

For BIR  
Use OnlyBIR Form No.  
**1701**  
January 2018 (ENCS)  
Page 1Republic of the Philippines  
Department of Finance  
Bureau of Internal Revenue**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) <input type="text"/> 302 <input type="text"/> 304 <input type="text"/> 306 <input type="text"/> 300		5 RDO Code <input type="text"/> 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 Alphabetic Tax Code (ATC) <input checked="" type="radio"/> 1012 Business Income-Graduated IT Rates <input type="radio"/> 1014 Income from Profession-Graduated IT Rates <input type="radio"/> 1013 Mixed Income-Graduated IT Rates <input type="radio"/> 1011 Compensation Income <input type="radio"/> 1015 Business Income-8% IT Rate <input type="radio"/> 1017 Income from Profession-8% IT Rate <input type="radio"/> 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) BENAMBA, JULIUS			
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. 1906) PROSPERIDAD AGUSAN DEL SUR			
		9A ZIP Code <input type="text"/> 5500	
10 Date of Birth (MM/DD/YYYY) <input type="text"/> 06/28/1981		11 Email Address <input type="text"/> prosperidadbr@gmail.com	
12 Citizenship <input type="text"/> 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"/> 000	
16 Civil Status (if applicable) <input type="radio"/> Single <input checked="" type="radio"/> Married <input type="radio"/> Legally Separated <input type="radio"/> Widower		17 If married, spouse has income? <input type="radio"/> Yes <input checked="" 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 [If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)]	
20 Income subject to SPECIAL/PREFERENTIAL RATE? <input type="radio"/> Yes <input checked="" type="radio"/> No [If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)]		21 Tax Rate* (Choose Method of Deduction in Item 21A) <input checked="" type="radio"/> Graduated Rates <input type="radio"/> 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)]	
21A Method of Deduction (choose one) <input type="radio"/> Itemized Deduction [Sec. 34(A-J), NIRC] <input checked="" type="radio"/> Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]]			

**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)	<input type="text"/> 0.00	<input type="text"/> 0.00
23 Less: Total Tax Credits/Payments (From Part VII Item 10)	<input type="text"/> 0.00	<input type="text"/> 0.00
24 Tax Payable/(Overpayment) (Item 22 Less Item 23)	<input type="text"/> 0.00	<input type="text"/> 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"/> 0.00	<input type="text"/> 0.00
26 Amount of Tax payable/(Overpayment) (Item 24 Less Item 25)	<input type="text"/> 0.00	<input type="text"/> 0.00
Add: Penalties 27 Interest	<input type="text"/> 0.00	<input type="text"/> 0.00
28 Surcharge	<input type="text"/> 0.00	<input type="text"/> 0.00
29 Compromise	<input type="text"/> 0.00	<input type="text"/> 0.00
30 Total Penalties (Sum of Items 27 to 29)	<input type="text"/> 0.00	<input type="text"/> 0.00
31 Total Amount Payable/(Overpayment) (Sum of Items 26 and 30)	<input type="text"/> 0.00	<input type="text"/> 0.00
32 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30)	<input type="text"/> 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)

33 Number of Attachments  00

Printed Name and Signature of Taxpayer/Authorized Representative

**PART III - DETAILS OF PAYMENT**

Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount
34 Cash/Bank Debit Memo	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
35 Check	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
36 Tax Debit Memo	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
37 Others (specify below)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 Initial)