



BIR Form No.

**1701**January 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.

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1 Month

[12] For the Year (YYYY)

2024

Amended Return?

 Yes No

3 Short Period Return?

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

4 Taxpayer Identification Number (TIN)

[186 - 171 - 732 - 000]

5 RDO Code

[105]

6 Taxpayer Type

 Single Proprietor Professional Estate Trust Compensation Earner

7 Alphanumeric Tax Code (ATC)

 1012 Business Income-Graduated IT Rates 1014 Income from Profession-Graduated IT Rates 1013 Mixed Income-Graduated IT Rates 1011 Compensation Income 1015 Business Income-8% IT Rate 1017 Income from Profession-8% IT Rate 1016 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)

ILLOREN, ARTURO B.

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)

ARAS-ASAN, CAOWAITG, SURIGAO DEL SUR

9A

ZIP Code

8304

10 Date of Birth (MM/DD/YYYY)

08/25/1973

11 Email Address

jhaysonolli@yahoo.com

12 Citizenship

FILIPINO

13 Claiming Foreign Tax Credits?

 Yes  No

14 Foreign Tax Number, if applicable

15 Contact Number (Landline/Cellphone No.)

09763427650

16 Civil Status (if applicable)

 Single  Married  Legally Separated  Widow/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)]

## 21A Method of Deduction (choose one)

21 Tax Rate\*  
(choose one) Graduated Rates

(Choose Method of Deduction in Item 21A)

 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)

8,369.00

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)

8,369.00

0.00

Less: Portion of Tax Payable Allowed for 2nd Installment to be paid on or before

0.00

0.00

25 October 15 (50% or less of Item 22)

0.00

0.00

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

8,369.00

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)

8,369.00

0.00

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

8,369.00

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)

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

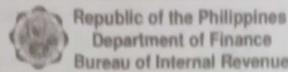
37 Others (specify below)

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

Stamp of Receiving Office/AAB and Date of Receipt

[RO's Signature/Bank Teller's Initials]

**CERTIFIED TRUE COPY**  
FROM THE ORIGINAL DOCUMENTNOTE: \*The BIR Data Privacy Policy is in the BIR website ([www.bir.gov.ph](http://www.bir.gov.ph))HAYDEE G. CABERNO  
Administrative Officer I (Records Officer I)  
TELE: MAY 15 2025

For BIR BCS/  
Use Only Item:

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## Quarterly Income Tax Return for Individuals, 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.



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1 For the Year <input type="checkbox"/> 2025	2 Quarter <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third	3 Amended Return? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	4 Number of Sheet/s Attached <input type="checkbox"/> 0
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### PART I - BACKGROUND INFORMATION ON TAXPAYER/FILER

5 Taxpayer Identification Number (TIN) <input type="text"/> 1188 - 1171 - 1132 - 1000	6 RDO Code <input type="checkbox"/> 108
7 Taxpayer/Filer Type <input checked="" type="checkbox"/> Single Proprietor <input type="checkbox"/> Professional <input type="checkbox"/> Estate <input type="checkbox"/> Trust	
8 Alphanumeric Tax Code (ATC) <input type="checkbox"/> II012 Business Income-Graduated IT Rates <input type="checkbox"/> II014 Income from Profession-Graduated IT Rates <input type="checkbox"/> II013 Mixed Income-Graduated IT Rates	
	<input type="checkbox"/> II015 Business Income-8% IT Rate <input type="checkbox"/> II017 Income from Profession-8% IT Rate <input type="checkbox"/> II016 Mixed Income-8% IT Rate
9 Taxpayer/Filer's Name (Last Name, First Name, Middle Name for Individual/ESTATE of (First Name, Middle Name, Last Name)/TRUST FAO (First Name, Middle Name, Last Name)) <input type="text"/> J. LOREN ARTURO B	
10 Registered Address (Indicate complete address. If branch, indicate the branch address. If the registered address is different from the current address, go to the RDO to update registered address by using BIR Form No. 1805) <input type="text"/> PRK IPIL-IPIL, TUBO-TUBO, CAGWAIT, SURIGAO DEL SUR	10A Zip Code <input type="checkbox"/> 8304
11 Date of Birth (MM/DD/YYYY) <input type="text"/> 03/12/1969	12 Email Address <input type="text"/> payersatx@ gmail.com
13 Citizenship <input type="checkbox"/> FILIPINO	14 Foreign Tax Number (if applicable) <input type="checkbox"/>
16 Tax Rate* <input type="checkbox"/> Graduated Rates per Tax Table -page 2 (Choose one, for Method of Deduction in Item 16A)	16A Method of Deduction <input type="checkbox"/> Itemized Deduction [Sec. 34(A-J), NIRC] <input type="checkbox"/> Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]]
from business/ 8% on gross sales/receipts & other non-operating income in lieu of Graduated Rates under Sec. 24(A)(2)(a) & Percentage Tax under Sec. 116 of the NIRC, as profession) amended [available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)]	

