

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.

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 However, you cannot lodge your tax return electronically if you do not quote your TFN.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 Year Name of partnership, trust, fund or entity

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 on tax returns.

Declaration: I declare that:

- the information 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 lodge this tax return.

Signature of partner, trustee or director

Date

Trust tax return**2014**

Day Month Year

Day Month Year

to

or specify period if part year or approved substitute period

Notes to help you prepare this tax return are provided in the Trust tax return instructions 2014 (the instructions), available from the website www.ato.gov.au

Tax file number (TFN)

934 989 507

Have you attached any
'other attachments'?

No

See the Privacy note in the Taxpayer's declaration.

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 return lodged.

325/22 Baywater Drive

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 notices should be sent

• If the trustee is an individual, print details here.

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

Surname or family name

Given names

• If the trustee is a company, print details here including ABN.

Name

MANTILLA MEDICAL FT PTY LTD

24 946 979 811

ABN

Daytime contact phone number

Area code

Telephone number

Family trust election status

If the trustee has made, or is making, a family trust election, write the four-digit **income year specified** of the election (for example, for the 2013-14 income year write 2014).

If revoking or varying a family trust election, print **R** for revoke or print **V** for variation and complete and attach the Family trust election, revocation or variation 2014.

Interposed entity election status

If the trustee has an existing election, write the earliest income year specified. If the trustee is making one or more elections this year, write the earliest income year being specified and complete an Interposed entity election or revocation 2014 for each election.

If revoking an interposed entity election, print **R** and complete and attach the Interposed entity election or revocation 2014.

Type of trust

Print the code representing the type of trust.

Print X if also a charity

If code D, write the date of death.

Day Month Year

Managed Investment trusts

If the trust is a managed investment trust, has the trustee made an election into capital account treatment?

Print Y for yes or N for no.

Is any tax payable by the trustee?

Print Y for yes or N for no.

Final tax return

Electronic funds transfer (EFT)

Use Agent Trust Account?

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.

(See relevant instructions.)

BSB number

Account number

Account name

1 Description of main business activity

Office Administrative Services

Industry code **A** 72910**2 Status of business**- print X at label **B1**, **B2** or **B3**, whichever is the first applicable option, or leave blank.Multiple business **B1** Ceased business **B2** Commenced business **B3** **Consolidation status**- print X at label **Z2** if applicableConsolidated subsidiary member **Z2** **Income** excluding foreign income**5 Business income and expenses****Income**

	Primary production	Non-primary production	Totals
Gross payments where ABN not quoted C	<input type="text"/>	D <input type="text"/>	<input type="text"/>
Gross payments subject to foreign resident withholding B	<input type="text"/>	<input type="text"/>	<input type="text"/> 0
Assessable government industry payments E / <input type="text"/>	<input type="text"/> / <input type="text"/>	F <input type="text"/> / <input type="text"/>	<input type="text"/>
Other business income G / <input type="text"/>	<input type="text"/> / <input type="text"/>	H 66,836 / <input type="text"/>	66,836 / <input type="text"/>
Total business income	<input type="text"/> 0 / <input type="text"/>	66,836 / <input type="text"/>	66,836 / <input type="text"/>

Expenses

Foreign resident withholding expenses	<input type="text"/>	<input type="text"/>	P <input type="text"/> 0
Contractor, sub-contractor and commission expenses	<input type="text"/>	<input type="text"/>	C <input type="text"/>
Superannuation expenses	<input type="text"/>	1,074	D <input type="text"/> 1,074
Cost of sales / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	E <input type="text"/> / <input type="text"/>
Bad debts	<input type="text"/>	<input type="text"/>	F <input type="text"/>
Lease expenses	<input type="text"/>	<input type="text"/>	G <input type="text"/>
Rent expenses	<input type="text"/>	<input type="text"/>	H <input type="text"/>
Total interest expenses	<input type="text"/>	4,447	I <input type="text"/> 4,447
Total royalty expenses	<input type="text"/>	<input type="text"/>	J <input type="text"/>
Depreciation expenses	<input type="text"/>	11,088	K <input type="text"/> 11,088
Motor vehicle expenses	<input type="text"/>	3,840	L <input type="text"/> 3,840
Repairs and maintenance	<input type="text"/>	<input type="text"/>	M <input type="text"/>
All other expenses	<input type="text"/>	17,981	N <input type="text"/> 17,981
Total expenses - labels P to N	<input type="text"/> / <input type="text"/>	38,430 / <input type="text"/>	O <input type="text"/> 38,430 / <input type="text"/>

