J&CMANTILLA FAMILY TRUST

PART A Electronic lodgment declaration (Form P, T, 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.

TFN: 934 989 507

Privacy
The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each partner or beneficiary or entity in our records. It is not an offence not to provide the TFNs. However, you cannot lodge your tax return electronically if you do not quote your TFN.

Taxation law authorises the ATO to collect information and disclose it to other government agencies, including personal information about the person authorised to sign the declaration. For information about privacy go to ato.gov.au/privacy

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	934 989 507	Year 2014	
Name of partnership, trust, fund or entity	J & C MANTILLA FAMILY TRUST		

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

U	ii lax reluiris.	
D	Declaration:	I declare that:
	the informatio	n 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 lo	dge this tax return.		
Signature of partner, trustee or director		Date	

Client Ref: JCMA0001 Agent: 16507-000

		Page 1
	Trust tax return Day Month Year Day Month Year to or specify period if part year or approved substantial	2014 stitute period
Notes to help you prepare this tax return are pring in the Trust tax return instructions 2014 (the in available from the website www.ato.gov.au	rovided structions),	
Tax file number (TFN)	934 989 507	Have you attached any 'no 'other attachments'?
See the Privacy note in the Taxpayer's declaration	on.	
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	325/22 Baywater Drive	
return lodged.	Wentworth Point	NSW 2127
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		Title-for example, Mr, M	rs, Ms, Miss	l	
	• If the trustee is an individual, print details here.	Surname or family name		Given names	
	 If the trustee is a company, print details here including ABN. 	Name MANTILLA MEDI	CAL FT PTY LTD	24 046 070	011
Daytime contact p	phone number	Area code 045	Telephone 2226590	24 946 979	811 ABN
Family trust elect	ion status		Interposed entity elec	ction status	
trust election, write the specified of the electio 2013-14 income year wr	n (for example, for the rite 2014).		If the trustee has an existing income year specified. If the more elections this year, wribeing specified and complete election or revocation 2014 f	trustee is making one or te the earliest income year e an Interposed entity	
If revoking or varying a print R for revoke or pricomplete and attach the revocation or variation 2	int V for variation and e Family trust election,		If revoking an interposed en and complete and attach the election or revocation 2014.	tity election, print R	
Type of trust	Print the code representing the type of trust.	Т	rint X if also a charity	If code D, write the date of death.	Day Month Year
Managed Investm	ent trusts				
If the tr	ust is a managed investmer	nt trust, has the trustee	made an election into capita	al account treatment?	Print Y for yes or N for no.
Is any tax payable	e by the trustee?	N Print Y for yes or N for no.		Final tax return	N
Electronic funds	transfer (EFT)			Use Agent Tru	st Account?
Write the BSB numb	er, account number and acc		ou, even if you have provide	ed them to us before.	
(See relevant instruc	Juons.)	BSB number must be six digits.	Ad	ccount number	
	Account name				

1	Description of main business a	ctivity				<u> </u>
	Office Administrative	Services				Industry code A 72910
2	Status of business- print X at labe	B1 , B2 or B3 , which	never is	the fi	rst applicable option, or leave bla	ank.
	Multiple business B1	Ceased business	B2		Commenced business	B3 X
	Consolidation status- print X at la	bel Z2 if applicable			Consolidated subsidiary me	ember Z2
	come excluding foreign income					
5	Business income and expenses	S				
	Income	Primary production			Non-primary production	Totals
	Gross payments where ABN not quoted			D		
	Gross payments subject to			В		0
	foreign resident withholding Assessable government		CODE		CODE	
	industry payments					
	Other business income G		/	Н	66,836 /	66,836
	Total business income	0	/		66,836	66,836 /
	Expenses					
	Foreign resident				P	0
	withholding expenses Contractor, sub-contractor and		1			
	commission expenses				C	
	Superannuation expenses				1,074	1,074
	Cost of sales		/		/ E	/
	Bad debts					
	Lease expenses				G	1
	Rent expenses					
	Total interest expenses				4,447	4,447
	Total royalty expenses				J	
	Depreciation expenses				11,088 K	11,088
	Motor vehicle expenses				3,840	3,840
	Repairs and maintenance				N	1
	All other expenses				17,981 N	17,981
	Total expenses - labels P to N		/		38,430 /	38,430 /
	Reconciliation items					
	Add: Income reconciliation		,			
	adjustments		/			1 /_
	Add: Expense reconciliation adjustments		/		/ B	/
	Net income or loss from business		/	R	28,406 / S	28,406

