

For BIR BCS/ Use Only Item:

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No. **1701**
January 2018 (ENCS)
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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 Taxpayer.

1 Month ☒ For the Year (YYYY) ☒ 2 Amended Return? ☐ Yes ☒ No 3 Short Period Return? ☐ Yes ☒ No

PART I - BACKGROUND INFORMATION OF TAXPAYER/FILER

4 Taxpayer Identification Number (TIN) ☒ 5 RDO Code ☒ 6 Taxpayer Type ☒ Single Proprietor ☐ Professional ☐ Estate ☐ Trust ☐ Compensation Earner

7 Alphabetic Tax Code (ATC) ☒ 8012 Business Income-Graduated IT Rates ☐ 8014 Income from Profession-Graduated IT Rates ☐ 8013 Mixed Income-Graduated IT Rates
☐ 8011 Compensation Income ☐ 8015 Business Income-8% IT Rate ☐ 8017 Income from Profession-8% IT Rate ☐ 8016 Mixed Income-8% IT Rate

8 Taxpayer's Name (Last Name, First Name, Middle Name)/ESTATE OF (First Name, Middle Name, Last Name)/TRUST FIDUCIARY (First Name, Middle Name, Last Name)
JUANITA L. BAZQUE

9 Registered Address (Indicate complete address. If the registered address is different from the current address, get to the RDO to update registered address in the BIR system.)
MILVA VERNIA CROSIAN BULAGAO (TALISAY CITY, CEBU)

10 Date of Birth (MM/DD/YYYY) ☒ 11 Email Address ☒ 9A ZIP Code ☒ 12 Citizenship ☒ 13 Claiming Foreign Tax Credits? ☐ Yes ☒ No 14 Foreign Tax Credit (FTC) ☐ Yes ☒ No

15 Contact Number (Landline/Cellphone No.) ☒ 16 Civil Status (if applicable) ☐ Single ☒ Married ☐ Legally Separated ☐ Widower

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)]

21 Tax Rate* (Choose Method of Deduction in Item 21A)
☒ Graduated Rates ☐ 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)]

21A Method of Deduction (choose one)
☐ Itemized Deduction [Sec. 34(A-J), NIRC] ☒ Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]]

PART II - TOTAL TAX PAYABLE (Do NOT Enter Centavos; 48 Centavos or Less drop down; 50 or more round up)

Particular	A. Taxpayer/Filer	B. Spouse
22 Tax Due (From Part VI Item 5)	0.00	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)	0.00	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)	0.00	0.00
Add: Penalties 27 Interest	0.00	0.00
28 Surcharge	0.00	0.00
29 Compromise	0.00	0.00
30 Total Penalties (Sum of Items 27 to 29)	0.00	0.00
31 Total Amount Payable (Overpayment) (Sum of Items 26 and 30)	0.00	0.00
32 Aggregate Amount Payable (Overpayment) (Sum of Items 26 and 30)	0.00	0.00

If overpayment, mark one (1) box only. (Once the choice is made, the same is irrevocable)
☒ To be refunded ☐ To be issued a Tax Credit Certificate (TCC) ☐ To be carried over as a tax credit for next year/quarter

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)

Juanita L. Bazque
Printed Name and Signature of Taxpayer/Authorized Representative

33 Number of Attachments ☐ 00

PART III - DETAILS OF PAYMENT

Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount
34 Cash/Bank Debit Memo				
35 Check				
36 Tax Debit Memo				
37 Others (specify below)				

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

Stamp of Receiving Office/Unit and Date of Receipt
RO's Signature/Back Teller's Initial

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

RECEIVED
CBC-CEBU-TALISAY BRANCH
APR 25 2025
RDO CODE - 083
BRANCH CODE 003-042
Teller No. [blank] ROR's Initial [blank]

BIR Form No.

1701

January 2018 (ENCS)

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Annual Income Tax Return

Individuals (Including MIXED Income Earner), Estates and Trusts,



1701 01/18ENCS P2

TIN
231 199 199 000

Taxpayer/Filer's Last Name
JUANITA L. BACUS

PART IV - Background Information of Spouse

1 Spouse's Taxpayer Identification Number (TIN) _____

3 Filer's Spouse Type ☐ Single Proprietor ☐ Professional ☐ Compensation Earner

4 Alphabetic Tax Code (ATC) ☐ 0011 Compensation Income ☐ 0012 Business Income-Gratuaded IT Rates ☐ 0014 Income from Profession-Gratuaded IT Rates ☐ 0013 Mixed Income-Gratuaded IT Rates
☐ 0015 Business Income-8% IT Rate ☐ 0017 Income from Profession-8% IT Rate ☐ 0018 Mixed Income-8% IT Rate

