



BIR Form No.
1701
January 2010 (INC)
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 items
with an "X". Two copies MUST be filed with the BIR and one held by the Tax Filer.



1 Month For the Year (YYYY) 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" value="123-456-789-0123"/>	5 REU Code	<input type="text" value="1001"/>
6 Taxpayer Type	<input checked="" type="checkbox"/> Single Proprietor <input type="checkbox"/> Professional <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Corporation Earner		
7 Employment Tax Code (ETC)	<input checked="" type="checkbox"/> 0010 Business Income-Discharged IT Filer <input type="checkbox"/> 0010 Business Income-Pending Discharge IT Filer <input type="checkbox"/> 0011 Mixed Income-Discharged IT Filer <input checked="" type="checkbox"/> 0011 Compensation Income <input type="checkbox"/> 0010 Business Income-Disg IT Filer <input type="checkbox"/> 0010 Business Income-Pending IT Filer <input type="checkbox"/> 0010 Mixed Income-Disg IT Filer		
8 Taxpayer's Name (Last Name, First Name, Middle Name)/ESTATE OF (First Name, Middle Name, Last Name)/TRUST FAD (First Name, Middle Name, Last Name)	JACAPO, TANIAKE E.		
9 Registered Address (same complete address. If the registered address is different from the current address, get to the REU to update registered address by using BIR Form No. 7000) JCTE BARRIERS BUREAU CITY			
10 Date of Birth (MM/DD/YYYY)	<input type="text" value="01/01/1981"/>	11 Email Address	<input type="text" value="jcapo123@gmail.com"/>
12 Citizenship	<input type="text" value="PL"/>	13 Claiming Foreign Tax Credit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14 Foreign Tax Number, if applicable			
15 Contact Number (Landline/Cellphone No.)	<input type="text" value="09123456789"/>	16 CMG Status (if applicable)	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widower
17 If married, spouse has income?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18 Filing Status	<input type="checkbox"/> Joint Filing <input type="checkbox"/> Separate Filing
19 Income EXCEPT 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, list and also consolidation of ALL activities per Tax Regime (Part II)			

21 Tax Regime	<input type="checkbox"/> Graduated Rates (Choose Method of Deduction in Item 21A) <input type="checkbox"/> Income Tax	21A Method of Deduction (Income Tax) <input type="checkbox"/> Standard Deduction <input type="checkbox"/> Optional Standard Deduction (OSD) <input type="checkbox"/> 10% of Gross Salary/Percentage/Revenue/Profits (Sec. 34(1), NSIC) <input type="checkbox"/> 8% or less of Graduated Rates under Sec. 34(1) & Percentage Tax under Sec. 116 of NSIC (available if gross salary/revenue and other non-operating income do not exceed Three million pesos (P3,000,000))
---------------	--	--

PART II - TOTAL TAX PAYABLE (in BIR Extra Currency or Canadian or Local currency, whichever more suitable)			
Particular	A. Taxpayer/Filer	B. Spouse	
22 Tax Due (Sum of Part VI Item 22)	<input type="text" value="1,000.00"/>	<input type="text" value="100"/>	
23 Less Total Tax Credit/Prepayment (Sum of Part VI Item 23)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	
24 Tax Payable(Difference) (Sum of 22 Less Item 23)	<input type="text" value="1,000.00"/>	<input type="text" value="100"/>	
Less: Proportion of Tax Payable Allocated for 2nd Treatment to be paid on or before October 15 (80% or less of Item 22)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	
25 Amount of Tax payable(Difference)(Sum of 24 Less Item 22)	<input type="text" value="1,000.00"/>	<input type="text" value="100"/>	
Add Penalties	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	
27 Interest	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	
28 Surcharge	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	
29 Computation	<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(Difference)(Sum of Items 25 and 30)	<input type="text" value="1,000.00"/>	<input type="text" value="100"/>	
32 Appropriate Amount Payable(Difference)(Sum of Items 25 and 30)	<input type="text" value="1,000.00"/>	<input type="text" value="100"/>	

I acknowledge that the information I have furnished, to the best of my knowledge and belief, are true and correct, pursuant to the provisions of the Philippine 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. (I signed by an Authorized Representative, include Title and attach authentication letter)	<input type="checkbox"/> To be carried over as a tax credit for next year/partner <input type="checkbox"/> To be refunded <input type="checkbox"/> Total amount a Tax Credit Certificate (TCC)
--	---

<i>Ermaguel S. Jayapayal</i> Printed Name and Signature of Taxpayer/Authorized Representative	33 Number of Attached <input type="text" value="00"/>
--	---

PART III - DETAILS OF PAYMENT			
Particular	Drawer/Bank/Agency	Number	Date (MM/DD/YYYY)
34 Cash/Bank/Credit Memo	<input type="text"/>	<input type="text"/>	<input type="text"/>
35 Check	<input type="text"/>	<input type="text"/>	<input type="text"/>
36 Tax Deposit Memo	<input type="text"/>	<input type="text"/>	<input type="text"/>
37 Others (Specify below)	<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 Recovery (RECEIVED/RECEIVED AND DATE OF RECEIVED) PIC's Signature/Agent's Initials	
		<i>LAPR 12 2020</i>	

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

