

For BIR BCS/
Use Only Item:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No.

1701January 2018 (ENCS)
Page 1**Annual Income Tax Return**

Individuals (including MIXED Income Earner), Estates and Trusts
Enter all required information in CAPITAL LETTERS using BLACK ink. Mark all applicable boxes with an "X". Two copies MUST be filed with the BIR and one held by the Tax Filer.



1701 01/18ENCS P1

1 Month

12

For the Year (YYYY)

2024

2 Amended Return?

 Yes No

3 Short Period Return?

 Yes No**PART I - BACKGROUND INFORMATION OF TAXPAYER/FILER**

4 Taxpayer Identification Number (TIN)

513 - 576 - 705 - 000

5 RDO Code

104

6 Taxpayer Type

 Single Proprietor Professional Estate Trust Compensation Earner

7 Alphanumeric Tax Code (ATC)

 II012 Business Income-Graduated IT Rates II014 Income from Profession-Graduated IT Rates II013 Mixed Income-Graduated IT Rates II011 Compensation Income II015 Business Income-8% IT Rate II017 Income from Profession-8% IT Rate II016 Mixed Income-8% IT Rate

8 Taxpayer's Name (Last Name, First Name, Middle Name)/ESTATE OF (First Name, Middle Name, Last Name)/TRUST FAO: (First Name, Middle Name, Last Name)

CORVERA, RONALDO, JR., LASPINAS

9 Registered Address (Indicate complete address. If the registered address is different from the current address, go to the RDO to update registered address by using BIR Form No. 1905)

P-3, NUEVO TRABAJO, SAN LUIS, AGUSAN DEL SUR

9A ZIP Code

8511

10 Date of Birth (MM/DD/YYYY)

08/01/1996

11 Email Address

ronaldo.corverajr2024@gmail.com

12 Citizenship

FILIPINO

13 Claiming Foreign Tax Credits?

 Yes No

14 Foreign Tax Number, if applicable

15 Contact Number (Landline/Cellphone No.)

09276454911

16 Civil Status (if applicable)

 Single Married Legally Separated Widow(er)

17 If married, spouse has income?

 Yes No

18 Filing Status

 Joint Filing Separate Filing

19 Income EXEMPT from Income Tax?

 Yes No

20 Income subject to SPECIAL/PREFERENTIAL RATE?

 Yes No

[If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)]

[If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)]

 Graduated Rates

21 Tax Rate* (Choose Method of Deduction in Item 21A)

21A Method of Deduction (choose one)

 Itemized Deduction Optional Standard Deduction (OSD)

[Sec. 34(A-J), NIRC]

[40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]]

 8% in lieu of Graduated Rates under Sec. 24(A) & Percentage Tax under Sec. 116 of NIRC

[available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)]

PART II - TOTAL TAX PAYABLE (Do NOT Enter Centavos; 49 Centavos or Less drop down; 50 or more round up)**Particular****A. Taxpayer/Filer****B. Spouse**

22 Tax Due (From Part VI Item 5)

102,525.00

0.00

23 Less: Total Tax Credits/Payments (From Part VII Item 10)

0.00

0.00

24 Tax Payable/(Overpayment) (Item 22 Less Item 23)

102,525.00

0.00

25 Less: Portion of Tax Payable Allowed for 2nd Installment to be paid on or before October 15 (50% or less of item 22)

0.00

0.00

26 Amount of Tax payable/(Overpayment) (Item 24 Less Item 25)

102,525.00

0.00

Add: Penalties 27 Interest

421.34

0.00

28 Surcharge

10,252.50

0.00

29 Compromise

10,000.00

0.00

30 Total Penalties (Sum of Items 27 to 29)

20,673.84

0.00

31 Total Amount Payable/(Overpayment) (Sum of Items 26 and 30)

123,198.84

123,198.84

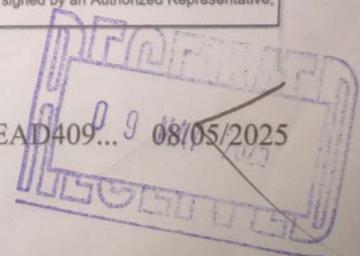
32 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30)

If overpayment, mark one (1) box only. (Once the choice is made, the same is irrevocable)

 To be carried over as a tax credit for next year/quarter To be refunded To be issued a Tax Credit Certificate (TCC)

I declare under the penalties of perjury that this return, and all its attachments, have been made in good faith, verified by me, and to the best of my knowledge and belief, are true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If signed by an Authorized Representative, indicate TIN and attach authorization letter)

file:///C:/Users/asus/AppData/Local/Temp/%7B3B1D7364-9D06-4894-812C-CEAD409... 08/05/2025



Ronald L. Convera Jr.

Printed Name and Signature of Taxpayer/Authorized Representative

13 Number of Attachments

PART III - DETAILS OF PAYMENT

Particulars	Drawer's Bank/Agency	Number	Date (MM/DD/YYYY)	Amount
34 Cash/Bank Debit Memo				
35 Check				
36 Tax Debit Memo				
37 Other (Specify below)				

Mobile Validation/Revenue Official Receipt Details (If not filed with an Authorized Agent Bank)

Stamp of Receiving Office/AB and Date of Receipt
(RC's Signature/Block, Filer's Initials)

NOTE: The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)

CERTIFIED PHOTO COPY

An
ELISAMA P. ANOB
AU-TYPE COPY OFFICER

file:///C:/Users/asus/AppData/Local/Temp/%7B3B1D7364-9D06-4894-812C-CEAD409... 08/05/2025