5 Spouse's Name (Last Name, First Name, Middle Name) _____

6 Contact Number _____

8 Claiming Foreign Tax Credits? ☐ Yes ☐ No

7 Citizenship _____

9 Foreign tax number (if applicable) _____

10 Income EXEMPT from Income Tax? ☐ Yes ☐ No
 [If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)]

11 Income subject to SPECIAL/PREFERENTIAL RATE? ☐ Yes ☐ No
 [If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)]

12 Tax Rate* (Choose Method of Deduction in Item 12A)
☐ Graduated Rates
☐ 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))

12A Method of Deduction (choose one)
☐ Itemized Deduction [Sec. 34(A-J), NIRC]
☐ Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]]

PART V - Computation of Tax

Schedule 1 - Gross Compensation Income and tax Withheld (Attach Additional Sheet/s, if necessary)
 On Items 1 and 2, enter the required information for each of your employer/s and mark (X) whether the information is for the Taxpayer or the Spouse. On Item 3A, enter the Total Gross Compensation and Total tax Withheld for the Taxpayer and on Item 3B, for the Spouse. (DO NOT enter Centavos; 49 Centavos or less drop down; 50 or more round up)


	a. Name of Employer	b. Employer's TIN	c. Compensation Income	d. Tax Withheld
1	<input type="radio"/> Taxpayer _____	_____	0.00	0.00
	<input type="radio"/> Spouse _____	_____	0.00	0.00
2	<input type="radio"/> Taxpayer _____	_____	0.00	0.00
	<input type="radio"/> Spouse _____	_____	0.00	0.00
(Continuation of Table Above)				
3A	Gross Compensation Income and Total Tax Withheld for TAXPAYER (To Part V Schedule 2 Item 4A and Part VII Item 5A)		0.00	0.00
3B	Gross Compensation Income and Total Tax Withheld for SPOUSE (To Part V Schedule 2 Item 4B and Part VII Item 5B)		0.00	0.00

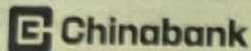
Schedule 2 - Taxable Compensation Income (DO NOT enter Centavos; 49 Centavos or less drop down; 50 or more round up)

Particulars	A. Taxpayer/Filer	B. Spouse
4 Gross Compensation Income (From Part V Schedule 1 Item 3A/3B/c)	0.00	0.00
5 Less: Non-Taxable / Exempt Compensation	0.00	0.00
6 Taxable Compensation Income (Item 4 Less Item 5)	0.00	0.00
7 Tax Due-Compensation Income (Item 6 x applicable Income Tax Rate)	0.00	0.00

Schedule 3 - Taxable Business Income (If graduated rates, fill in items 8 to 24; if 8% flat income tax rate, fill in items 25 to 30)

3.A - For Graduated Income Tax Rates		
	A. Taxpayer/Filer	B. Spouse
8 Sales/revenues/receipts/fees	58,260.00	0.00
9 Less: Sales Returns, Allowances and Discounts	0.00	0.00
10 Net Sales/Revenues/Receipts/fees (Item 8 Less Item 9)	58,260.00	0.00
11 Less: Cost of Sales/Services (applicable only if availing Itemized Deductions)	0.00	0.00
12 Gross Income/(Loss) from Operation (Item 10 less Item 11)	58,260.00	0.00
Less: Deductions Allowable under Existing Laws		
13 Ordinary Allowable Itemized Deductions (From Part V Schedule 4 Item 18)	0.00	0.00
14 Special Allowable Itemized Deductions (From Part V Schedule 5 Item 3 and/or Item 6)	0.00	0.00
15 Allowable for Net Operating Loss Carry Over (NOLCO) (From Part V Schedule 6 Item 8 and/or Item 13)	0.00	0.00
16 Total Allowable Itemized Deductions (Sum of Items 13 to 15)	0.00	0.00
OR		
17 Optional Standard Deduction (OSD) (40% of Item 10)	23,304.00	0.00
18 Net Income/(Loss) (If Itemized: Item 12 Less Item 16; If OSD: Item 10 Less Item 17)	34,956.00	0.00
Add: Other Non-Operating Income (specify below)		
19	0.00	0.00
20	0.00	0.00
21 Amount Received/Share in Income by a Partner from General Professional Partnership (GPP)	0.00	0.00
22 Total Other Non-Operating Income (Sum of Items 19 to 21)	0.00	0.00
23 Taxable income-Business (Sum of Items 18 and 22)	34,956.00	0.00
24 Total Taxable Income - Compensation & Business (Sum of Items 6 and 23)	34,956.00	0.00
25 Total Tax Due-Compensation and Business Income (under graduated rates) (Item 24 x applicable income tax rate) (To Part VI Item 1)	0.00	0.00

