#### **MRSCHARINA MANTILLA**

## 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 However, you cannot lodge your income tax form electronically if you do not quote your TFN.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	837	032 475	Year	2014	
Name	MRS	CHARINA 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			
PART B This declaration is to lodgment service (E	e be completed when an electronic funds transfer (EFT) of a refur ELS).		ng lodged through the electronic		
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 sho specified.	buld be taken when completing EFT details as the payment of an	y refund, including any family tax benef	it, will be made to the account		

Agent's reference number Account Name: CHARINA MANTILLA

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

Signature

Date

	vidual tax return y 2013 to 30 June 2014		2014
Your tax file number (TFN)	032 475 Are	you an Australian resident?	Y Print Y for yes or <b>N</b> for no.
	Privacy note in the Taxpayer's on on page 15 of this return.	u 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 X
Surname or family name	MANTILLA		
Given names	CHARINA		
Has any part of your name changed since completing your last tax return?	If yes, print previous surname.		
Your postal address	325/22 Baywater Drive		
Has your postal address changed since completing or <b>N</b> for no. your last tax return?	Wentworth Point	NSW	2127
<b>Your home address</b> 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 ) Your email address	Area Phone number		
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 - 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.	22/09/1978	<b>Final tax return</b> $\[\mathbb{N}\]$ If you know this is your final tax return, print FINAL.	
<b>Electronic funds transfer (EFT)</b> 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) 063791 Account name (for example, JQ Citizer such as cheque, savings, mortgage of CHARINA MANTILLA		

