

2007 e-tax return for individuals

Your tax file number (TFN) See the **Privacy** note in the *Taxpayer's declaration* on page 8 of your tax return.

Are you an Australian resident? YES NO

Your sex Male Female

Your name Title

Has any part of your name changed since completing your last tax return? Surname or family name
Given names

NO YES Previous surname

Your postal address

Has this address changed since completing your last tax return? Suburb or town

NO YES State Postcode Country if not Australia

Is your home address different from your postal address?

NO YES Suburb or town

State Postcode Country if not Australia

Your date of birth
If you were under 18 years of age on 30 June 2007 you must complete A1 of your tax return. Day Month Year

Your telephone number during business hours - If we need to ask you about your tax return, it is quicker by telephone

Area code Telephone number

Will you need to lodge an Australian tax return in the future? YES DON'T KNOW NO FINAL TAX RETURN

Do you want to use electronic funds transfer (EFT) this year for your tax refund or family tax benefit payment where applicable?

NO

YES BSB Number Account number

Account name

Income

1 Salary or wages

Your main salary and wage occupation

Description **Registrar - medical**

Payer's Australian business number

11 255 872 006

Tax withheld

21954.00

Income

C

61819 .00

24 500 842 605

9612.00

D

29923 .00

E

.00

F

.00

G

.00

2 Allowances, earnings, tips, director's fees etc.

K

.00

3 Lump sum payments

Amount A in lump sum payments box

R

.00

5% of amount B in lump sum payments box

H

.00

TYPE

4 Eligible termination payments

Assessable amount (other than excessive component)

I

.00

Excessive component

N

.00

5 Australian Government allowances and payments like Newstart, youth allowance and austudy payment

A

.00

6 Australian Government pensions and allowances

B

.00

7 Other Australian pensions or annuities - including superannuation pensions

Type

J

.00

8 Attributed personal services income

O

.00

TOTAL TAX WITHHELD

\$

31566.00

9 Total reportable fringe benefits amounts

W

.00

10 Gross interest

Gross interest

L

.00

Tax file number amounts withheld from gross interest

M

11 Dividends

Unfranked amount

S

.00

Franked amount

T

.00

Tax file number amounts withheld from dividends

V

Franking credit

U

.00

I Only used by taxpayers completing the 2007 Tax return for individuals (supplementary section)

LOSS

Transfer the amount from **TOTAL SUPPLEMENT INCOME OR LOSS**

.00

TOTAL INCOME OR LOSS

\$

91742

.00

LOSS

Attach here all documents that e-tax tells you to attach. Do not attach payment summaries other than those for eligible termination payments (ETP).

If you are printing your tax return and mailing it into the Tax Office, do not send in your tax return until you have attached all requested attachments.

Deductions

	Deductions	CLAIM TYPE
D1 Work related car expenses	A <input type="text" value=""/>	<input type="checkbox"/>
D2 Work related travel expenses	B <input type="text" value="1617"/>	<input type="checkbox"/>
D3 Work related uniform, occupation specific or protective clothing, laundry and dry cleaning expenses	C <input type="text" value=""/>	<input type="checkbox"/>
D4 Work related self-education expenses	D <input type="text" value="4670"/>	<input checked="" type="checkbox"/> K
D5 Other work related expenses	E <input type="text" value="4003"/>	<input type="checkbox"/>
D6 Low value pool deduction	K <input type="text" value=""/>	<input type="checkbox"/>
D7 Interest and dividend deductions	I <input type="text" value=""/>	<input type="checkbox"/>
D8 Gifts or donations	J <input type="text" value=""/>	<input type="checkbox"/>
D9 Deductible amount of undeducted purchase price (UPP) of an Australian pension or annuity	L <input type="text" value=""/>	<input type="checkbox"/>
D10 Cost of managing tax affairs	M <input type="text" value=""/>	<input type="checkbox"/>

Only used by taxpayers completing the 2007 tax return for individuals (supplementary section).

