

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 However, you cannot lodge your income tax form electronically if you do not quote your TFN.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

821 022 525

**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

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**

17 VALLERY VIEW CRES

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

 Print Y for yes or N for no.

GLENDALE

NSW

2285

**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.

24/06/1974

**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.)

BSB number (must be six digits)

Use Agent Trust Account?

Account number

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

**F**

Account name

**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
NSW HEALTH SERVICE			ABN: 52 377 367 562	2,580.00	9,200
MANTILLA MEDICA PTY LTD			ABN: 43 152 083 997	45,988.00	145,686

**9 Attributed personal services income**  **O** /

**Total tax withheld** Add up the  boxes. **\$** 48,568.00

**10 Gross interest** Gross interest **L** /  500

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

Bank / Branch / Account	TFN amt	Gross amt
CBA ***565		464
NPBS ***505		2
ATO		34

**I** Only used by taxpayers completing the supplementary section  
Transfer the amount from TOTAL SUPPLEMENT INCOME OR LOSS  86 /  **LOSS**

**TOTAL INCOME OR LOSS** Add up the income amounts and deduct any loss amount in the  boxes.  155,472 /  **F**

**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**  25

ATO  25

**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  175

**SUBTOTAL** **TOTAL INCOME OR LOSS** less **TOTAL DEDUCTIONS**  155,297 /  **LOSS**

**TAXABLE INCOME OR LOSS** Subtract amounts at **F** and **Z** item L1 from amount at **SUBTOTAL** **\$**  155,297 /  **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

**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**

**24 Other income**  
 Type of  Category 1  ATO interest **Y**  86  
 ATO interest  **N**  86

**TOTAL SUPPLEMENT INCOME OR LOSS** Items 13 to 24 - add up the  boxes for income amounts and deduct any loss amounts in the  boxes.  86  **LOSS**  
 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  Date  Day  Month  Year

**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,  JU TAE YANG

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 Agent's telephone number  Area code  045 Telephone number  2226590 Agent's reference number  79013002

# Income Tax Return Tax Estimate

2012

DR ANECITO MANTILLA

TFN: 821 022 525

## Tax Payable for Individual

	Taxable Income	155,297		
	Tax Free Part	6,000		
	<b>Tax Payable on Taxable Income</b>		45,409.89	
			<b>Sub-Total \$</b>	45,409.89
<b>Less Offsets:</b>	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		
			<b>Sub-Total \$</b>	0.00
				<hr/>
				45,409.89
<b>Plus:</b>	Medicare Levy	2,329.45		
	Flood Levy	802.97		
			<b>Sub-Total \$</b>	3,132.42
				<hr/>
				48,542.31
<b>Less Credits:</b>	Tax withheld - salary & wage type income	48,568.00		
	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		
			<b>Sub-Total \$</b>	48,568.00
				<hr/>
				25.69
				<hr/> <hr/>
	<b>Estimated Tax Refund</b>			25.69

### 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.

IN-CONFIDENCE—when completed