text"/>
	Franked distributions	U <input type="text"/>		Share of National rental affordability scheme tax offset	R <input type="text"/>

Entrepreneurs tax offset information
 Share of net small business entity income **M**

Non-resident beneficiary additional information

s98(3) assessable amount **J**

s98(4) assessable amount **K**

TB statement information
 For each trustee beneficiary, indicate whether you will be making a TB statement:
 TB statement? Print Y for yes or N for no.

Tax preferred amounts **P**

Untaxed part of share of net income **Q**

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year **S**

Total TFN amounts withheld from payments **T**

65 Statement of distribution (continued)

Income to which no beneficiary is presently entitled and in which no beneficiary has an indefeasible vested interest, and the trustee's share of credit for tax deducted.

Assessment calculation code	V <input type="text"/>	Franking credit	D <input type="text"/>	
Share of income of the trust estate	W <input type="text"/>	TFN amounts withheld	E <input type="text"/>	
Credit for tax withheld - Foreign resident withholding	L <input type="text"/>	Share of credit for TFN amounts withheld from payments from closely held trusts	O <input type="text"/>	
Australian franking credits from a New Zealand company	N <input type="text"/>	Net capital gain	F <input type="text"/>	
Share of income	Primary production	A <input type="text"/>	Attributed foreign income	G <input type="text"/>
	Non-primary production	B <input type="text"/>	Other assessable foreign source income	H <input type="text"/>
Credit for tax withheld where ABN not quoted	C <input type="text"/>	Foreign income tax offset	I <input type="text"/>	
Franked distributions	U <input type="text"/>	Share of National rental affordability scheme tax offset	R <input type="text"/>	

Entrepreneurs tax offset information

Share of net small business entity income **M**

66 Choice for resident trustee to be assessed to capital gains on behalf of beneficiaries

Assessment calculation code **X**

Amount of capital gains on which the trustee has chosen to be assessed on behalf of beneficiaries **Y**

Items 67 and 68 must be answered for all trusts - if you answer yes to any of these questions, answer Yes to the 'other attachments' question on page 1 of this tax return.

67 Beneficiary under legal disability who is presently entitled to income from another trust

Was any beneficiary in this trust, who was under a legal disability on 30 June 2012, also presently entitled to a share of the income of another trust?

N Print Y for yes or N for no.

F

If yes, or the answer is not known, furnish the information requested in the instructions.

68 Non-resident trust

Is the trust a non-resident trust? N Print Y for yes or N for no.

If yes, state the amount of income derived outside Australia to which no beneficiary is presently entitled.
Print NIL if applicable.

F

DECLARATIONS**TAXPAYER'S DECLARATION****Important:**

Before making this declaration check to ensure that all income has been disclosed and the tax return, all attached schedules and any additional documents are true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the ATO. The income tax law imposes heavy penalties for false or misleading statements in tax returns.

This declaration must be signed by a trustee or public officer.

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. For further information, refer to the instruction guide.

DECLARATION

I declare that the information on this tax return, including any attached schedules and any additional documentation is true and correct.

Signature

Date

Day	Month	Year
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Hours taken to prepare and complete this tax return

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

Client's reference

Contact name

Agent's telephone number

Area code

Telephonenumber

Agent's reference number

Office use only

F