D Transfer the amount from TOTAL SUPPLEMENT DEDUCTIONS

TOTAL DEDUCTIONS	\$ <input type="text" value="10290"/>	<input type="checkbox"/>
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SUBTOTAL	TOTAL INCOME OR LOSS less TOTAL DEDUCTIONS	\$ <input type="text" value="81452"/>	<input type="checkbox"/>
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Losses

L1 Tax losses of earlier income years		
Primary production losses carried forward from earlier income years	Q <input type="text" value=""/>	<input type="checkbox"/>
Non-primary production losses carried forward from earlier income years	R <input type="text" value=""/>	<input type="checkbox"/>
Primary production losses claimed this income year	F <input type="text" value=""/>	<input type="checkbox"/>
Non-primary production losses claimed this income year	Z <input type="text" value=""/>	<input type="checkbox"/>

TAXABLE INCOME OR LOSS	\$ <input type="text" value="81452"/>	<input type="checkbox"/>
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Tax offsets

T1 Spouse (without dependent child or student), child-housekeeper or housekeeper

Tax offsets **P** CLAIM TYPE

Child-housekeeper's separate net income **V**

T2 Senior Australians (includes age pensioners, service pensioners and self-funded retirees)

TAX OFFSET **N** CODE
 VETERAN **Y** CODE

T3 Pensioner

TAX OFFSET **O** CODE
 VETERAN **T** CODE

T4 Superannuation annuity and pension

S

T5 Private health insurance

Amount of refundable tax offset not previously claimed by way of reduced private health insurance premiums **G**

T6 30% child care

The Tax Office will calculate your rebate for you.

Do you want to claim the 30% child care tax rebate? **X** YES

T7 Ongoing baby bonus claim

Number of eligible days **H**

Only used by taxpayers completing the 2007 tax return for individuals (supplementary section).

T Transfer the amount from TOTAL SUPPLEMENT TAX OFFSETS on page 12

TOTAL TAX OFFSETS **U** \$

The Tax Office will work out any tax offset for low income.

Private health insurance policy details

Health fund ID

Membership number

Type of cover

B MBF

C 50036045

C

B

C

B

C

B

C

B

C

Medicare levy related items

M1 Medicare levy reduction or exemption

Reduction based on family income

Number of dependent children and students

Exemption categories

Full 1.5% levy exemption - number of days

Half 1.5% levy exemption - number of days

CLAIM
TYPE

M2 Medicare levy surcharge (MLS)

For the **whole** period 1 July 2006 to 30 June 2007 were **you** and **all** of your dependants (including your spouse) - if you had any - covered by private patient HOSPITAL cover?

YES
NO

For the **whole** of 2006-07 were you:

- **a single person** - without a dependent child or children - and your taxable income for MLS purposes (including your total reportable fringe benefits amounts) was \$50 000 or less **OR**
- **a member of a family** - which may consist of you and your spouse (married or de facto) with or without a dependent child or children; or a sole parent with a dependent child or children - and the combined taxable income for MLS purposes (including the total reportable fringe benefits amounts) of you and your spouse (if you had one) was \$100 000 (plus \$1500 for each dependent child after the first) or less?

NO You may have to pay the surcharge

YES You do not have to pay the surcharge

Number of days you do NOT have to pay the surcharge

Number of dependent children

Adjustments

A1 Under 18

J TYPE

A2 Part-year tax-free threshold

Months eligible for threshold **N**

Date
Day Month Year

Spouse details - married or de facto

If you completed any of the items listed below, and you had a spouse during 2006-07, or if you consent to use part or all of your 2007 tax refund to repay your spouse's Family Assistance Office (FAO) debt, you must complete **Spouse details - married or de facto**. We need the information included in this section to assess your tax accurately.

Did you complete any of the following items or do you consent to use part or all of your 2007 tax refund to repay your spouse's FAO debt?

- T1 Spouse (without dependent child or student) tax offset
- T2 Senior Australians tax offset
- T3 Pensioner tax offset
- T6 30% child care
- M1 Medicare levy reduction or exemption
- M2 Medicare levy surcharge - and you printed **X** in the **NO** box at item **E**
- T8 superannuation contributions on behalf of your spouse (supplementary section)

This section will be completed if required.

Your spouse's name Surname or family name

MANTILLA

Given names

CHARINA

Your spouse's date of birth

K

22/09/1978

Day Month Year

Your spouse's sex

Male

Female

Period - married or de facto

Did you have a spouse for the full year-
1 July 2006 to 30 June 2007? **L** YES NO

If you did not have a spouse for the full year,
write the dates you had a spouse between
1 July 2006 and 30 June 2007.

