DR ANECITO MANTILLA

PART A

Signature

Electronic Lodgment Declaration (Form I)

TFN: 821 022 525

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.

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 However, you cannot lodge your income tax form electronically if you do not quote your TFN.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

th

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 lav	w imposes heavy penalties for g	iving false or misleadi	ng inform	ation.				
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).								
					ing lodged through the electronic			
This declaration is to be collodgment service (ELS).		fer (EFT) of a refund is rec	uested and	the tax return is be				
This declaration is to be collodgment service (ELS). The declaration must be signed completed.	mpleted when an electronic funds trans	fer (EFT) of a refund is red	uested and the Tax Off	the tax return is be	r an EFT, all details below must			
This declaration is to be collodgment service (ELS). The declaration must be signed completed. Important: Care should be	mpleted when an electronic funds trans gned by the taxpayer prior to the EFT of taken when completing EFT details as	fer (EFT) of a refund is red	uested and the Tax Off	the tax return is be	r an EFT, all details below must			
This declaration is to be collodgment service (ELS). The declaration must be signed to complete d. Important: Care should be a specified. Agent's reference	mpleted when an electronic funds trans gned by the taxpayer prior to the EFT of taken when completing EFT details as	fer (EFT) of a refund is red	uested and the Tax Off	the tax return is be	r an EFT, all details below must			

Date

Client Ref: JCMA0002 Agent: 16507-000

Individual tax return 1 July 2013 to 30 June 2014

2014

Your tax file number	(TFN)	821 0	122 525	Are	you an Aus	stralian r	esident?	Y Print Y for ye or N for no.	
			Privacy note in the Taxpayer's on on page 15 of this return.	Have you	u included a	ny attac	hments?	N Print Y for yes or N for no.	
Your name	Title - for e Mr, Mrs, N		DR		Your sex	print X in relevant I	iviale	X Female	
Surna	ame or fami	ly name	MANTILLA						
	Giver	names	ANECITO						
Has any part of your name changed since completing your last tax return?	N Print	Y for yes for no.	If yes, print previous surname.						
Your postal address Has your postal address changed since completing your last tax return? Print Y for yes or N for no.			325/22 Baywater	Drive					
			Wentworth Point				NSW	2127	
Your home address If the same as your curren postal address, print AS ABOVE.	t		17 VALLEY VIEW C	RES			NSW	2285	
Your mobile phone nu	mber		0439383622						
Your daytime phone no (if different from your mobil number above)			Area code	Phone number					
Your email address									
Your contact details may be to advise you of tax reture to correspond with you verto issue notices to you, oe to conduct research and	n lodgment vith regards r	options	taxation and superannuatio	n affairs					
Your date of birth If you were under 18 years 30 June 2014 you must coi item A1 on page 5 of this t	mplete		24/06/1974		•		N your final IAL.		
Electronic funds trans We need your financial ins to pay any refund owing to you have provided them to Write the BSB number, acc and account name below.	titution deta you, even us before.	if	BSB number (must be six digits) Account name (for example such as cheque, savings,	e, JQ Citizer		Account number	583274	ist Account? N	

ANECITO MANTILLA

TFN: 821 022 525

Income

IIIC	Oilie							
1	Salary or	wages						
	-	lary and wage occ	upation					
		general pr					Occupation code	X 253111
	Payer	Allowances	Lump A	Lump B		Tax Withhe	eld =	Gross
		MEDICAL PTY L			ABN: 43 1	52 083 997		0.000
						74,157.	00	218,301
	HUNTER PR	IMARY CARE LT	D		ABN: 27 0	61 783 015	R	FBA:6604
						0.	00	0
	Total tax wi	thheld	Ad	d up the boxe	es. \$	74,157.	00	
40	Ouene inter-					Gro	oss FE	79
10	Gross intere		e number amount			inter	rest L	79
			rom gross interes					
	Bank / Branc		· ·		TFN amt	Gross ar	nt	
	ANZ ***114						49	
	CBA ***565	5					29	
	CBA ***093	3					1	
A	Only used h	y taxpayers co	nnlating the cu	nnlomontory	ootion			
U	Only used i	y taxpayers cor	-	amount from TOT		ENT INCOME O	PLOSS	100
			Transier trie	amountmom TO	ALGOIT ELIVI		KL033	/_
	TOTAL 1310						▼.	218,480
	TOTAL INC	OME OR LOSS	Add up the incom	e amounts and d	educt any loss	amount in the	boxes.	Z10,400 /
Dec	ductions							
D3		d uniform, occu					С	150 / C
	Laundry	undry and dry c	eaning expens	es		1	50 C	, '
D40							50 C	709
ט10		naging tax affair	S 				WI	709
	ATO Intere	est				7	09	
D	Only used	l by taxpayers c		supplementary rthe amount from		EMENT DEDUC	CTIONS	3,268
	TOTAL DEDUCTIONS Items D1 to add up the				add up the	boxes	4,127	
	SUBTOTAL TOTAL INCOME OR LOSS less TOTAL DEDUCTION						NS	214,353
	TAXABLE II	NCOME OR LOS	ss	Sul		at F and Z iter ount at SUBTO	(0-	214,353
Ū	Only used b	y taxpayers co		pplementary s		ENT TAX OFFS	SETS.	0
	TOTAL TAX	OFFSETS		Items T1,	Γ3 and T -ad	dd up the b	oxes U	0
M2		vy surcharge (N S COMPUI SOR	-					

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? Print Y for yes or N for no.