Reconciliation items

Add: Income reconciliation adjustments	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	A <input type="text"/> / <input type="text"/>
Add: Expense reconciliation adjustments	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	B <input type="text"/> / <input type="text"/>
Net income or loss from business Q	<input type="text"/> / <input type="text"/>	R 28,406 / <input type="text"/>	S <input type="text"/> 28,406 / <input type="text"/>

8 Partnerships and trusts

Primary production

Distribution from partnerships **A** /

Share of net income from trusts **Z** /

Deductions relating to amounts shown **A** and **Z** **S**

Net primary production amount /

Non-primary production

Distribution from partnerships, less foreign income **B** /

Share of net income from trusts, less capital gains, foreign income and franked distributions **R** /

Deductions relating to amounts shown at **B** and **R** **T**

Franked distributions from trusts **F**

Deductions relating to franked distributions from trusts in label **F** **G**

Net non-primary production amount /

Capital gains from another trust and net foreign capital gains need to be included at item 21. Amounts of foreign income must be included at item 22 or 23.

Share of credits from income Share of credit for tax withheld where ABN not quoted **C**

Share of franking credit from franked distributions **D**

Share of credit for TFN amounts withheld from interest, dividends and unit trust distributions **E**

Credit for TFN amounts withheld from payments from closely held trusts **O**

Share of credit for tax withheld from foreign resident withholding **U**

15 Total of items 5 to 14

Add the boxes /

Deductions relating to franked distributions should not include deductions included at G item 8

Franked distributions **R**

19 Total of items 16 to 18

20 Net Australian income or loss - other than capital gains

Subtract item 19 from item 15 **\$** /

21 Capital gains

Do you need to complete a *Capital gains tax (CGT) Schedule 2014?*

Did you have a CGT event during the year? **G** **N** Answer yes at **G** if the trust had an amount of capital gains from another trust.

Have you applied an exemption or rollover? **M** Type **Y** for yes or **N** for no.

Net capital gain **A**

Net capital losses brought forward from prior years

Net capital losses carried forward to later income years

Non-Collectables
Collectables

24 Total of items 20 to 23

Add the boxes /

26 Total net income or loss

Subtract item 25 from item 24. /

Overseas transactions / thin capitalisation

29 Overseas transactions

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?

W N Print Y for yes or N for no.

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

Interest expenses overseas D

Royalty expenses overseas E

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?

A N Print Y for yes or N for no.

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

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?

C N Print Y for yes or N for no.

30 Personal services income

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

Total amount of PSI included at item 5 income labels A

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

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

Do you hold a personal services business (PSB) determination in respect of any individual? D 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 E1 Employment test E2 Business premises test E3

Key financial information

32 All current assets F 3,264

33 Total assets G 134,139

34 All current liabilities I 81,535

35 Total liabilities J 134,129

Business and professional items

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

36 Business name of main business

J & C MANTILLA FAMILY TRUST

37 Business address of main business

17 VALLEY VIEW CRES
GLENDALE NSW A 2285

38	Opening stock	C <input type="text"/>	43	Total salary and wage expenses	L <input type="text" value="10,028"/> <small>CODE A</small>
39	Purchases and other costs	B <input type="text"/>	44	Payments to associated persons	M <input type="text" value="11,102"/>
40	Closing stock	D <input type="text"/> <small>CODE</small>	45	Fringe benefit employee contributions	T <input type="text"/>
41	Trade debtors	E <input type="text"/>	46	Unpaid present entitlement to a private company	Y <input type="text"/> <small>CODE</small>
42	Trade creditors	H <input type="text"/>	47	Trading stock election	<input type="checkbox"/> Print Y for yes or leave blank.