From

M
Day Month Year
To

N
Day Month Year

30% child care tax rebate transfer

Do you want to transfer your unused 30% child care rebate to your spouse and have you obtained their written consent to both the transfer and use of their tax file number?

A YES NO

Your spouse's tax file number (TFN)

B

Spouse details - married or de facto (continued)

The information on this page relates to your spouse's income.
The following list shows which details you need to complete.

If you have completed:

- item **T1** complete **R**
- item **T2** or **T3** complete **O**, **T**, **P** and **Q**
- item **M1** (**V** or **W**) complete **O**
- item **M1** (**Y** only) complete **O** if you had a spouse on 30 June 2007
- item **M2** and you printed **X** in the **NO** box at **E** complete **O**, **T**, **U** and **S** if you had a spouse for all of 2006-07 or your spouse died during the year
- item **T8** complete **O** and **S**.

Spouse's 2006-07 taxable income **O** .00

Your spouse's share of trust income on which the trustee is assessed under section 98 and which has not been included in your spouse's taxable income **T** .00

Distributions to your spouse on which family trust distribution tax has been paid which your spouse would have had to show as assessable income if the tax had not been paid **U** .00

Your spouse's total reportable fringe benefits amounts **S** .00

Amount of Australian Government pensions and allowances that your spouse received in 2006-07 (not including **exempt pension** income) **P** .00

Amount of any exempt pension income that your spouse received in 2006-07 (make sure you only include your spouse's **exempt pension** income) **Q** .00

Your spouse's 2006-07 **separate net income** **R** .00

Family Assistance Office consent - Complete this section only if you consent to use part or all of your 2007 tax refund to repay your spouse's Family Assistance Office (FAO) debt.

Complete the details below only if:

- you were the spouse of a family tax benefit (FTB) claimant, or the spouse of a child care benefit claimant on 30 June 2007 AND
- your spouse has given you authority to quote their customer reference number (CRN) on your tax return - if your spouse does not know their CRN, they can contact the FAO AND
- your spouse has a debt due to the FAO or expects to have a FAO debt for 2007 AND
- you expect to receive a refund for 2007 AND
- you consent to use part or all of your refund to repay your spouse's FAO debt.

Your spouse's CRN

Z

I consent to the Tax Office using part or all of my 2007 tax refund to repay any FAO debt of my spouse, whose details I have provided above. I have obtained my spouse's permission to quote their CRN.

SIGNATURE

Date

Day Month Year

Your signature for FAO consent purposes only

TAXPAYER'S DECLARATION

If you are printing your tax return and mailing it in to the Tax Office, you must sign and date the declaration below.

Read and answer the questions below before you sign the *Taxpayer's declaration.*

1 Are you required to complete any of the items in the 2007 e-tax return for individuals (supplementary section)?

NO YES
If YES attach supplementary section (including any attachments)

2 Has e-tax asked you to attach the following?

a. Any attachments relating to specific questions NO YES

b. Business and professional items schedule for individuals 2007 NO YES

I declare that:

- all the information I have given in this e-tax return, including any attachments, is true and correct
- I have shown all my income - including net capital gains - for tax purposes for 2006-07
- I have completed and attached the supplementary section, schedules and other attachments - as appropriate - that e-tax told me to provide
- I have completed item M2 - Medicare levy surcharge
- I have the necessary receipts and/or other records - or expect to obtain the necessary written evidence within a reasonable time of lodging this tax return - to support my claims for deductions and tax offsets.
- I have obtained my spouse's written consent to quote their TFN and to transfer the child care tax rebate to them.

IMPORTANT

The tax law imposes heavy penalties for giving false or misleading information.

SIGNATURE

Make sure you have also attached all other documents that e-tax tells you to.

Date

Day Month Year

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 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 authorised in taxation law —for example, benefit payment agencies such as Centrelink, the Department of Education, Science and Training, and the Department of Families, 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.