## Income

1	Salary or wages Your main salary and wage	occupation				
	Store manager	<b>i</b>			Occupati	on code X 142111
	Payer Allowance	es Lump	A Lump	в	Tax Withheld	Gross
	Target Australia Pty	· LTd		ABN: 75 00	4 250 944	
					536.00	20,603
	J & C Mantilla Famil	y Trust		ABN: 24 94	6 979 811	RESC:146
					1,933.00	10,028
	Total tax withheld		Add up the b	oxes. \$	2,469.00	
0		x file number amo Id from gross inte			Gross interest	50
	Bank / Branch / Account			TFN amt	Gross amt	
	ANZ ***114				49	
_	CBA ***093				1	
J	Only used by taxpayers				IT INCOME OR LOSS	27,574 <b>J</b>
	TOTAL INCOME OR LOS	S Add up the inc	come amounts ar	nd deduct any loss a	mount in the boxes.	58,255 <b>/</b>
)ed	luctions					
3	Work related uniform, or clothing, laundry and dry			ve	С	150 <b>/</b> C
	Laundry				150 C	
5	Other work related expension	nses		1	E	405
5	Other work related expension fees	nses			<b>E</b> 405	405
	-	s completing th			405 MENT DEDUCTIONS	405
	Union fees	s completing th		om TOTAL SUPPLEI	I	
	Union fees Only used by taxpayer	<b>'s completing th</b> Tran	nsfer the amount fr	om TOTAL SUPPLEI	MENT DEDUCTIONS	0
	Union fees Only used by taxpayer TOTAL DEDUCTIONS	rs completing th Tran Tran	nsfer the amount fr	Items D1 to C	MENT DEDUCTIONS	0 555 57,700
	Union fees Only used by taxpayer TOTAL DEDUCTIONS SUBTOTAL	s completing th Tran TO .OSS completing the	TAL INCOME O	om TOTAL SUPPLEI Items D1 to D R LOSS less TOTAI Subtract amounts a from amou	MENT DEDUCTIONS add up the boxes DEDUCTIONS t F and Z item L1 stat SUBTOTAL	0 555 57,700
	Union fees Only used by taxpayer TOTAL DEDUCTIONS SUBTOTAL TAXABLE INCOME OR L	s completing th Tran TO .OSS completing the	TAL INCOME O	om TOTAL SUPPLEI Items D1 to D R LOSS less TOTAL Subtract amounts a from amount ry section	MENT DEDUCTIONS add up the boxes DEDUCTIONS t F and Z item L1 stat SUBTOTAL	0 555 57,700 57,700
D D 12	Union fees Only used by taxpayer TOTAL DEDUCTIONS SUBTOTAL TAXABLE INCOME OR L Only used by taxpayers	s completing th Tran TO .OSS completing the Transfer e (MLS) ORY item you may be 2013 to 30 June 24	TAL INCOME O Supplementar the amount from Items T charged the ful 014, were you ar	om TOTAL SUPPLEI Items D1 to D R LOSS less TOTAL Subtract amounts a from amou ry section TOTAL SUPPLEMEI T1, T3 and D -add I Medicare levy sur ad all your dependar	MENT DEDUCTIONS add up the boxes DeDUCTIONS t F and Z item L1 ant at SUBTOTAL NT TAX OFFSETS. up the boxes U charge. ts	0 555 57,700 57,700
	Union fees Only used by taxpayer TOTAL DEDUCTIONS SUBTOTAL TAXABLE INCOME OR L Only used by taxpayers TOTAL TAX OFFSETS Medicare levy surcharge THIS ITEM IS COMPULS If you do not complete this For the whole period 1 July 2	s completing th Tran TO .OSS completing the Transfer e (MLS) ORY item you may be 2013 to 30 June 24	TAL INCOME O Supplementar the amount from Items T charged the ful 014, were you ar	om TOTAL SUPPLEI Items D1 to D R LOSS less TOTAL Subtract amounts a from amou ry section TOTAL SUPPLEME T1, T3 and D -add I Medicare levy sur ad all your dependar atient HOSPITAL co Num	MENT DEDUCTIONS add up the boxes DeDUCTIONS t F and Z item L1 ant at SUBTOTAL NT TAX OFFSETS. up the boxes U charge. ts	0 555 57,700 57,700
	Union fees Only used by taxpayer TOTAL DEDUCTIONS SUBTOTAL TAXABLE INCOME OR L Only used by taxpayers TOTAL TAX OFFSETS Medicare levy surcharge THIS ITEM IS COMPULS If you do not complete this For the whole period 1 July 2	s completing th Tran TO .OSS completing the Transfer (MLS) ORY item you may be 2013 to 30 June 2 ou had any - cove	TAL INCOME O Supplemental the amount from Items 7 Charged the full 014, were you ar ered by private pa ils in the tax return	om TOTAL SUPPLEI Items D1 to D R LOSS less TOTAL Subtract amounts a from amou ry section TOTAL SUPPLEMEI T1, T3 and D -add I Medicare levy sur ad all your dependar atient HOSPITAL co Numi liab	MENT DEDUCTIONS add up the boxes DEDUCTIONS t F and Z item L1 ant at SUBTOTAL NT TAX OFFSETS. up the boxes U charge. ts ver? Der of days NOT le for surcharge A	0 555 57,700 57,700 0 20 0 20 20 20 20 20 20 20 20 20 20
D 12 Privou r ill al ealti	Union fees Only used by taxpayer TOTAL DEDUCTIONS SUBTOTAL TAXABLE INCOME OR L Only used by taxpayers TOTAL TAX OFFSETS Medicare levy surcharge THIS ITEM IS COMPULS If you do not complete this For the whole period 1 July 2 (including your spouse) - if your the labels below unless direct	s completing th Tran TO .OSS completing the Transfer (MLS) ORY item you may be 2013 to 30 June 2 ou had any - cove	TAL INCOME O Supplemental the amount from Items 7 Charged the full 014, were you ar ered by private pa ils in the tax return	om TOTAL SUPPLEI Items D1 to D R LOSS less TOTAL Subtract amounts a from amount ry section TOTAL SUPPLEMEI T1, T3 and D -add I Medicare levy sur ad all your dependar atient HOSPITAL co Numi liab	MENT DEDUCTIONS add up the boxes DEDUCTIONS t F and Z item L1 ant at SUBTOTAL NT TAX OFFSETS. up the boxes U charge. ts ver? Der of days NOT le for surcharge A	0 555 57,700 57,700 57,700 0 20 0 20 0 20 20 20 20 20 20 20 20 2
D 12 Privou r ill al ealth sure our	Union fees Only used by taxpayer TOTAL DEDUCTIONS SUBTOTAL TAXABLE INCOME OR L Only used by taxpayers TOTAL TAX OFFSETS Medicare levy surcharge THIS ITEM IS COMPULS If you do not complete this For the whole period 1 July 2 (including your spouse) - if your must read Private health insurance must read Private health insurance	s completing th Tran TO .OSS completing the Transfer e (MLS) ORY item you may be 2013 to 30 June 24 ou had any - cove e policy details the instruction Membership number	TAL INCOME O Supplementar the amount from Items T charged the ful 014, were you ar ered by private pa ils in the tax return ions.	om TOTAL SUPPLEI Items D1 to D R LOSS less TOTAL Subtract amounts a from amount ry section TOTAL SUPPLEMEI T1, T3 and D -add I Medicare levy sur ad all your dependar atient HOSPITAL co Numi liab	MENT DEDUCTIONS add up the boxes DEDUCTIONS t F and Z item L1 ant at SUBTOTAL TAX OFFSETS. up the boxes U charge. ts ver? Der of days NOT le for surcharge A completing this item.	0 555 57,700 57,700 0 20 0 20 20 20 20 20 20 20 20 20 20