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TIN: 231 199 139 000					
Taxpayer/Filer's Last Name: JUANITA L. BACUS					
3.B - For 8% Flat Income Tax Rate [DO NOT enter Centavos; 48 Centavos or less drop down; 50 or more round up]					
Particulars	A. Taxpayer/Filer	B. Spouse			
26 Sales/Revenues/Receipts/Fees (net of sales returns, allowances and discounts)	0.00	0.00			
Add: Other Non-Operating Income (specify below)					
27	0.00	0.00			
28 Total Income (Sum of Items 26 and 27)	0.00	0.00			
Less: Allowable reduction from gross sales/receipts and other non-operating income of purely self-employed individuals and/or professionals in the amount of P250,000 (not applicable if with compensation income)	0.00	0.00			
29	0.00	0.00			
30 Taxable Income/(Loss) (Item 28 Less Item 29)	0.00	0.00			
31 Tax Due-Business Income (Item 30 x 8% Flat Income Tax Rate)	0.00	0.00			
32 Total Tax Due-Compensation & Business Income (under flat rate)(Sum of Items 7 and 31) (To Part VI Item 1)	0.00	0.00			
Schedule 4 - Ordinary Allowable Itemized Deductions (attach additional sheet/s, if necessary)					
1 Amortizations	0.00	0.00			
2 Bad Debts	0.00	0.00			
3 Charitable and Other Contributions	0.00	0.00			
4 Depletion	0.00	0.00			
5 Depreciation	0.00	0.00			
6 Entertainment, Amusement and Recreation	0.00	0.00			
7 Fringe Benefits	0.00	0.00			
8 Interest	0.00	0.00			
9 Losses	0.00	0.00			
10 Pension Trusts	0.00	0.00			
11 Rental	0.00	0.00			
12 Research and Development	0.00	0.00			
13 Salaries, Wages and Allowances	0.00	0.00			
14 SSS, GSIS, Philhealth, HDMF and Other Contributions	0.00	0.00			
15 Taxes and Licenses	0.00	0.00			
16 Transportation and Travel	0.00	0.00			
17 Others (Deductions Subject to Withholding Tax and Other Expenses) (specify below; Add additional sheet/s, if necessary)					
a Janitorial and Messenger Services	0.00	0.00			
b Professional Fees	0.00	0.00			
c Security Services	0.00	0.00			
d	0.00	0.00			
18 Total Ordinary Allowable Itemized Deductions (Sum of Items 1 to 17d) (To part V Schedule 3-A Item 13)	0.00	0.00			
Schedule 5 - Special Allowable Itemized Deductions (attach additional sheet/s, if necessary)					
5.A - Taxpayer/Filer	Description	Legal Basis	Amount		
1			0.00		
2			0.00		
3 Total Special Allowable Itemized Deductions-Taxpayer/Filer (Sum of Items 1 and 2) (To part V Schedule 3-A Item 14A)			0.00		
5.B - Spouse					
4			0.00		
5			0.00		
6 Total Special Allowable Itemized Deductions-Spouse (Sum of Items 4 and 5) (To part V Schedule 3-A Item 14B)			0.00		
Schedule 6 - Computation of Net Operating Loss carry Over (NOLCO)					
6.A - Computation of NOLCO					
Description	A. Taxpayer/Filer	B. Spouse			
1 Gross Income	0.00				
2 Less: Ordinary Allowable Itemized Deductions	0.00	0.00			
3 Net Operating Loss (Item 1 Less Item 2) (To Schedule 6.A.1 Item 7A and/or Schedule 6.A.2 Item 12A)	0.00	0.00			
6.A.1 - Taxpayer/Filer's Detailed Computation of Available NOLCO					
Net Operating Loss Year Incurred	A. Amount	B. NOLCO Applied Previous Years	C. NOLCO Expired	D. NOLCO Applied Current Year	E. Net Operating Loss (Unapplied) [(E)=A-(B+C+D)]
4	0.00	0.00	0.00	0.00	0.00
5	0.00	0.00	0.00	0.00	0.00
6	0.00	0.00	0.00	0.00	0.00
7	0.00	0.00	0.00	0.00	0.00
8 Total NOLCO - taxpayer/Filer (Sum of Items 4D to 7D) (To Part V Schedule 3-A Item 15A)			0.00	0.00	0.00



100-25-2025-03134-14 10042226 02921396
JOL1085 1085 RHYAPAC
PRP*1,000.00 GSR-BIA CDOVYAY
PCC 03085

Date (mm/dd/yyyy)

Taxpayer's Name

Tax Type

Tax Form No.

TIN

Tax Period Covered

Amount to be Paid (in Words)

FORM OF PAYMENT

CASH

CHECK

☐ On-Us (CBC) ☐ Local ☐ MC/CC

DEBIT ACCOUNT

☐ Savings Account ☐ Checking Account

Account No.

TAX DEBIT MEMO

Bank/Branch

Check Number

Date of Check

Authority to Debit. This shall serve as my/our authority for the Bank to debit my/our account for the BIR payment. I/We hereby declare under the penalties of perjury that my/our co-depositor(s) is/are still living.

Approved By

Customer's Signature Over Printed Name

Bank's Authorized Officer

TDM No.

TOTAL AMOUNT

PHP

PHP

PHP

PHP

PHP

Distribution: 1-Bank (White); 2-Taxpayer (Yellow); 3-BIR (Green)