This return has been lodged as follows:

on
at Reference ID

2007 e-tax return for individuals (supplementary section)

▶ Your tax file number (TFN)

▶ Your name Title

Surname or family name

Given names

12 Partnerships and trusts
Primary production

Distribution from partnerships **N** .00

Distribution from trusts **L** .00

Landcare operations and deduction for decline in value of water facility **I** .00

Other deductions relating to distribution **X** .00 TYPE

Net primary production distribution .00 LOSS

Non-primary production

Distribution from partnerships, less foreign income **O** .00

Distribution from trusts, less net capital gains and foreign income **U** .00

Landcare operations expenses **J** .00

Other deductions relating to distributions shown at **O** and **U** **Y** .00 TYPE

Net non-primary production distribution .00 LOSS

Share of credits from income

Share of credit for tax withheld where Australian business number not quoted **P**

Share of franking credit from franked dividends **Q**

Share of credit for tax file number amounts withheld from interest, dividends, and unit trust distributions **R**

Share of credit for tax paid by trustee **S**

Share of credit for amounts withheld from foreign resident withholding **A**

13 Personal services income (PSI)

Tax withheld-voluntary agreement **G**

Tax withheld where Australian business number not quoted **H**

Tax withheld-labour hire or other specified payments **J**

Net PSI - transferred from **A** on **A** .00 LOSS
 your 2007 e-tax business and professional items schedule for individuals

14 Net income or loss from business

Primary production - transferred from **Y** on **B** .00 LOSS
 your 2007 e-tax business and professional items schedule for individuals

Non-primary production - transferred from **Z** on **C** .00 LOSS
 your 2007 e-tax business and professional items schedule for individuals

Tax withheld-voluntary agreement **D**

Tax withheld where Australian business number not quoted **W**

Tax withheld - foreign resident withholding **E**

Tax withheld-labour hire or other specified payments **F**

15 Deferred non-commercial business losses

Your share of deferred losses from partnership activities **F** .00 Primary production deferred losses **I** .00

Deferred losses from sole trader activities **G** .00 Non-primary production deferred losses **J** .00

16 Net farm management deposits or withdrawals E .00

17 Capital gains
Did you have a capital gains tax event during the year? G X NO YES
Net capital gain A .00
Total current year capital gains H .00
Net capital losses carried forward to later income years V .00

18 Foreign entities
Did you have either a direct or indirect interest in a controlled foreign company (CFC)? I NO X YES
Have you ever, either directly or indirectly, caused the transfer of property - including money - or services to a non-resident trust estate? W X
Did you have an interest in a foreign investment fund (FIF) or a foreign life assurance policy (FLP)? J X
CFC income K .00
Transferor trust income B .00
FIF and FLP income C .00

19 Foreign source income and foreign assets or property
Assessable foreign source income E .00
Net foreign employment and net foreign pension or annuity income WITHOUT an undeducted purchase price L .00
Net foreign pension or annuity income WITH an undeducted purchase price D .00
Other net foreign source income M .00
Also include at F Australian franking credits from a New Zealand company that you have received indirectly through a partnership or trust distribution. Australian franking credits from a New Zealand company F .00
Exempt foreign employment income N .00
Foreign tax credits O
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 X NO YES

20 Rent
Gross rent P .00
Interest deductions Q .00
Capital works deduction F .00
Other rental deductions U .00
Net rent .00
(P less Q, F and U)
LOSS

21 Bonuses from life insurance companies and friendly societies W .00

22 Other income
Type of income
Category 1 Y .00
Category 2 V .00
Tax withheld-lump sum payments in arrears E
Taxable professional income Z .00

TOTAL SUPPLEMENT INCOME OR LOSS I e-tax will transfer this amount to on page 2 of your e-tax return .00
LOSS

DEDUCTIONS

D11 Australian film industry incentives **G** .00

D12 Deductible amount of undeducted purchase price of a foreign pension or annuity **Y** .00

D13 Personal superannuation contributions

Full name of fund Account number **H** .00

Fund Australian business number

Fund tax file number

D14 Deduction for project pool **D** .00

D15 Other deductions - not claimable at items **D1** to **D14** or elsewhere on your tax return Election expenses **E** .00

Description of claim Other deductions **J** .00

TOTAL SUPPLEMENT DEDUCTIONS **D** e-tax will transfer this amount to on page 3 of your e-tax return .00

TAX OFFSETS

T8 Superannuation contributions on behalf of your spouse Contributions paid .00 **A** Tax offsets .00