from business

8	Partne	rships	and	trusts
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Primary production	
Distribution from partnerships	/
Share of net income from trusts	
Deductions relating to amounts shown A and Z	
Non-neimann nachustian	Net primary production amount
Non-primary production Distribution from partnerships,	
Share of net income from trusts, less capital	
gains, foreign income and franked distributions	
Deductions relating to amounts shown at B and R T	
Franked distributions from trusts	
Deductions relating to franked distributions from trusts in label	
	Net non-primary production amount
Capital gains from another trust and net foreign capital gains need to be include Amounts of foreign income must be included at item 22 or 23.	ed at item 21.
Share of credits from income Share of credit for tax withheld where ABN not quoted	
Share of franking credit from franked distributions	
Share of credit for TFN amounts withheld from	
interest, dividends and unit trust distributions Credit for TFN amounts withheld from	
payments from closely held trusts Share of credit for tax withheld from foreign resident withhelding	
from foreign resident withholding	
5 Total of items 5 to 14	Add the boxes 28,406 /
Deductions relating to franked distributions should not include deductions included at G item 8	Franked distributions R
9 Total of items 16 to 18	
Net Australian income or loss- other than capital gains	Subtract item 19 from item 15 \$ 28,406
14. Conital gains	
Do you need to complete a Capital gains tax (CGT) Schedu	ver yes at G if the trust had an amount
event during the year?	pital gains from another trust. Code
	eY for yes for no.
	Net capital gain A
Net capital losses brought forward from prior years	pital losses carried forward
Non-Collectables	to later income years
Collectables	
4 Total of items 20 to 23	Add the boxes 28,406 /
6 Total net income or loss	Subtract item 25 from item 24.

Overseas transactions / thin capitalisation

20	Oversess	transactions	•
79	Overseas	transactions	ē

Was the aggregate amount of your transactions or dealings with international related parties (including the value of any property/service transferred or the balance of any loans) greater than \$2 million?

Print Y for yes W N or N for no.

TFN: 934 989 507

Print Y for yes Did the thin capitalisation provisions apply? or N for no

Interest expenses overseas

Royalty expenses overseas

If you answered Yes at label W or O or completed D or E, complete and attach the International dealings schedule 2014

Was any beneficiary who was not a resident of Australia at any time during the income year 'presently entitled' to a share of the income of the trust?

If you answered Yes at label A, attach the information requested in the instructions.

Print Y for yes or N for no.

Transactions with specified countries

Did you directly or indirectly send to, or receive from, one of the countries specified in the instructions, any funds or property or

Do you have the ability or expectation to control, whether directly or indirectly, the disposition of any funds, property, assets or investments located in, or located elsewhere but controlled or managed from one of those countries?

Print Y for yes or N for no.

Personal services income

Does your income include an Print Y for yes or N for no. N individual's personal services income?

Total amount of PSI included at item 5 income labels Total amount of deductions against PSI included at item 5 expense labels

В

Print Y for yes Did you satisfy the results test in respect of any individual? or N for no.

> Do you hold a personal services business (PSB) determination in respect of any individual? Print Y for yes or N for no

For any individual for whom you did not satisfy the results test or hold a PSB determination, and each source of their PSI income yielded less than 80% of their total PSI, indicate if you satisfied any of the following personal services business tests - print X in the appropriate box(es).

Unrelated clients test **=1** Employment test **E2** Business premises test

Key financial information

3,264 All current assets

134,139 33 **Total assets**

81,535 All current liabilities

134,129 35 **Total liabilities**

Business and professional items

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

Business name of main business

& C MANTILLA FAMILY TRUST

Business address of main business

17 VALLEY VIEW CRES		
GLENDALE	NSW	A 2285

Trus	st Tax Return 2014	J & C MANTILL	A FAN	MILYTRUST	TFN:	934 989 507	Page 6 of 11
38	Opening stock	С	43	Total salary and wage expenses	L	10,028	CODE
39	Purchases and other costs	В	44	Payments to associated persons	M	11,102	
40	Closing stock	D CODE	45	Fringe benefit employee contributions	T		
41	Trade debtors	E	46	Unpaid present entitlement to a private company	Y		CODE
42	Trade creditors	Н	47	Trading stock election		Print Y for yes or leave blank.	
53	Income of the tru	st estate A	0				

54 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

54		istribution (contineme and tax file numb		address	Distribution Fraction		%
	Tax file number				Entity code U I	Date of birt	03/03/2006
	Name	Mantilla	ļ.		,		
		Jessica					
	Address	17 VALLEY VI	EW CRES		l		
		GLENDALE				NSW	2285
			0.5				
	Assessment cald		27 Entit	ty code		nking credit D	
	Sha of the	are of income e trust estate				FN amounts withheld	
	Credit for to foreign residen	ax withheld – L			Share of credit for TF withheld from	n payments	
Αι	ıstralian franking cı Iew Zealand franki				from closely C	apital gains	
11	Primary pro					ted foreign income	
	Non-primary pro			416	Other	assessable	
of me	, , , ,	Invest		,	foreign sou Fore	eign income	
		Other	416	/	Share of Nat	tax offsets ional rental R	
	Credit for where ABI	tax withheld N not quoted			anoradamiy conom	tun oneet	
	Franked distr	ibutions — U					
		Invest					
		Other					
Nor	n-resident benefic	iary additional inforn	nation				
	s98(3) assess	sable amount J					
	s98(4) assess	sable amount K					
	statement informa each trustee benef	ation ficiary, indicate wheth	er you will be	making a T	B statement:		
	٦	ΓB statement?	Print Y for or N for no.				
	Tax prefer	red amounts					
	Untaxed	part of share of net income					
Anr		ent report information	on				
statu	Distribution from tory income during	m ordinary or income year					
	Total TFN amo fro	unts withheld om payments					

