

For BIR: BCS/ Use Only Item.		 Republic of the Philippines Department of Finance Bureau of Internal Revenue	 1701 01/18ENCS P1	
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.			
1 Month <input checked="" type="checkbox"/> For the Year (YYYY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 Amended Return? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> 3 Short Period Return? <input type="radio"/> Yes <input checked="" type="radio"/> No				
PART I - BACKGROUND INFORMATION OF TAXPAYER/FILER				
4 Taxpayer Identification Number (TIN) <input type="text" value="13-1701-000-000"/>		5 RDO Code <input type="text" value="104"/>		
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 Alphanumeric Tax Code (ATC) <input type="checkbox"/> 1012 Business Income-Graduated IT Rates <input type="checkbox"/> 1013 Compensation Income <input type="checkbox"/> 1015 Business Income-5% IT Rate <input type="checkbox"/> 1017 Income From Profession-6% IT Rate <input type="checkbox"/> 1018 Mixed Income-Graduated IT Rates <input type="checkbox"/> 1019 Mixed Income-5% 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. 1005) F-3 NUEVO TRABAJO, SAN LUIS, AGUASAN DEL SUR				
10 Date of Birth (MM/DD/YYYY) <input type="text" value="08/07/1988"/>		11 Email Address <input type="text" value="jessamedadie@gmail.com"/>		9A ZIP Code <input type="text" value="85111"/>
12 Citizenship <input type="text" value="FILIPINO"/>		13 Claiming Foreign Tax Credits? <input type="radio"/> Yes <input checked="" type="radio"/> No		14 Foreign Tax Number, if applicable <input type="text"/>
15 Contact Number (Landline/Cellphone No.) <input type="text" value="09175980402"/>		16 Civil Status (if applicable) <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Legally Separated <input type="radio"/> Widower		
17 If married, spouse has income? <input type="radio"/> Yes <input type="radio"/> No		18 Filing Status <input type="radio"/> Joint Filing <input type="radio"/> Separate Filing		
19 Income EXEMPT from Income Tax? <input type="radio"/> Yes <input checked="" type="radio"/> No		20 Income subject to SPECIAL/PREFERENTIAL RATE? <small>If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)]</small>		
21 Tax Rate* <small>(choose one)</small>		21A Method of Deduction (choose one) <input checked="" type="radio"/> Graduated Rates <small>(Choose Method of Deduction in Item 21A)</small> <input type="radio"/> 6% In lieu of Graduated Rates under Sec. 24(A) & Percentage Tax under Sec. 116 of NIRC <small>[Available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)]</small>		
PART II - TOTAL TAX PAYABLE <small>(Do NOT Enter Centavos. 49 Centavos or Less drop down, 50 or more round up)</small>				
22 Tax Due <small>(From Part VI Item 5)</small>		A. Taxpayer/Filer <input type="text" value="0.00"/>		B. Spouse <input type="text" value="0.00"/>
23 Less: Total Tax Credits/Payments <small>(From Part VII Item 10)</small>		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>
24 Tax Payable/(Overpayment) <small>(Item 22 Less Item 23)</small>		<input type="text" value="0.00"/>		<input type="text" value="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)		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>
26 Amount of Tax payable/(Overpayment) <small>(Item 24 Less Item 25)</small>		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>
Add: Penalties 27 Interest 28 Surcharge 29 Compromise		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>
30 Total Penalties (Sum of Items 27 to 29)		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>
31 Total Amount Payable/(Overpayment) <small>(Sum of Items 26 and 30)</small>		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>
32 Aggregate Amount Payable/(Overpayment) <small>(Sum of Items 26 and 30)</small>		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>
If overpayment, mark one (1) box only. (Once the choice is made, the same is irrevocable) <input type="radio"/> To be refunded <input 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				
<small>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 thereunder. 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 end lawful purposes. (If signed by an Authorized Representative, indicate TIN and attach authorization letter)</small>				
		33 Number of Attachments <input type="text" value="00"/>		
PART III - DETAILS OF PAYMENT				
34 Cash/Bank Debit Memo <input type="text"/>		Drawee Bank/Agency <input type="text"/> Number <input type="text"/>		Date (MM/DD/YYYY) <input type="text"/> Amount <input type="text"/>
35 Check <input type="text"/>		<input type="text"/>		
36 Tax Debit Memo <input type="text"/>		<input type="text"/>		
37 Others (specify below) <input type="text"/>		<input type="text"/>		
<small>Machine Validation/Revenue Official Receipt Details (if not filed with an Authorized Agent Bank)</small>		<small>Stamp of Receiving Office/AAB and Date Received RO's Signature/Bank Teller's Initial</small> VALIDATION LANDBANK OF THE PHILIPPINES SAN FRANCISCO BRANCH		
<small>NOTE: *The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)</small>				
CERTIFIED PHOTO COPY  ELISAMA P. ANUB AU-I/RECORDS OFFICER				
Validated by: _____ Date: _____				