T9 Zone or overseas forces **R** .00

T10 20% tax offset on net medical expenses over the threshold amount **X** .00

T11 Parent, spouse's parent or invalid relative **B** .00

T12 Landcare and water facility Landcare and water facility tax offset brought forward from earlier years **T** .00

T13 Net income from working - supplementary section **M** .00 LOSS

T14 Entrepreneurs tax offsets Simplified tax system group turnover **K** .00 Net simplified tax system income **N** .00 CODE

T15 Other tax offsets **C** .00 CLAIM TYPE

TOTAL SUPPLEMENT TAX OFFSETS **T** e-tax will transfer this amount to page 4 of your e-tax return .00

ADJUSTMENTS

A3 Amount on which family trust distribution tax has been paid **X** .00

CREDIT FOR INTEREST ON TAX PAID

C1 Credit for interest on early payments - amount of interest **L**

e-tax estimate

for year ended 30 June 2007

	\$	\$
Taxable income		81452.00
Tax on your taxable income	20430.80	
Medicare levy		
Medicare levy surcharge		
Financial Supplement repayment		
HELP repayment		
Gross tax payable		20430.80
Subtract:		
Tax withheld - salary and wage type income	31566.00	
Tax withheld - voluntary agreement		
Tax withheld - where ABN not quoted		
Tax withheld - labour hire or other specified payments		
Tax withheld - where TFN not quoted		
Franking credits		
Australian franking credits from a NZ company		
Foreign resident withholding credits		
Share of credit for tax paid by trustee		
Tax offsets available (see page 2 for details)	1655.00	
Tax offsets used	1655.00	
Early payment interest credit		
Total tax offsets & credits subtracted		33221.00
ESTIMATED REFUND DUE for 2006/2007		12790.20

Calculations for: **ANECITO JR MANTILLA**

Date of print: **30/07/2007**

This calculation is an estimate and is based on the information supplied by you, and does not take into account any prior year assessments, family tax benefit or other situations outlined in the hyperlink "circumstances in which this estimate is not intended to apply" on the estimate screen.

Do not lodge this print out with your tax return.

Tax offsets:

The tax offsets included in the tax estimate have been calculated as follows:

Spouse / child-housekeeper / housekeeper	1655.00
Senior Australians (SATO)	
Superannuation	
Private health insurance	
Zone or overseas forces	
Medical expenses	
Parent / parent in law / invalid relative	
Mature Age Worker	
Entrepreneurs	
Landcare and water facility	
Land transport facilities or infrastructure borrowings interest	
Joint Petroleum Development Area	
Beneficiary or pensioner	
Life insurance bonuses from item 21	
Lump Sum payments - 'A' amounts on payment summary and Eligible Termination Payments	
Foreign tax credits	
Low income	
Share of credit for tax paid by trustee - legal disability	
Baby bonus claim	
30% Child care tax rebate (Unused rebate available for transfer \$0.00)	
Total available tax offsets	\$ 1655.00

Calculations for: **ANECITO JR MANTILLA**

Date of print: **30/07/2007**

Do not lodge this print out with your tax return.

Family tax benefit (FTB) tax claim 2007

Your tax file number (TFN) See the **Privacy** note on page 8 of this claim.

Your sex Male Female

Your name Title
Surname or family name
Given names
If you have already lodged your tax return has any part of your name changed from the one given on your tax return.
NO YES Previous surname

Your postal address
The postal address on your tax return will be used when paying your FTB entitlement through the tax system. Where the FAO is required to make the payment, the address you give here will be used.
Suburb or town
State Postcode COUNTRY

Your date of birth Day Month Year
If you are completing this claim for someone who died during the year write the date of death here. Day Month Year

Your phone number during business hours - if we need to ask you about your claim, it is quicker by phone.
Area code Phone number

Do you want your refund paid directly into your financial institution account?
NO YES
BSB Number Account number
Account name

Your income details (those details not included on your tax return)
Tax - free pensions and benefits
Target foreign income
Deductible child maintenance expenditure

FTB tax claim 2007

Maintenance income details

Maintenance Received

D

Day Month Year

Relevant period

F

to

G

Day Month Year

Relevant period

F

to

G

Dates of periods overseas - from 1 July 2003

Day Month Year

H

to

I

Day Month Year

H

to

I

Spouse details

SPOUSE NUMBER 1

Complete the following details about your spouse. If you had more than one spouse during the income year, provide the details of your first spouse during the FTB claim period here.