54		istribution (contineme and tax file numb		ddress	Distribution Fraction		%	
	Tax file number				Entity code U I	Date of bir	oth 01/09/2009	
	Name	Mantilla	l .		-			
		Jadrian						
	Address	SS 17 VALLEY VIEW CRES						
		GLENDALE				NSW	2285	
	Assessment calc	culation code V	27 Entity	y code	U I Fra	nking credit D		
	Sha	are of income W			T	FNamounts		
	Credit for to	ax withheld –			Share of credit for TF	N amounts		
Διι	foreign residen	it withholding			withheld fron from closely	held trusts		
N	stralian franking ci lew Zealand franki	ng company				Capital gains		
	Primary pro	oduction A		/	Attribu	income G		
	Non-primary pro	oduction B	4	416		assessable irce income		
of me		Invest				eign income tax offsets		
		Other	416		Share of Na	tional rental		
ļ	_ Credit for	tax withheld			affordability schem	e tax offset		
	where AB	N not quoted						
	Franked distr	ibutions						
		Invest						
		Other						
Non	resident benefic	iary additional inforn	nation					
	s98(3) assess	sable amount J						
	s98(4) assess	sable amount K						
	statement informateach trustee bene	ation ficiary, indicate wheth	er you will be r	making a	TB statement:			
	-	ΓB statement?	Print Y for y or N for no.	es es				
	Tax prefer	red amounts	0 101 110.					
	Untaxed	part of share of net income						
Ann		ent report information	on					
statu	Distribution from tory income during	m ordinary or income year						
	Total TFN amo fro	unts withheld om payments						

54		listribution (continue me and tax file number		s Distribution Fraction		%		
	Tax file number	837 032 475		Entity code U I	Date of birth	22/09/1978		
	Name	Mantilla						
		Charina						
	Address	17 VALLEY VIEW CRES						
		GLENDALE			NSW	2285		
	Assessment calc	culation code V	30 Entity code	U I Fra	nking credit D			
	Sha of the	are of income e trust estate		TI	FN amounts withheld			
		ax withheld -		Share of credit for TF withheld from	N amounts			
А	ustralian franking c	redits from a		withheld from from closely	held trusts apital gains			
	New Zealand franki	ing company						
	Primary pro		05.554		===			
Share of	Non-primary pro	oduction B	27,574	foreign sou	rce income	/		
income		Invest	/	Fore	eign income tax offsets			
		Other	27,574 /	Share of Na affordability schem	tional rental e tax offset			
	Credit for where AB	tax withheld C		·				
	Franked distr	ributions - U						
		Invest						
		Other						
	n-resident henefic	iary additional informa	ion					
140			1011					
		sable amount						
	s98(4) assessable amount K B statement information							
Fo								
	-	TB statement?	Print Y for yes or N for no.					
	Tax prefer	red amounts P						
	Untaxed	part of share of net income						
An		nent report information						
stat	Distribution from utory income during	income year						
	Total TFN amo	ounts withheld many payments						

54 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.

Ass	sessment calculation code	V		Franking cred	it D		
	Share of income of the trust estate	W		TFN amount withhel			
_	Credit for tax withheld -			Share of credit for TFN amount withheld from payment	s		
	oreign resident withholding lian franking credits from a			from closely held trust	is		
New	Zealand franking company	N		Capital gain			
Share of income	Primary production	Α	/_	Attributed foreig incom	e G		
moorne	Non-primary production	В	/	Other assessabl foreign source incom			
	Credit for tax withheld where ABN not quoted	С		Foreign incom tax offse			
	Franked distributions	U		Share of National renta	al R		
			Shor	affordability scheme tax offse			
			Silai	e of other refundable tax offset	S		
Choic	e for resident trustee to	be assessed t	to capital ga	ins on behalf of beneficiari	es		
		alculation code	X				
Атон	nt of capital gains on which						
	n to be assessed on behalf		Υ				
	To be assessed on behalf t						
choser ems 56	and 57 must be answere		-if you answe	er yes to any of these questions	s, answer Yes	s to the 'other	
choser ems 56 a achments	and 57 must be answere	tax return.	-			s to the 'other	
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TAX AGENT'S DECLARATION

I, THE AC	COUNTING & BUSINE							
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 signatu	ire		Client's reference					
				JCMA0001				
Contact name		Data	Day Month Year					
Ju Tae Y	ANG	Date						
Agent's phone Areacode	number (include area code) Telephone number 2226590	Agent's reference number		Office use only Indics X				