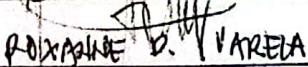


For BIR BCS/ Use Only Item:		 Republic of the Philippines Department of Finance Bureau of Internal Revenue	
BIR Form No. 1701 January 2018 (ENCS) Page 1		Annual Income Tax Return Individuals (including MIXED Income Earner), Estates and Trusts <small>Enter all required information in CAPITAL LETTERS using BLACK INK. Mark all applicable boxes with an "X". Two copies MUST be filed with the BIR and one held by the Tax Filer.</small>	
		 1701 01/18ENCS P1	
1 Month	12	For the Year (YYYY)	2023
		2 Amended Return?	Yes <input type="radio"/> No <input checked="" type="radio"/>
		3 Short Period Return?	Yes <input type="radio"/> No <input checked="" type="radio"/>
PART I - BACKGROUND INFORMATION OF TAXPAYER/FILER			
4 Taxpayer Identification Number (TIN)		5 RDO Code	
6 Taxpayer Type		7 Alphanumeric Tax Code (ATC)	
<input checked="" type="checkbox"/> Single Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Compensation Earner		8 Taxpayer's Name (Last Name, First Name, Middle Name)/ESTATE OF (First Name, Middle Name, Last Name) ARELA ROXANNE DAYMIEL	
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) KAUSWAGAN, SAN AGUSTIN SDS			
10 Date of Birth (MM/DD/YYYY)		11 Email Address	
03/07/1980		cabsingleearon@gmail.com	
12 Citizenship		13 Claiming Foreign Tax Credits?	
FILIPINO		Yes <input type="radio"/> No <input checked="" type="radio"/>	
15 Contact Number (Landline/Cellphone No.)		16 Civil Status (If applicable)	
[9105465613]		Single <input type="radio"/> Married <input checked="" type="radio"/> Legally Separated <input type="radio"/> Widower <input type="radio"/>	
17 If married, spouse has income?		18 Filing Status	
Yes <input type="radio"/> No <input checked="" type="radio"/>		Joint Filing <input type="radio"/> Separate Filing <input checked="" type="radio"/>	
19 Income EXEMPT from Income Tax?		20 Income subject to SPECIAL/PREFERENTIAL RATE?	
Yes <input type="radio"/> No <input checked="" type="radio"/>		Yes <input type="radio"/> No <input checked="" type="radio"/>	
[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) (choose one)		21A Method of Deduction (choose one)	
<input checked="" type="radio"/> Graduated Rates <input type="radio"/> Itemized Deduction [Sec. 34(A-J), NIRC]		<input type="radio"/> Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]] <small>5% in lieu of Graduated Rates under Sec. 24(A) & Percentage Tax under Sec. 116 of NRC [available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)]</small>	
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)		0.00	0.00
23 Less: Total Tax Credits/Payments (From Part VII Item 10)		1,431.00	0.00
24 Tax Payable/(Overpayment) (Item 22 Less Item 23)		-1,431.00	0.00
Less: Portion of Tax Payable Allowed for 2nd Instalment 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)		-1,431.00	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)		-1,431.00	0.00
32 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30)		1,431.00	1,431.00
If overpayment, mark one (1) box only. (Once the choice is made, the same is irrevocable) <input type="radio"/> To be refunded <input checked="" type="radio"/> To be issued a Tax Credit Certificate (TCC) <input type="radio"/> 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 1 RECEIVED 	
PART III - DETAILS OF PAYMENT			
Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)
34 Cash/Bank Debit Memo			
35 Check			
		Amount	APR 15 2024
		RECEIVED	ROXANNE ARELA