Tax file number (TFN)

J

Code-TFN exemption

Sex

K

Male

X

Female

Name

Title

L

Surname or family name

M

Given names

N

Postal address

O

Suburb or town

P

State

Q

Postcode

Country if not Australia

Date of birth

Day Month Year

R

If your spouse died during the year write the date of death here.

S

Was this your spouse on 30 June 2007?

U

NO

YES

X

Your spouse's adjusted taxable income details

Taxable Income

A

Reportable fringe benefits

B

Net rental property losses

C

Tax-free pensions and benefits

D

Target foreign income

E

Deductible child maintenance expenditure

F

FTB tax claim 2007

Your spouse's maintenance income details

Maintenance received **G**

Relevant period **I** Day Month Year to **T** Day Month Year

Relevant period **I** to **T**

SPOUSE NUMBER 2

If you had more than one spouse during the FTB claim period, provide the details of your second spouse below. If you had more than two spouses during the year attach a SCHEDULE OF ADDITIONAL INFORMATION

Tax file number (TFN)

J

Code-TFN exemption

Sex

K Male Female

Name

Title **L**

Surname or family name **M**

Given names **N**

Postal address

O

Suburb or town **P**

State **Q** Postcode COUNTRY if not Australia

Date of birth

R Day Month Year

If your spouse died during the year write the date of death here.

S Day Month Year

Was this your spouse on 30 June 2007?

U NO YES

Your spouse's adjusted taxable income (ATI) details

Taxable Income **A**

Reportable fringe benefits **B**

Net rental property losses **C**

Tax-free pensions and benefits **D**

Target foreign income **E**

Deductible child maintenance expenditure **F**

Your spouse's maintenance income details

Maintenance received **G**

Relevant period **I** Day Month Year to **T** Day Month Year

Relevant period **I** to **T**

IN-CONFIDENCE-when completed

PAGE 3

FTB tax claim 2007

Dependent child details

DEPENDANT NUMBER 1

Provide details for your dependent child here. Remember this child must satisfy the eligibility rules for family tax benefit.

Name Surname or family name **A**
Given names **B**

Sex Male **C** Female **X**

Date of birth **D** Code-Multiple birth allowance
Day Month Year

Dates of periods overseas - from 1 July 2003

G Day Month Year to **H** Day Month Year
G Day Month Year to **H** Day Month Year

Maintenance action test

Date entitled to apply or claim for child maintenance **K** Day Month Year Code-Maintenance action exemption
Date maintenance action taken **J**

DEPENDANT NUMBER 2

If you have a second dependent child who satisfies the family tax benefit eligibility rules, complete the details below.

Name Surname or family name **A**
Given names **B**

Sex Male **C** Female

Date of birth **D** Code-Multiple birth allowance
Day Month Year

Dates of periods overseas - from 1 July 2003

G Day Month Year to **H** Day Month Year
G Day Month Year to **H** Day Month Year

Maintenance action test

Date entitled to apply or claim for child maintenance **K** Day Month Year Code-Maintenance action exemption
Date maintenance action taken **J**

FTB tax claim 2007

DEPENDANT NUMBER 3

If you have a third dependent child who satisfies the family tax benefit eligibility rules, complete the details below.

▶ **Name** Surname or family name **A**
Given names **B**

▶ **Sex** Male **C** Female

▶ **Date of birth** **D** Code-Multiple birth allowance
Day Month Year

▶ **Dates of periods overseas - from 1 July 2003**

G Day Month Year to **H** Day Month Year
G to **H**

▶ **Maintenance action test**

Date entitled to apply or claim for child maintenance **K** Day Month Year Code-Maintenance action exemption
Date maintenance action taken **J**

DEPENDANT NUMBER 4

If you have a fourth dependent child who satisfies the family tax benefit eligibility rules, complete the details below.

If you have more than four dependent children, attach a SCHEDULE OF ADDITIONAL INFORMATION with relevant details for each additional child.

