

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 However, you cannot lodge your income tax form electronically if you do not quote your TFN.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

Individual tax return

1 July 2011 to 30 June 2012

2012

Your tax file number (TFN)

837 032 475

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 14 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

MRS

Your sex

print X in the relevant box.

Male Female

Surname or family name

MANTILLA

Given names

CHARINA

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

PO Box 736

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

 Print Y for yes or N for no.

KOTRA

NSW

2289

Your home address

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

17 VALLEY VIEW CRES

GLENDALE

NSW

2285

Your date of birth

If you were under 18 years of age on 30 June 2012 you must complete item A1 on page 5 of this tax return.

22/09/1978

Final tax return
 N

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

Your daytime phone number

Area code

045

Phone number

2226590

Electronic funds transfer (EFT)

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

 Use Agent Trust Account?

BSB number (must be six digits)

Account number

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

Account name

Income

1 Salary or wages

Your main salary and wage occupation

Store manager Occupation code **X** 142111

Payer	Allowances	Lump A	Lump B	Tax Withheld	Gross
Target Australia Pty LTD				ABN: 75 004 250 944 1,305.00	20,595
Mantilla Medical Pty LTD				ABN: 43 152 083 997 3,752.00	RESC: 4732 41,184

9 Attributed personal services income

Total tax withheld Add up the boxes. **\$** 5,057.00

I Only used by taxpayers completing the supplementary section
Transfer the amount from TOTAL SUPPLEMENT INCOME OR LOSS 10,475 / ^{LOSS}

TOTAL INCOME OR LOSS Add up the income amounts and deduct any loss amount in the boxes. 72,254 / ^{LOSS} **F**

Deductions

D3 Work related uniform, occupation specific or protective clothing, laundry and dry cleaning expenses **C** 150 / ^{CLAIM}

Laundry 150 C

D9 Gifts or donations **J** 373

Newcastle SDA 373

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 523

SUBTOTAL **TOTAL INCOME OR LOSS** less **TOTAL DEDUCTIONS** 71,731 / ^{LOSS}

TAXABLE INCOME OR LOSS Subtract amounts at **F** and **Z** item L1 from amount at SUBTOTAL **\$** 71,731 / ^{LOSS}

T Only used by taxpayers completing the supplementary section
Transfer the amount from TOTAL SUPPLEMENT TAX OFFSETS. 0

TOTAL TAX OFFSETS Items T1, T4, T5, T6 and **T** —add up the boxes **U** 0 **F**

Private health insurance policy details

You must provide the details for each policy if item T5 or item M2 asked you to complete this section.

Health insurer ID

Membership number

B BUP **F**

C 71457576 / ^{TYPE} **C** **F**

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 2011 to 30 June 2012, 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** 366

Number of dependent children **D** 2

Income tests

Are you completing the Income tests items?

Y

You must complete this section if any of the following apply to you.

- You have a payment summary showing total reportable fringe benefits amount or reportable employer superannuation contributions.
- You or your spouse received family payments, childcare benefits or a tax-free pension from Centrelink or the Department of Veterans' Affairs during 2011-12.
- You or your spouse are intending to claim family payments or childcare benefits as a lump sum for the 2011-12 year.
- Your child received student payments from Centrelink based on parental income.
- You hold a Commonwealth seniors health card.
- You were 55 years old or older on 30 June 2012 and you are entitled to the mature age worker tax offset (see page s38 in TaxPack 2012 supplement).
- You paid or received child support.
- You have a HELP or SFSS debt,
- You completed any of the following items:
 - 12 Employee share schemes; where you wrote an amount at D
 - T1 Spouse (without dependent child or student), child-housekeeper or housekeeper tax offset
 - T2 Senior Australians tax offset
 - T3 Pensioner tax offset
 - M2 Medicare levy surcharge; where you printed N in the NO box at E
 - T7 Superannuation contributions on behalf of your spouse tax offset; on the Tax return for individuals (supplementary section) 2012
 - T10 Dependent relative on the Tax return for individuals (supplementary section) 2012
 - T12 Net income from working – supplementary section; on the Tax return for individuals (supplementary section) 2012
 - T13 Entrepreneurs tax offset; on the Tax return for individuals (supplementary section) 2012
 - P9 Business loss activity details; on the Business and professional items schedule for individuals 2012.

We need the information requested in this section to accurately assess your tax offset entitlement, Medicare levy surcharge, and HELP or SFSS repayment amount. We may also pass this information to other government agencies such as Centrelink which will use the information to ensure you are receiving your full entitlement to government benefits.