#### 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 a	mount is zero, write 0.
T1 Total reportable fringe benefits amount	W	0
T2 Reportable employer superannuation contributions	T	146
T3 Tax-free government pensions	U	0
T4 Target foreign income	V	0
T5 Net financial investment loss	X	0
T6 Net rental property loss	Y	0
T7 Child support you paid	Ζ	0
T8 Number of dependent children	D	2
ELS Validation purpose only)		
Adjusted taxable income		57,846
Estimated total income		58,401
Estimated eligible income		30,777
Spouse details-married or de facto	Use related ref details?	Y JCMA0002
f you had a spouse during 2013-14, you must complete Spouse Ne need the information included in this section to assess your		

If you did not have a spouse, go to page 8.

Your spouse's name If you had more than one s	pouse during 2013–14 p	rint the name of y	our spouse on 30 Ju	ine 2014 or your last spo	use.
Surname or family name	MANTILLA				
First given name	ANECITO		Other given names	,	
Your spouse's date of birth	,	Year			
Your spouse's sex	Male X	Female			
Period you had a spouse	- married or de facto				
Did you have a spouse for - 1 July 2013 to 30 June 20	,	No	Yes X		
If you did not have a spous full year, write the dates yo spouse between 1 July 20 30 June 2014.	ou had a	From M to N			
Did your spouse die during	the year?	No	Yes		

#### **MRSCHARINA MANTILLA**

## 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 Y Your spouse's 2013-14 taxable income	0 214,353
must be answered Y) 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	Τ 0
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 0
Your spouse's total reportable fringe benefits amounts	<b>S</b> 6,604
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)	<b>Q</b> 0
Amount of your spouse's reportable superannuation contributions (which is the total of reportable employer superannuation contributions and deductible personal superannuation contributions)	Α
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>B</b> 0
Your spouse's target foreign income	С
Your spouse's total net investment loss (total of net financial investment loss and net rental property loss)	D
Child support your spouse paid	Ε
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)	<b>F</b> 0
Spouse's total ATI (ELS Validation purpose only)	217,886 <b>/</b>

## Supplementary section

## Income

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Refer to the supplement instructions 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 the supplement instructions for the relevant code.