▶ **Name** Surname or family name **A**
Given names **B**

▶ **Sex** Male **C** Female

▶ **Date of birth** **D** Code-Multiple birth allowance
Day Month Year

▶ **Dates of periods overseas - from 1 July 2003**

G Day Month Year to **H** Day Month Year
G to **H**

▶ **Maintenance action test**

Date entitled to apply or claim for child maintenance **K** Day Month Year Code-Maintenance action exemption
Date maintenance action taken **J**

FTB tax claim 2007

Family profiles during the claim period - YOU MUST COMPLETE AT LEAST ONE FAMILY PROFILE

FAMILY PROFILE 1

From Day Month Year **K** 01/07/2006 to Day Month Year **L** 30/06/2007

SPOUSE NUMBER **M** 1

Agreed percentage **N** %

CAUTION
Write shared care at **R** not **N**.

Do not complete **N** unless you are a blended family or this profile is for a period prior to separation.

		Day Month Year		Day Month Year	Child status codes	Shared care
DEPENDANT NUMBER	O 1	P 01/07/2006	to	Q 30/06/2007	S 	R %
		P 	to	Q 	 	R %
DEPENDANT NUMBER	O 	P 	to	Q 	 	R %
		P 	to	Q 	 	R %
DEPENDANT NUMBER	O 	P 	to	Q 	 	R %
		P 	to	Q 	 	R %
DEPENDANT NUMBER	O 	P 	to	Q 	 	R %
		P 	to	Q 	 	R %

FAMILY PROFILE 2

From Day Month Year **K** to Day Month Year **L**

SPOUSE NUMBER **M**

Agreed percentage **N** %

CAUTION
Write shared care at **R** not **N**.

Do not complete **N** unless you are a blended family or this profile is for a period prior to separation.

		Day Month Year		Day Month Year	Child status codes	Shared care
DEPENDANT NUMBER	O 	P 	to	Q 	 	R %
		P 	to	Q 	 	R %
DEPENDANT NUMBER	O 	P 	to	Q 	 	R %
		P 	to	Q 	 	R %
DEPENDANT NUMBER	O 	P 	to	Q 	 	R %
		P 	to	Q 	 	R %
DEPENDANT NUMBER	O 	P 	to	Q 	 	R %
		P 	to	Q 	 	R %

FTB tax claim 2007

FAMILY PROFILE 3

From **K** Day Month Year to **L** Day Month Year

SPOUSE NUMBER **M**

Agreed percentage **N** %

CAUTION
Write shared care at **R** not **N**.

Do not complete **N** unless you are a blended family or this profile is for a period prior to separation.

DEPENDANT NUMBER	O	P	Day	Month	Year	to	Q	Day	Month	Year	Child status codes	Shared care
	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	R <input style="width: 30px;" type="text"/> %
		<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	R <input style="width: 30px;" type="text"/> %
DEPENDANT NUMBER	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	R <input style="width: 30px;" type="text"/> %
		<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	R <input style="width: 30px;" type="text"/> %
DEPENDANT NUMBER	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	R <input style="width: 30px;" type="text"/> %
		<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	R <input style="width: 30px;" type="text"/> %
DEPENDANT NUMBER	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	R <input style="width: 30px;" type="text"/> %
		<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>		<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	R <input style="width: 30px;" type="text"/> %

DID YOU HAVE MORE THAN THREE FAMILY PROFILES IN THE CLAIM PERIOD?
If you did, do a SCHEDULE OF ADDITIONAL INFORMATION with the relevant details for each additional profile, then attach it to this claim.

RETURN TO WORK

RETURN TO WORK PERIOD 1

For DEPENDANT NUMBER, see **Dependant child details** on pages 4 and 5.

Dependant number **S** This will be the dependant number of the child that was cared for prior to the return to work.

Return to work

Date stopped paid work **T** DAY MONTH YEAR Date returned to work **U** DAY MONTH YEAR

CODE - RETURN TO WORK **V** See page XX in the instructions Spouse number (if applicable) **W**

Other employment related income

X DAY MONTH YEAR to **Y** DAY MONTH YEAR

X DAY MONTH YEAR to **Y** DAY MONTH YEAR

DID YOU HAVE ANOTHER RETURN TO WORK PERIOD FOR A DIFFERENT CHILD OR MORE THAN TWO PERIODS OF OTHER EMPLOYMENT RELATED INCOME?
If you did, do a SCHEDULE OF ADDITIONAL INFORMATION with the relevant details for each additional period, then attach it to this claim.

