

For BIR BCS/ Use Only Item:		Republic of the Philippines Department of Finance Bureau of Internal Revenue		1701 01/18ENC S P1	
BIR Form No. 1701 January 2018 (ENC S) 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 <u>12</u> For the Year (YYYY) <u>2023</u>		2 Amended Return? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		3 Short Period Return? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
PART I - BACKGROUND INFORMATION OF TAXPAYER/FILER					
4 Taxpayer Identification Number (TIN) <u>600-243-273-500</u>		5 RDO Code <u>106</u>			
6 Taxpayer Type <input checked="" type="checkbox"/> Single Proprietor Professional Estate Trust Compensation Earner					
7 Alphanumeric Tax Code (ATC) <input type="checkbox"/> 1011 Compensation Income <input type="checkbox"/> 1012 Business Income-Graduated IT Rates <input type="checkbox"/> 1014 Income from Profession-Graduated IT Rates <input type="checkbox"/> 1013 Mixed Income-Graduated IT Rates <input type="checkbox"/> 1015 Business Income-5% IT Rate <input type="checkbox"/> 1017 Income from Profession-3% IT Rate <input type="checkbox"/> 1016 Mixed Income-5% 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) <u>MARELA ROSANNE DAYMIEL</u>					
9 Registered Address (Indicate complete address. If the registered address is different from the current address, got to the RDO to update registered address by using BIR Form No. 1905) <u>KAUSWAGAN, SAN AGUSTIN SDS</u>					
9A ZIP Code <u>6305</u>					
10 Date of Birth (MM/DD/YYYY) <u>10/30/1980</u>		11 Email Address <u>falsingleonor@gmail.com</u>			
12 Citizenship <u>FILIPINO</u>		13 Claiming Foreign Tax Credits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		14 Foreign Tax Number, if applicable	
15 Contact Number (Landline/Cellphone No.) <u>09108465813</u>		16 Civil Status (if applicable) Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widower <input type="checkbox"/>			
17 If married, spouse has income? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		18 Filing Status Joint Filing <input type="checkbox"/> Separate Filing <input checked="" type="checkbox"/>			
19 Income EXEMPT from Income Tax? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> [If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)]		20 Income subject to SPECIAL/PREFERENTIAL RATE? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> [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 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]]			
5% 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)		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	
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)		-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		0.00	
If overpayment, mark one (1) box only. (Once the choice is made, the same is irrevocable)					
<input checked="" type="checkbox"/> To be refunded		<input type="checkbox"/> To be Issued a Tax Credit Certificate (TCC)		<input type="checkbox"/> 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 <u>MARELA ROSANNE DAYMIEL</u>				33 Number of Attachments <u>1</u>	
PART III - DETAILS OF PAYMENT					
Particulars		Drawee Bank/Agency		Date (MM/DD/YYYY)	
34 Cash/Bank Debit Memo					
35 Check					