

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 ATO is authorised by the Taxation Administration Act 1953 to request your tax file number (TFN). We will use your TFN to identify you in our records. It is not an offence not to provide your TFN. However, you cannot lodge your income tax form electronically if you do not quote your TFN.

Taxation law authorises the ATO to collect information and to disclose it to other government agencies. For information about your privacy go to ato.gov.au/privacy

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	821 022 525	Year	2014
Name	DR ANECITO MANTILLA		

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	
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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:	ANECITO MANTILLA

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

Signature		Date	
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Individual tax return

1 July 2013 to 30 June 2014

2014

Your tax file number (TFN)

821 022 525

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

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

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

Your name

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

DR

Your sex

print X in the relevant box.

Male

 X

Female

Surname or family name

MANTILLA

Given names

ANECITO

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

325/22 Baywater Drive

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

 Print Y for yes or N for no.

Wentworth Point

NSW

2127

Your home address

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

17 VALLEY VIEW CRES

GLENDALE

NSW

2285

Your mobile phone number

0439383622

Your daytime phone number
(if different from your mobile phone number above)

Area code

Phone number

Your email address

Your contact details may be used by the ATO:

- to advise you of tax return lodgment options
- to correspond with you with regards to your taxation and superannuation affairs
- to issue notices to you, or
- to conduct research and marketing.

Your date of birth

If you were under 18 years of age on 30 June 2014 you must complete item A1 on page 5 of this tax return.

24/06/1974

Final tax return
 N

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

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)

012782

Use Agent Trust Account?

 N

Account number

583274766

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

ANECITO MANTILLA

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 MEDICAL PTY LTD				ABN: 43 152 083 997 74,157.00	218,301
HUNTER PRIMARY CARE LTD				ABN: 27 061 783 015 0.00	RFBA:6604 0

Total tax withheld Add up the **D** boxes. **\$** 74,157.00

10 Gross interest

Gross interest **L** 79

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

Bank / Branch / Account	TFN amt	Gross amt
ANZ ***114		49
CBA ***565		29
CBA ***093		1

I Only used by taxpayers completing the supplementary section

Transfer the amount from TOTAL SUPPLEMENT INCOME OR LOSS **L** 100 / **LOSS**

TOTAL INCOME OR LOSS Add up the income amounts and deduct any loss amount in the **L** boxes. 218,480 / **LOSS**

Deductions

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

C 150 / **CLAIM**

Laundry 150 **C**

D10 Cost of managing tax affairs

M 709

ATO Interest 709

D Only used by taxpayers completing the supplementary section

Transfer the amount from TOTAL SUPPLEMENT DEDUCTIONS **D** 3,268

TOTAL DEDUCTIONS Items **D1** to **D** add up the **D** boxes 4,127

SUBTOTAL **TOTAL INCOME OR LOSS** less **TOTAL DEDUCTIONS** 214,353 / **LOSS**

TAXABLE INCOME OR LOSS Subtract amounts at **F** and **Z** item L1 from amount at **SUBTOTAL** **\$** 214,353 / **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 **T** 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 2013 to 30 June 2014, 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 tax return 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 premiums eligible for Australian Government rebate	J 3,063	Your Australian Government rebate received	K 889
Benefit code	L 31	Tax claim code. Read the tax return instructions.	C <small>CODE</small>

Income tests

You must complete this section.

If you had a spouse during 2013-14 you must also complete Spouse details – married or de facto on page 7.

	If the amount is zero, write 0.
IT1 Total reportable fringe benefits amount	W 6,604
IT2 Reportable employer superannuation contributions	T 0
IT3 Tax-free government pensions	U 0
IT4 Target foreign income	V 0
IT5 Net financial investment loss	X 0
IT6 Net rental property loss	Y 0
IT7 Child support you paid	Z 0
IT8 Number of dependent children	D 2

(ELS Validation purpose only)

Adjusted taxable income	217,886 /
Estimated total income	225,084 /
Estimated eligible income	224,905

Spouse details-married or de facto

Use related ref details?

Y	JCMA0003
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If you had a spouse during 2013-14, 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 2013-14 print the name of your spouse on 30 June 2014 or your last spouse.

Surname or family name	MANTILLA		
First given name	CHARINA	Other given names	

Your spouse's date of birth	K	Day	Month	Year
		22	09	1978

Your spouse's sex	Male	<input type="checkbox"/>	Female	<input checked="" type="checkbox"/>
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Period you had a spouse - married or de facto

Did you have a spouse for the full year - 1 July 2013 to 30 June 2014?

L	No	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>
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If you did not have a spouse for the full year, write the dates you had a spouse between 1 July 2013 and 30 June 2014.

From	M	<input type="text"/>
to	N	<input type="text"/>

Did your spouse die during the year?

No	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
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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) Y

Your spouse's 2013-14 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 tax return instructions) that your spouse received in 2013-14 (exclude exempt pension income)

P

Amount of exempt pension income (see Amounts that you do not pay tax on in the tax return instructions) that your spouse received in 2013-14 (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 tax return 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 N

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 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.

24 Other income

Type of Category 1 **Y**

ATO Interest		
N		100
Low value - invest	Low value - rental	Other

TOTAL SUPPLEMENT INCOME OR LOSS

Items 13 to 24 - add up the boxes for income amounts and deduct any loss amounts in the boxes

LOSS

Transfer this amount to **I** on page 3

D15 Other deductions-not claimable at items D1 to D14

Election expenses

E

D15 Other deductions - not claimable at items D1 to D14

Description of claim

Income protection		
		3,268
Investments	Foreign rental	Other

Other deductions

J

TOTAL SUPPLEMENT DEDUCTIONSItems **D11** to **D15**-add up the **D** boxes and transfer this amount to **D**

3,268

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:

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Tax agent's declarationI,

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

JCMA0002

Contact name

Ju Tae YANG

Agent's telephone number

Area code

045

Telephone number

2226590

Agent's reference number

16507000

Income Tax Return Tax Estimate

2014

DR ANECITO MANTILLA

TFN: 821 022 525

Tax Payable for Individual

Taxable Income	214,353
Tax Free Part	18,200
Tax Payable on Taxable Income	70,005.85

Sub-Total \$ 70,005.85

Less Offsets:

Offsets (T1 to T11 except T2,T9)	0.00
Private Health Insurance Offset - Payable	-889.00
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 \$ -889.00

70,894.85

Plus:

Medicare Levy	3,215.29
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Sub-Total \$ 3,215.29

74,110.14

Less Credits:

Tax withheld - salary & wage type income	74,157.00
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 \$ 74,157.00

Estimated Tax Refund

46.86

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.