



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas  
Internas

## Annual Income Tax Return

For Individuals Earning Purely Compensation Income  
(Including Non-Business/Non-Profession Income)

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.

BIR Form No.

**1700**June 2013 (ENCS)  
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1 For the Year	20 <input type="text"/>	2 Amended Return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	3 Joint Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	4 Source of Income	<input type="checkbox"/> Compensation Income	<input type="checkbox"/> Other Income II 011	<input type="checkbox"/> Compensation Income II 041
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### Part I – Background Information on Tax Filer and Spouse

5 Taxpayer Identification Number (TIN)	- <input type="text"/>	- <input type="text"/>	- <input type="text"/>	0 0 0 0	6 RDO Code	7 PSOC Code
8 Tax Filer's Name (Last Name, First Name and Middle Initial. Enter only 1 letter per box using CAPITAL LETTERS)						
9 Address (Indicate complete registered address; If address has changed, mark here) and enter new address in Table 1						
10 Date of Birth (MM/DD/YYYY)		11 Email Address				
/ /						
12 Contact Number		13 Civil Status				
/ /		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Legally Separated	<input type="checkbox"/> Widower	
14 Claiming Additional Exemptions? <input type="checkbox"/> Yes <input type="checkbox"/> No		15 If YES, enter number of Qualified Dependent Children (Enter information about Children on Table 2)				
16 Spouse's Name (Last Name, First Name and Middle Initial)						
17 Spouse's TIN		- <input type="text"/>	- <input type="text"/>	- <input type="text"/>	0 0 0 0	18 Contact Number
19 Date of Birth (MM/DD/YYYY)		20 Email Address				
/ /						
21 Claiming Additional Exemptions? <input type="checkbox"/> Yes <input type="checkbox"/> No		22 If YES, enter number of Qualified Dependent Children (Enter information about Children on Table 2)				

### Part II – Total Tax Payable

(Do NOT enter Centavos)

23 Tax Filer's Tax Due (From Part IV Item 14 Column A)	/ / / /
24 Spouse's Tax Due (From Part IV Item 14 Column B)	/ / / /
25 Total Income Tax Due (Sum of Items 23 & 24)	/ / / /
26 Less: Tax Filer's Tax Credits/Payments (From Part IV Item 19 Column A)	/ / / /
27 Spouse's Tax Credits/Payments (From Part IV Item 19 Column B)	/ / / /
28 Net Tax Payable (Overpayment) (Item 25 less Items 26 & 27)	/ / / /
29 Less: Portion of Tax Payable Allowed for 2 <sup>nd</sup> Installment to be paid on or before July 15 (From Part IV Item 22)	/ / / /
30 Add: Total Penalties (From Part IV Item 27)	/ / / /
<b>31 TOTAL AMOUNT PAYABLE Upon Filing (Overpayment)</b> (Item 28 Less Item 29 Add Item 30)	/ / / /

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.)

Number of pages filed

Signature over printed name of Tax Filer or Authorized Representative

32 Govt Issued ID [e.g. Passport, Community Tax Certificate (CTC)]	33 Date of Issue (MM/DD/YYYY)	/ / / /	34 Amount, if CTC
35 Place of Issue			

### Part III – Details of Payment

36 Details of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check (Please indicate details below)					Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)
Drawee Bank/ Agency	Amount				
Date (MM/DD/YYYY)	/ /	/ /	/ /	/ /	
Machine Validation/Revenue Official Receipt Details (if not filed with an Authorized Agent Bank)					

**Annual Income Tax Return**  
**Part IV - Computation of Tax**

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**Gross Compensation Income and Tax Withheld** (On Items 1, 2 & 3, enter the required information for each of your employers and mark whether the information is for the Tax Filer or the Spouse. Attach additional sheets, if necessary. On Item 4A, enter the Total Gross Compensation and Total Tax Withheld for the Tax Filer and on Item 4B, enter the appropriate information for the Spouse. **DO NOT enter Centavos: 49 Centavos or less drop down: 50 or more round up**)