If you had a spouse during 2011–12 you must also complete Spouse details – married or de facto on page 6.

IT1 Total reportable fringe benefits amount	W	<input type="text" value="0"/>
IT2 Reportable employer superannuation contributions	T	<input type="text" value="4,732"/>
IT3 Tax-free government pensions	U	<input type="text"/>
IT4 Target foreign income	V	<input type="text"/>
IT5 Net financial investment loss	X	<input type="text"/>
IT6 Net rental property loss	Y	<input type="text"/>
IT7 Child support you paid	Z	<input type="text"/>

**Supplementary section
Income**

Refer to TaxPack 2012 supplement before you complete item 13. If you are required to complete item 13 include deferred non-commercial business losses from a prior year at either X or Y as appropriate. Refer to TaxPack 2012 supplement for the relevant code.

13 Partnerships and trusts

Non-primary production

Distribution from partnerships, less foreign income	O	<input type="text"/>	/	<input type="checkbox"/>
Distribution from trusts, less net capital gains and foreign income	U	<input type="text" value="10,475"/>	/	<input type="checkbox"/> T
Franked distributions from trusts	C	<input type="text"/>		
Landcare operations expenses	J	<input type="text"/>		
Other deductions relating to distribution at O, U and C	Y	<input type="text"/>		<input type="checkbox"/> TYPE

Distributions of net capital gains (including net foreign capital gains) must be included at item **18**

Distributions of foreign income must be included at item **19** or **20**

Net non-primary production distribution / LOSS

934	989	507	Y	T	T	J & C MANTILLA FAMILY TRUST	
PPInc		<input type="text" value="0"/>				Credits: Abn	<input type="text" value="0.00"/>
NPPInc		<input type="text" value="10,475"/>				Frnk	<input type="text" value="0.00"/>
Franked distrib		<input type="text" value="0"/>				Tfn	<input type="text" value="0.00"/>
						Tfn trusts	<input type="text" value="0.00"/>
						Trustee	<input type="text"/>
						Foreign Resident Withholding	<input type="text" value="0.00"/>
						Rental Affordability Scheme	<input type="text" value="0.00"/>
						Financial Investment Income	<input type="text" value="0"/>
						Rental Property Income	<input type="text" value="0"/>

18 Capital gains Did you have a capital gains tax event during the year? **G** **N** Print **Y** for yes or **N** for no.
 Did this CGT event relate to a forestry managed investment scheme interest you held other than as an initial participant? **Q** Print **Y** for yes or **N** for no.

Net capital gain **A**

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

F

TOTAL SUPPLEMENT INCOME OR LOSS	Items 13 to 24 - add up the I boxes for income amounts and deduct any loss amounts in the I boxes	<input type="text" value="10,475"/>	<input type="text" value=""/>
	Transfer this amount to I on page 3	←	

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

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

The Tax Office will issue your assessment based on your tax return. However, the Tax Office 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 Tax Office 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 Tax Office 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 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 agencies such as the Child Support Agency, 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	Client's reference
<input type="text"/>	Day Month Year	<input type="text" value="JCMA0003"/>
Contact name	Agent's telephone number	Agent's reference number
<input type="text" value="Ju Tae YANG"/>	Area code Telephone number	<input type="text" value="79013002"/>
	<input type="text" value="045"/> <input type="text" value="2226590"/>	

Income Tax Return Tax Estimate

2012

MRS CHARINA MANTILLA

TFN: 837 032 475

Tax Payable for Individual

	Taxable Income	71,731		
	Tax Free Part	6,000		
	Tax Payable on Taxable Income		15,069.30	
			Sub-Total \$	15,069.30
Less Offsets:	Offsets (T1 to T14 except T2,T3,T12,T13)	0.00		
	Seniors / Pension / Beneficiary Offset	0.00		
	Mature Aged Workers Tax Offset	0.00		
	Low Income Offset	0.00		
	Lump Sum	0.00		
	Life Assurance Bonus	0.00		
	Other Offsets	0.00		
			Sub-Total \$	0.00
				<hr/>
				15,069.30
Plus:	Medicare Levy	1,075.96		
	Flood Levy	108.65		
			Sub-Total \$	1,184.61
				<hr/>
				16,253.91
Less Credits:	Tax withheld - salary & wage type income	5,057.00		
	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 \$	5,057.00
				<hr/>
				11,196.90 DR
				<hr/> <hr/>
	Estimated Tax Payable			

DISCLAIMER

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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.