



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 2 Amended Return? ☐ Yes ☒ No 3 Short Period Return? ☐ Yes ☒ No

PART I - BACKGROUND INFORMATION OF TAXPAYER/FILER

4 Taxpayer Identification Number (TIN)	185 - 171 - 732 - 000	5 RDO Code	105
6 Taxpayer Type	<input checked="" type="checkbox"/> Single Proprietor <input type="checkbox"/> Professional <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Compensation Earner		
7 Alphabetic Tax Code (ATC)	<input checked="" type="checkbox"/> R012 Business Income-Graduated IT Rates <input type="checkbox"/> R014 Income from Profession-Graduated IT Rates <input type="checkbox"/> R013 Mixed Income-Graduated IT Rates <input type="checkbox"/> R011 Compensation Income <input type="checkbox"/> R015 Business Income-8% IT Rate <input type="checkbox"/> R017 Income from Profession-8% IT Rate <input type="checkbox"/> R016 Mixed Income-8% IT Rate		
8 Taxpayer's Name (Last Name, First Name, Middle Name)/ESTATE OF (First Name, Middle Name, Last Name)/TRUST FBO (First Name, Middle Name, Last Name)	LLOREN, ARTURO B.		
9 Registered Address (Indicate complete address. If the registered address is different from the current address, get to the RDO to update registered address by using BIR Form No. 1905)	ARAS-ASAN, CAGYINTG, SURIGAO DEL SUR		
	9A	ZIP Code	8304
10 Date of Birth (MM/DD/YYYY)	08/25/1973		
11 Email Address	llorenol11@yahoo.com		
12 Citizenship	FILIPINO		
13 Claiming Foreign Tax Credits?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14 Foreign Tax Number, if applicable			
15 Contact Number (Landline/Cellphone No.)	09763427650		
16 Civil Status (if applicable)	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widow/er		
17 If married, spouse has income?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
18 Filing Status	<input type="checkbox"/> Joint Filing <input checked="" type="checkbox"/> Separate Filing		
19 Income EXEMPT from Income Tax?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
20 Income subject to SPECIAL/PREFERENTIAL RATE?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
[If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)]			
21A Method of Deduction (choose one)			
<input checked="" type="checkbox"/> Graduated Rates <input type="checkbox"/> Itemized Deduction <input type="checkbox"/> Optional Standard Deduction (OSD)			
[Sec. 34(A-J), NIRC] [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]]			
21 Tax Rate* (Choose Method of Deduction in Item 21A)			
<input type="checkbox"/> 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
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)	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	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)

ARTURO B. LLOREN
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/AGS and Date of Receipt
(RO's Signature/Bank Teller's Initial)CERTIFIED TRUE COPY
FROM THE ORIGINAL DOCUMENTRECEIVED
BY:
DATE:
LAWYER BANK OF THE PHILIPPINES
TANDAG BRANCH

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

HAYDEE C. CABRERA
Administrative Officer I (Records Officer I)

DATE: MAY 15 2025



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

For BIR	BCS/
Use Only	Item:

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1701Q

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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 <u>2025</u>	2 Quarter <u>First</u> <u>Second</u> <u>Third</u>	3 Amended Return? <u>Yes</u> <u>No</u>	4 Number of Sheet/s Attached <u>5</u>
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PART I - BACKGROUND INFORMATION ON TAXPAYER/FILER

6 Taxpayer Identification Number (TIN)	068 - 071 - 072 - 000			7 RDO Code	106
7 Taxpayer/Filer Type	Single Proprietor		Professional	Estate	Trust
8 Alphabetic Tax Code (ATC)	0102 Business Income-Graduated IT Rates		0104 Income from Profession-Graduated IT Rates	0103 Mixed Income-Graduated IT Rates	
	0105 Business Income-8% IT Rate		0107 Income from Profession-8% IT Rate	0106 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 FBO (First Name, Middle Name, Last Name)	LORENARTURO 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. 1905)	PRX IPIL-IPIL-TUBO-TUBO,CAGWAIT,BURGAS DEL SUR				
					10A Zip Code
					954
11 Date of Birth (MM/DD/YYYY)	12 Email Address				
08 / 12 / 1959	payerstax6@gmail.com				
13 Citizenship	14 Foreign Tax Number (if applicable)			15 Claiming Foreign Tax Credits?	
FILIPINO				Yes No	

<p>16 Tax</p> <p>Rate* (choose one, for income from business/ profession)</p> <p> a. Graduated Rates per Tax Table -page 2 (Choose Method of Deduction in Item 16A)</p>	<p>16A Method of Deduction</p> <p> a. Itemized Deduction [Sec. 34(A-J), NIRC]</p>	<p>Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]]</p>
<p>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 amended [available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)]</p>		

PART II - BACKGROUND INFORMATION ON SPOUSE (if applicable)

17 Spouse's TIN		18 RDO Code	
19 Filer's Spouse Type		Single Proprietor	Professional Compensation Earner
20 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
21 Spouse's Name (Last Name, First Name, Middle Name)			
22 Citizenship		23 Foreign Tax Number, if applicable	24 Claiming Foreign Tax Credits? Yes No
25 Tax Rate* (choose one, for income from business/profession) amended [available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)]	25A Method of Deduction Graduated Rates per Tax Table -page 2 (Choose Method of Deduction in Item 25A) Itemized Deduction [Sec. 34(A-J), NIRC] Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]] 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 amended		

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

Particulars		A) Taxpayer/Filter	B) Spouse
26	Tax Due <small>(From Part V, Worksheet 1, Item 26; Form 990, Schedule A, Item 24)</small>	26A <input type="text" value="0.00"/>	26B <input type="text" value="0.00"/>
27	Less: Tax Credits/Payments <small>(From Part V, Worksheet 1, Item 27; Form 990, Schedule A, Item 25)</small>	27A <input type="text" value="0.00"/>	27B <input type="text" value="0.00"/>
28	Tax Payable/(Overpayment) <small>(Item 26 Less Item 27; Form 990, Page 30)</small>	28A <input type="text" value="0.00"/>	28B <input type="text" value="0.00"/>
29	Add: Total Penalties <small>(From Part V, Worksheet 1, Item 29)</small>	29A <input type="text" value="0.00"/>	29B <input type="text" value="0.00"/>
30	Total Amount Payable/(Overpayment) <small>(Sum of Items 28 and 29; Form 990, Page 30)</small>	30A <input type="text" value="0.00"/>	30B <input type="text" value="0.00"/>
31	Aggregate Amount Payable/(Overpayment) <small>(Sum of Items 30A and 30B)</small>		<input type="text" value="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)

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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