### 13 Partnerships and trusts

Non-primary production	I		
	Distribution from partne less foreign		/ Show amount of: Capital gains from trusts at
	of net income from trusts less eign income and franked distri		I item 18 on page 9 and Foreign income at item 19
	Franked distributions fror	m trusts C	
	Landcare operations ex		TYPE
	Other deductions rel amounts shown at O, L		
		Net non-primary production	on amount 27,574
934 989 507	Y T T J & C MANT	ILLA FAMILY TRUST	
	nts	Credits: ABN	0.00
NPP income Net rer	ıtal	Franking	0.00
L Ot	ner 27,574	TFN	0.00
PPInco	me 0	Closely held trusts	0.00
Frenked C Investme	nts	Tax paid by trustee	
Franked	ner	Foreign Resident Withholding	0.00
		Rental Affordability Scheme	0.00
Capital gains	Did you have a capital gains tax event during the year?	<b>G</b> N Print <b>Y</b> for yes or <b>N</b> for no.	
	Have you applied an exemption or rollover?		
		Net ca	bital gain A

Indiv	idual tax return 2	014	MRS CHARINA MANT	ILLA			TFN:	837 032 475	Page 5 of 5
19	Foreign entitie	es							
			ect or indirect interest ign company (CFC)?	Print <b>Y</b> for yes or <b>N</b> for no.	8	CFC income	K		
	the trar	nsfer of propert	v or indirectly, caused ty-including money-or resident trust estate?	Print <b>Y</b> for yes or <b>N</b> for no.	6	Transfero trust income			
20	During the yea assets	ar did you own, o located outside	foreign assets or property r have an interest in, Australia which had UD\$50,000 or more?	/ Print <b>Y</b> for ye: or <b>N</b> for no.	5				
	TOTAL SUPPI	EMENT	ems 13 to 24 - add up the 🖡 bo	oxes for incom		ints and deduction in the boxes		27,	574 <b>/</b>
	INCOME OR L	OSS	<b>T</b>	-					
			Irar	nsfer this amou	Int to	l on page :	3		
Тах	payer's declara	tion							
profe I dec • the	essional items sect clare that: information provid	ion and other so led to my registe	npleting your tax return, includi hedules if applicable. red tax agent for the preparation lodge this tax return.	0 11	-	·			
	Taxpayer's Signature			Date	Day	Month	Year		
		Important: T	he tax law imposes heavy	penalties for	aivina	false or mis	eadin	g information.	
you	tax return, and is	ssue an amende	based on your tax return. Ho d assessment if a review sho out for some taxpayers it is fo	ows inaccurac					
P	rivacy:								
		•	ministration Act 1953 to request yo provide your TFN. However if you		. ,				
	xation law authorises to ato.gov.au/privac		t information and to disclose it to of	ther government	agencie	s. For information	n about	your privacy	
Тах	agent's declara	ition							
I, T	HE ACCOUNTI	NG & BUSIN	ESS HUB PTY LTD						
that	the taxpayer has g	iven me a decla	epared in accordance with info ration stating that the information e to lodge the tax return.				t		
Ager	nt's signature		Date		Cli	ient's reference	Э		
			Day Month	Year	J	CMA0003			

		JCMAUUU3	
Contact name	Agent's teleph Areacode	none number Telephone number	Agent's reference number
Ju Tae YANG	045	2226590	16507000

Income Tax I	Return Tax Estimate	-	TFN: 837 032 475		
Tax Payable for In					
		,700			
		,200			
	Tax Payable on Taxable Income	10,299.50			
		Sub-Total	\$	10,299.50	
Less Offsets:	Offsets (T1 to T11 except T2,T9)	0.00			
	Private Health Insurance Offset - Paya	ble -889.00			
	Seniors / Pension / Beneficiary Offset				
	Mature Aged Workers Tax Offset	0.00			
	Low Income Offset	134.50			
	Lump Sum	0.00			
	Other Offsets	0.00			
		Sub-Total	\$	-754.50	
				11,054.00	
Plus:	Medicare Levy	865.50			
		Sub-Total	\$	865.50	
				11,919.50	
Less Credits:	Tax withheld - salary & wage type inc	ome 2,469.00			
	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,La	bour,Foreign 0.00			
	PAYG Income Tax Instalments	1,768.00	-		
		Sub-Total	\$	4,237.00	
	Estimated Tax Payable		_	7,682.50	DR

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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.