Number of days NOT liable for surcharge

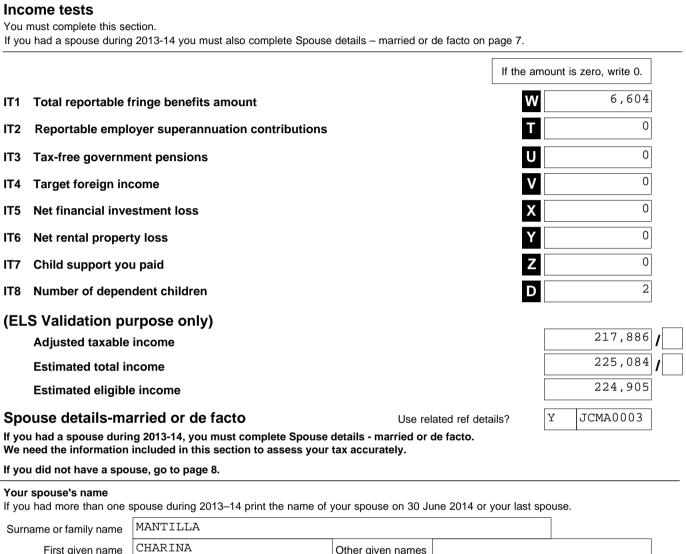
365

TFN: 821 022 525

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	Membership number 221	364		
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.	CODE	



First given name Other given names Month Year Day Your spouse's 22/09/1978 date of birth Your spouse's sex Female

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?

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.

Did your spouse die during the year?

L	No		Yes	Х
Fron	n			
M				
to				
Ν				
	No	X	Yes	

TFN: 821 022 525

This information relates to your spouse's income

٧	OII	must	com	nlete	all	labels
	ou	IIIusi	COIL	niere	all	Iancis

_	I using related ref return details?					
	ted ref for spouse details above be answered Y)	e Y	Your spouse's 201	3-14 taxable income	0	57,700
musi	Your spou		come on which the truste not been included in spor		Т	0
			trust distribution tax has lessessable income if the ta		U	0
		Your spo	ouse's total reportable frin	ge benefits amounts	S	
	Amount of Australian Gov pensions and allowances		uctions) that your spouse		Р	
	Amount of exempt pension instructions) that your spouse		nts that you do not pay ta (show your spouse's exer		Q	0
	Amount of your spouse's repo employer superannuation				Α	
	Your spouse's amount of any		pensions paid under the It 2004 that have not been		В	0
			Your spouse's t	arget foreign income	С	
		Your spouse's	total net investment loss investment loss and net		D	
			Child supp	oort your spouse paid	Е	
	•		uperannuation lump sum f e levy surcharge in the ta		F	0
			(ELS Val	Spouse's total ATI idation purpose only)		57,700 /
18		u have a capital gains vent during the year?		es		
	e	Have you applied an exemption or rollover?	M /	Not son ital valia		
				Net capital gain	A	
19	Foreign entities Did you have either a d	lirect or indirect interes	St Drint Vfor you			
	in a controlled fo	reign company (CFC)	? or N for no.	CFC income	K	
	Have you ever , either directhe transfer of proper services to a no	tly or indirectly, cause erty-including money- on-resident trust estate	or $\mathbf{W} \mid_{\mathbf{N}} \mid_{\mathbf{Or} \mathbf{N}}$ for no	Transferor trust income		
20			Print Yfor yes)		
24	Other income					
	Type of Category 1	ATO Interest			Υ	100
	ATO Interest					
	N Low value - invest Low	value - rental Otl	100 ner			
		tems 13 to 24 - add ur	the boxes for income	e amounts and deduct		100 LOSS
	TOTAL SUPPLEMENT INCOME OR LOSS					
	INTOUNIE OR LU33		Transfer this amou	nt to On page 3	←	
D15	Other deductions-not clain	nable at items D1 t	o D14	Election expenses	E	
D15	Other deductions - not clai	imable at items D1	to D14	, , ,		
0	Description of claim					
	Income protection			Other deductions		3,268
	F-3333231		3,268	Other deductions	<u> </u>	-
	Investments Foreign re	ental Other	- ,			

Individ	lual	tav	raturn	2014

DR ANECITO MANTILLA

Page 5 of 5

TOTAL				ICTIONS
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Items **D11** to **D15**-add up the boxes and transfer this amount t

4	
	\mathbf{D}
U	27

3,268

TFN: 821 022 525

Taxpaver'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.

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.

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 if you do not provide your TFN, your assessment may be delayed.

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Tax agent's declaration

I,	THE	ACCOUNTIN	G &	BUSINES	S HUB	PTY	Y LTD	
							dance with information supplied by the taxpayer,	
tha	at the t	taxpayer has giv	en m	e a declaratio	n stating	that th	t the information provided to me is true and correct	ct
an	d that	the taxpayer has	s autl	horised me to	lodge th	e tax r	x return.	

Agent's signature	Date
Contact name	Age Area
Ju Tae YANG	04

Date			Client's reference	
Day	Month	onth Year	JCMA0002	

Agent's telepho Areacode	Telephone number	Agent's reference number
045	2226590	16507000
	· ————	

Income Tax Return Tax Estimate

2014

TFN: 821 022 525

DR ANECITO MANTILLA

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	
		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.