53 Income of the trust estate **A**

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 Statement of distribution (continued)

Beneficiary's name and tax file number or postal address

Distribution Fraction %

Tax file number	<input type="text"/>	Entity code	U	I	Date of birth	<input type="text" value="03/03/2006"/>
Name	Mantilla					
	Jessica					
Address	17 VALLEY VIEW CRES					
	GLENDALE	NSW	2285			

Assessment calculation code **V** Entity code **U** I Franking credit **D**

Share of income of the trust estate	W	<input type="text"/>	TFN amounts withheld	E	<input type="text"/>	
Credit for tax withheld – foreign resident withholding	L	<input type="text"/>	Share of credit for TFN amounts withheld from payments from closely held trusts	O	<input type="text"/>	
Australian franking credits from a New Zealand franking company	N	<input type="text"/>	Capital gains	F	<input type="text"/>	
Share of income	Primary production	A	<input type="text"/>	Attributed foreign income	G	<input type="text"/>
	Non-primary production	B	<input type="text" value="416"/> / <input type="text"/>	Other assessable foreign source income	H	<input type="text"/> / <input type="text"/>
	Invest	<input type="text"/>	/ <input type="text"/>	Foreign income tax offsets	I	<input type="text"/>
	Other	<input type="text" value="416"/>	/ <input type="text"/>	Share of National rental affordability scheme tax offset	R	<input type="text"/>
Credit for tax withheld where ABN not quoted	C	<input type="text"/>				
Franked distributions	U	<input type="text"/>				
Invest	<input type="text"/>					
Other	<input type="text"/>					

Non-resident beneficiary additional information

s98(3) assessable amount **J**

s98(4) assessable amount **K**

TB statement information

For each trustee beneficiary, indicate whether you will be making a TB statement:

TB statement? Print Y for yes or N for no.

Tax preferred amounts **P**

Untaxed part of share of net income **Q**

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year **S**

Total TFN amounts withheld from payments **T**

54 Statement of distribution (continued)

Beneficiary's name and tax file number or postal address

Distribution Fraction %

Tax file number	<input type="text"/>	Entity code	U	I	Date of birth	<input type="text" value="01/09/2009"/>
Name	Mantilla					
	Jadrian					
Address	17 VALLEY VIEW CRES					
	GLENDALE					
			NSW	2285		

Assessment calculation code **V** Entity code **U** I Franking credit **D**

Share of income of the trust estate **W**

Credit for tax withheld – foreign resident withholding **L**

Australian franking credits from a New Zealand franking company **N**

Primary production **A** /

Non-primary production **B** /

Invest /

Other /

Credit for tax withheld where ABN not quoted **C**

Franked distributions **U**

Invest

Other

TFN amounts withheld **E**

Share of credit for TFN amounts withheld from payments from closely held trusts **O**

Capital gains **F**

Attributed foreign income **G**

Other assessable foreign source income **H** /

Foreign income tax offsets **I**

Share of National rental affordability scheme tax offset **R**

Share of income

Non-resident beneficiary additional information

s98(3) assessable amount **J**

s98(4) assessable amount **K**

TB statement information

For each trustee beneficiary, indicate whether you will be making a TB statement:

TB statement? Print Y for yes or N for no.

Tax preferred amounts **P**

Untaxed part of share of net income **Q**

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year **S**

Total TFN amounts withheld from payments **T**

54 Statement of distribution (continued)

Beneficiary's name and tax file number or postal address

Distribution Fraction %

Tax file number	837 032 475	Entity code	U <input type="text"/> I <input type="text"/>	Date of birth	22/09/1978
Name	Mantilla Charina				
Address	17 VALLEY VIEW CRES				
	GLENDALE NSW 2285				

Assessment calculation code **V** 30 Entity code **U** **I** Franking credit **D**