▶ **Attach SCHEDULES OF ADDITIONAL INFORMATION here** ▶

Make sure you have completed your FTB tax claim correctly. If there are any errors your claim may be ineffective and will be returned to you to complete the information correctly.

Before you sign the **FTB tax claimant's declaration** below, check that you have:

- attached to the top right hand corner of this page any SCHEDULES OF ADDITIONAL INFORMATION the instructions asked you to attach
- attached your FTB tax claim to the last page of your tax return, if you are lodging it with your tax return.

Where to lodge your FTB tax claim

You must lodge the FTB tax claim with the Tax Office—not the FAO—by 30 June 2009.

If you are lodging your FTB tax claim with your tax return, attach it to the last page of your tax return.

The lodgment address for the FTB tax claim is the same as that for the tax return. Read page 27 of the *2007 family tax benefit (FTB) tax claim instructions* for more information.

Privacy

It is not an offence not to quote your or your spouse's TFN. However, your claim for FTB will not be accepted if you do not provide your TFN and the TFN for each spouse included in your claim—unless you are exempt from providing their TFNs. Exemptions are explained on page 13 of the *Family tax benefit (FTB) tax claim instructions 2007*.

The FAO—which is a partnership between Centrelink, the Tax Office, Medicare Australia and the Department of Families, Community Services and Indigenous Affairs (FaCSIA)—is authorised by the *A New Tax System (Family Assistance) (Administration) Act 1999* to ask for this information in the 2007 FTB tax claims. The information will be used for the purposes of administering family assistance payments.

Limited personal information may be used for customer surveys run by the FAO and its client departments, or by research organisations on their behalf. Limited information about you may also be disclosed to others when your circumstances affect their entitlement to payments and services.

The FAO may also give your information to someone else if you give permission, or to government agencies authorised by law to receive it—for example, partner agencies including Centrelink, the Tax Office, Medicare Australia and FaCSIA; assistance agencies such as the Department of Employment and Workplace Relations and the Department of Education, Science and Training; and agencies such as the Child Support Agency and the Department of Immigration and Citizenship.

FTB tax claimant's declaration

I declare that:

- I have determined that I am eligible to claim family tax benefit-including meeting the FTB residency requirements-and
- all the information I have given in this claim is true and correct.

Signature

Date Day Month Year

NOTE: Your FTB entitlement may be used towards repaying any tax debt you have.

Work related travel expenses

Description of expenses	Amount claimed
AlliedPickfords Movers	1386
Hobart MidCity Hotel (CAE)	115
Hobart MidCity Hotel (AMC)	116
Total	1617

Work related self-education expenses - General Expenses

Description of expenses	Amount claimed
CAE - OET	500
DeltaMed FRACP	1925
AMC-MCQ	1830
UTAS-IELTS	240
Medical Council Tasmania	35
Medical Meetings - Pfizer	140
Total	4670

Work related self-education expenses - General Expenses not allowable as a deduction

Description of expenses	Amount claimed
Palm Treo 750	1209
Total	1209

Other work related expenses

Description of expenses	Amount claimed
NSW Medical Board	490.00
HP Pavilion Laptop	1713.00
ETEN G500	981.00
Australian Red Cross	165.00
Immigration Medical (Family)	291.50
Immigration Xray (Family)	177.22
Immigration Visa 457	185.00
Total	4002.72

This agreement must be completed and retained by both you and your spouse.

I ANECITO JR MANTILLA

want to transfer my unused 30% child care tax rebate to my spouse.

I am aware that I cannot cancel or reverse the transfer.

My tax file number is **821 022 525**

Signature of person transferring the unused rebate

Date

Day Month Year

I CHARINA MANTILLA

agree to receive the transfer of the unused 30% child care tax rebate. I am aware that I cannot cancel or reverse the transfer.

My tax file number is

I give permission for my tax file number to be disclosed to allow the transfer. I also understand that the rebate transferred to me can be increased or decreased, for example, due to changes in my spouse's taxable income or changes to child care benefit.

Your spouse's signature

Date

Day Month Year