### PART II - BACKGROUND INFORMATION ON SPOUSE (if applicable)

17 Spouse's TIN <input type="text"/> _____	18 RDO Code <input type="checkbox"/>
19 Filer's Spouse Type <input type="checkbox"/> Single Proprietor <input type="checkbox"/> Professional <input type="checkbox"/> Compensation Earner	
20 ATC <input type="checkbox"/> II012 Business Income-Graduated IT Rates <input type="checkbox"/> II014 Income from Profession-Graduated IT Rates <input type="checkbox"/> II013 Mixed Income-Graduated IT Rates <input type="checkbox"/> II011 Compensation Income	
	<input type="checkbox"/> II015 Business Income-8% IT Rate <input type="checkbox"/> II017 Income from Profession-8% IT Rate <input type="checkbox"/> II016 Mixed Income-8% IT Rate
21 Spouse's Name (Last Name, First Name, Middle Name) <input type="text"/>	
22 Citizenship <input type="checkbox"/>	23 Foreign Tax Number, if applicable <input type="checkbox"/>
25 Tax Rate* <input type="checkbox"/> Graduated Rates per Tax Table -page 2 (Choose one, for Method of Deduction in Item 25A)	25A Method of Deduction <input type="checkbox"/> Itemized Deduction [Sec. 34(A-J), NIRC] <input type="checkbox"/> Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]]
from business/ 8% on gross sales/receipts & other non-operating income in lieu of Graduated Rates under Sec. 24(A)(2)(a) & Percentage Tax under Sec. 116 of the NIRC, as profession) amended [available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)]	

### PART III - TOTAL TAX PAYABLE (DO NOT enter Centavos, 49 Centavos or less drop down; 50 or more round up)

Particulars	A) Taxpayer/Filer	B) Spouse
26 Tax Due <input type="text"/> 0.00	26B <input type="checkbox"/> 0.00	
27 Less: Tax Credits/Payments <input type="text"/> 0.00	27B <input type="checkbox"/> 0.00	
28 Tax Payable/(Overpayment) (Item 26 Less Item 27) <input type="text"/> 0.00	28B <input type="checkbox"/> 0.00	
29 Add: Total Penalties <input type="text"/> 0.00	29B <input type="checkbox"/> 0.00	
30 Total Amount Payable/(Overpayment) (Sum of Items 28 and 29) <input type="text"/> 0.00	30B <input type="checkbox"/> 0.00	
31 Aggregate Amount Payable/(Overpayment) (Sum of Items 30A and 30B) <input type="text"/> 0.00		

I declare under the penalties of perjury that this remittance 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 Authorized Representative, attach authorization letter and indicate TIN)

*J. LOREN ARTURO B. LIOKON*  
Signature and Printed Name of Taxpayer/Authorized Representative/Tax Agent  
(Indicate Title/Designation and TIN)



### PART IV - DETAILS OF PAYMENT

Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount
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