Share of income	Share of income of the trust estate	W <input type="text"/>	TFN amounts withheld	E <input type="text"/>
	Credit for tax withheld – foreign resident withholding	L <input type="text"/>	Share of credit for TFN amounts withheld from payments from closely held trusts	O <input type="text"/>
	Australian franking credits from a New Zealand franking company	N <input type="text"/>	Capital gains	F <input type="text"/>
	Primary production	A <input type="text"/> / <input type="text"/>	Attributed foreign income	G <input type="text"/>
	Non-primary production	B <input type="text"/> 27,574 / <input type="text"/>	Other assessable foreign source income	H <input type="text"/> / <input type="text"/>
	Invest	<input type="text"/> / <input type="text"/>	Foreign income tax offsets	I <input type="text"/>
	Other	<input type="text"/> 27,574 / <input type="text"/>	Share of National rental affordability scheme tax offset	R <input type="text"/>
	Credit for tax withheld where ABN not quoted	C <input type="text"/>		
	Franked distributions	U <input type="text"/>		
	Invest	<input type="text"/>		
Other	<input type="text"/>			

Non-resident beneficiary additional information

s98(3) assessable amount **J**

s98(4) assessable amount **K**

TB statement information

For each trustee beneficiary, indicate whether you will be making a TB statement:

TB statement? Print Y for yes or N for no.

Tax preferred amounts **P**

Untaxed part of share of net income **Q**

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year **S**

Total TFN amounts withheld from payments **T**

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.

Assessment calculation code	V <input type="text"/>	Franking credit	D <input type="text"/>
Share of income of the trust estate	W <input type="text"/>	TFN amounts withheld	E <input type="text"/>
Credit for tax withheld - Foreign resident withholding	L <input type="text"/>	Share of credit for TFN amounts withheld from payments from closely held trusts	O <input type="text"/>
Australian franking credits from a New Zealand franking company	N <input type="text"/>	Capital gains	F <input type="text"/>
Share of income	Primary production	Attributed foreign income	G <input type="text"/>
	Non-primary production	Other assessable foreign source income	H <input type="text"/>
	Credit for tax withheld where ABN not quoted	Foreign income tax offset	I <input type="text"/>
	Franked distributions	Share of National rental affordability scheme tax offset	R <input type="text"/>
		Share of other refundable tax offsets	X <input type="text"/>

55 Choice for resident trustee to be assessed to capital gains on behalf of beneficiaries

Assessment calculation code **X**

Amount of capital gains on which the trustee has chosen to be assessed on behalf of beneficiaries **Y**

Items 56 and 57 must be answered for all trusts -if you answer yes to any of these questions, answer Yes to the 'other attachments' question on page 1 of this tax return.

56 Beneficiary under legal disability who is presently entitled to income from another trust

Was any beneficiary in this trust, who was under a legal disability on 30 June 2014, also presently entitled to a share of the income of another trust?

N Y Print Y for yes or N for no.

If yes, or the answer is not known, furnish the information requested in the instructions.

57 Non-resident trust

Is the trust a non-resident trust? N Y Print Y for yes or N for no.

If yes, state the amount of income derived outside Australia to which no beneficiary is presently entitled. Print NIL if applicable.

DECLARATIONS**TAXPAYER'S DECLARATION****Important:**

Before making this declaration check to ensure that all income has been disclosed and the tax return, all attached schedules and any additional documents are true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the ATO. The income tax law imposes heavy penalties for false or misleading statements in tax returns.

This declaration must be signed by a trustee or public officer.

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 beneficiary in our records. It is not an offence not to provide the TFNs. However, if the TFNs are not provided, it could increase the chance of delay or error in each beneficiary's assessment.

Taxation law authorises the ATO to collect information including personal information about the person authorised to sign the declaration. For information about your privacy go to ato.gov.au/privacy

DECLARATION

I declare that the information on this tax return, including any attached schedules and additional documentation is true and correct.

Signature

Day Month Year

Date

Hours taken to prepare and complete this tax return

TAX AGENT'S DECLARATION

I,

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

Client's reference

Contact name

Date

Day	Month	Year
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Agent's phone number (include area code)

Area code

Telephonenumber

Agent's reference number

Office use only