

For BIR
Use OnlyBCS/
Item

170106/13ENCSP1

Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas		Annual Income Tax Return For Self-Employed Individuals, Estates and Trusts <i>Enter all required information in CAPITAL LETTERS using BLACK ink. Mark applicable boxes with an "X". Two copies MUST be filed with the BIR and one held by the Tax Filer.</i>		BIR Form No. 1701 June 2013 (ENCS) Page 1	
1 For the Year (MM/20YY) 1 2 / 20 1 7		2 Amended Return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3 Short Period Return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4 Alphanumeric Tax Code (ATC)		II 011 Compensation Income <input checked="" type="checkbox"/> II 012 Business Income / Income from Profession		II 013 Mixed Income	
Part I – Background Information on TAXPAYER/FILER					
5 Taxpayer Identification Number (TIN) 1 0 1 - 7 5 0 - 0 2 9 - 0 0 0 0		6 RDO Code 0 3 1			
7 Tax Filer Type		<input checked="" type="checkbox"/> Single Proprietor <input checked="" type="checkbox"/> Professional		<input type="checkbox"/> Estate <input type="checkbox"/> Trust	
8 Tax Filer's Name (Last Name, First Name, Middle Name for Individual) / ESTATE of (First Name, Middle Name, Last Name) / TRUST FAO (First Name, Middle Name, Last Name) MARCOS JOVITO MARCOS					
9 Trade Name JOVITO MARCOS MARCOS					
10 Registered Address (Indicate complete registered address) M. NATIVIDAD, STA. CRUZ, MANILA					
11 Date of Birth (MM/DD/YYYY) 0 2 / 2 2 / 1 9 7 2		12 Email Address marcosjovito@yahoo.com			
13 Contact Number 0 9 1 6 7 4 8 1 6 4 8		14 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widow/er			
15 If Married, indicate whether spouse has income <input type="checkbox"/> With Income <input type="checkbox"/> With No Income		16 Filing Status <input type="checkbox"/> Joint Filing <input type="checkbox"/> Separate Filing			
17 Main Line of Business CONTRACT OF SERVICE		18 PSIC 6 3 2 9		19 PSOC	
20 Method of Deduction <input checked="" type="checkbox"/> Itemized Deduction (Sec. 34 (A-J), NIRC) <input type="checkbox"/> Optional Standard Deduction (OSD) 40% of Gross Sales/ Receipts/Revenues/Fees (Sec. 34(L), NIRC, as amended by R.A. 9504)					
21 Method of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Others (Specify)					
22 Income Exempt from Income Tax? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If Yes, fill up also Mandatory Attachments PER ACTIVITY (Part X)</i>		23 Income subject to Special/Preferential Rate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If Yes, fill up also Mandatory Attachments PER ACTIVITY (Part X)</i>			
24 Claiming Additional Exemptions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25 If YES, enter number of Qualified Dependent Children (Enter information about Children on Part VIIA of Page 4) 0			
Part II – Total Tax Payable (Do NOT enter Centavos)					
26 Total Income Tax Due (Overpayment) for Tax Filer and Spouse (Sum of Items 72A & 72B)					0
27 Less: Total Tax Credits / Payments (Sum of Items 76A & 76B)					0
28 Net Tax Payable (Overpayment) (Item 26 Less Item 27)					0
29 Less: Portion of Tax Payable Allowed for 2 nd Installment to be paid on or before July 15 (Not More Than 50% of Item 26)					0
30 Total Tax Payable (Item 28 Less Item 29)					0
31 Add: Total Penalties (From Item 84)					0
32 TOTAL AMOUNT PAYABLE Upon Filing (Overpayment) (Sum of Items 30 & 31)					0
If Overpayment, mark one box only (Once the choice is made, the same is irrevocable)					
<input 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 annual return has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. (If Authorized Representative, attach authorization letter and indicate TIN)					33 Number of pages filed <input type="checkbox"/>
Signature over printed name of Tax Filer		Signature over printed name of Authorized Representative			
34 Community Tax Certificate (CTC) No./Govt. Issued ID EMPLOYMENT		35 Date of Issue (MM/DD/YYYY) 0 3 / 1 2 / 2 0 1 2			
36 Place of Issue TAYUMAN		37 Amount, if CTC 0			
Part III - Details of Payment					
Drawee Bank/ Agency	Number	Date (MM/DD/YYYY)	Amount		
38 Cash/Bank Debit Memo		/ /	0		
39 Check		/ /	0		
40 Others (Specify below)					
		/ /	0		
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)		