<b>1 Name of Employer</b>				
<input type="checkbox"/> Tax Filer	Employer's TIN		Compensation Income	Tax Withheld
<input type="checkbox"/> Spouse				
<b>2 Name of Employer</b>				
<input type="checkbox"/> Tax Filer	Employer's TIN		Compensation Income	Tax Withheld
<input type="checkbox"/> Spouse				
<b>3 Name of Employer</b>				
<input type="checkbox"/> Tax Filer	Employer's TIN		Compensation Income	Tax Withheld
<input type="checkbox"/> Spouse				
<b>4A</b> Total Gross Compensation Income and Total Tax Withheld from the above entries and any additional sheets attached for <b>Tax Filer</b> .		1. Total Compensation Income	2. Total Tax Withheld	
<b>4B</b> Total Gross Compensation Income and Total Tax Withheld from the above entries and any additional sheets attached for <b>Spouse</b> .		1. Total Compensation Income	2. Total Tax Withheld	
<b>Computation of Gross Taxable Compensation</b>		A) Tax Filer	B) Spouse	
<b>5</b> Non-Taxable/Exempt Income				
<b>6</b> Gross Taxable Compensation Income ( <i>Item 4A1 or 4B1 Less Item 5</i> )				
<b>7</b> Premium on Health and/or Hospitalization Insurance ( <i>If any</i> )				
<b>8</b> Personal Exemption				
<b>9</b> Additional Exemption				
<b>10 Total Deductions</b> ( <i>Sum of Items 7, 8 &amp; 9</i> )				
<b>11 Net Taxable Compensation (Excess of Deductions)</b> ( <i>Item 6 less Item 10</i> )				
<b>12 Other Taxable Income</b> ( <i>Non-Business/Non-Professional; Enter source below followed by total amount for Tax Filer and Spouse</i> )				
<b>13 Total Taxable Income</b> ( <i>Sum of Items 11 &amp; 12</i> )				
<b>14 Total Income Tax Due</b> ( <i>Refer to Table 3-Tax Table</i> ) ( <i>To Part II Item 23 &amp;/or 24</i> )				
<b>Computation of Tax Credits/Payments</b> ( <i>Attach Proof</i> )		A) Tax Filer	B) Spouse	
<b>15</b> Tax Withheld per BIR Form No. 2316				
<b>16</b> Tax Paid in Return Previously Filed ( <i>If this is an amended Return</i> )				
<b>17</b> Foreign Tax Credits, if applicable				
<b>18</b> Other Payments/Credits ( <i>Specify</i> ) _____				
<b>19 Total Tax Credits/Payments</b> ( <i>Sum of Items 15 to 18</i> ) ( <i>To Part II Item 26 &amp;/or 27</i> )				
<b>20 Net Tax Payable (Overpayment)</b> ( <i>Item 14 Less Item 19</i> )				
<b>21 Net Tax Payable (Overpayment) for Tax Filer and Spouse</b> ( <i>Sum of Items 20A &amp; 20B</i> )				
<b>22</b> Less: Portion of Tax Payable Allowed for 2 <sup>nd</sup> Installment to be paid on or before July 15 ( <i>To Part II Item 29</i> ) <i>(Not more than 50% of the sum of Items 14A &amp; 14B)</i>				
<b>23 Total Tax Payable (Overpayment) for Tax Filer &amp; Spouse</b> ( <i>Item 21 Less Item 22</i> )				
<b>Add Penalties</b>				
<b>24</b> Surcharge		<b>25</b> Interest		<b>26</b> Compromise
<b>27 Total Penalties</b> ( <i>Sum of Items 24 to 26</i> ) ( <i>To Part II Item 30</i> )				
<b>28 Total Amount Payable Upon Filing (Overpayment)</b> ( <i>Sum of Items 23 &amp; 27</i> ) ( <i>To Part II Item 31</i> )				

**Annual Income Tax Return  
Part V - Supplemental Information**

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**TIN**

**0 0 0 0**

**Tax Filer's Last Name**

**A - Gross Income/ Receipts Subjected to Final Withholding**

I) Description	Exempt	A) Actual Amount/Fair Market Value/Net Capital Gains	B) Final Tax Withheld/Paid
1 Interests			
2 Royalties			
3 Dividends			
4 Prizes and Winnings			
5 Fringe Benefits			
6 Compensation Subject to 15% Preferential Rate			

II) Sale/Exchange of Real Properties	A) Sale/Exchange #1	B) Sale/Exchange #2
7 Description of Property (e.g., land, improvement, etc.)		
8 OCT/TCT/CCT/Tax Declaration No.		
9 Certificate Authorizing Registration (CAR) No.		
10 Actual Amount/Fair Market Value/Net Capital Gains		
11 Final Tax Withheld/Paid		

III) Sale/Exchange of Shares of Stock	A) Sale/Exchange #1	B) Sale/Exchange #2
12 Kind (PS/CS) / Stock Certificate Series No.	/	/
13 Certificate Authorizing Registration (CAR) No.		
14 Number of Shares		
15 Date of Issue (MM/DD/YYYY)	/  /  /  /  /  /	/  /  /  /  /  /
16 Actual Amount/Fair Market Value/Net Capital Gains		
17 Final Tax Withheld/Paid		

IV) Other Income (Specify)	A) Other Income #1	B) Other Income #2
18 Other Income Subject to Final Tax Under Sec. 57(A)/127/Others of the Tax Code, as amended (Specify)		
19 Actual Amount/Fair Market Value/Net Capital Gains		
20 Final Tax Withheld/Paid		

21 Total Final Tax Withheld/Paid (Sum of Items 1B to 6B, 11A, 11B, 17A, 17B, 20A & 20B)	

B - Gross Income/Receipts Exempt from Income Tax (Actual Amount/Fair Market Value)		
I) Personal/Real Properties Received thru Gifts, Bequests, and DeVises	A) Personal/Real Properties #1	B) Personal/Real Properties #2
4 Description of Property (e.g., land, improvement, etc.)		
5 Mode of Transfer (e.g. Donation)		
6 Certificate Authorizing Registration (CAR) No.		
7 Actual Amount/Fair Market Value		

II) Other Exempt Income/Receipts	A) Personal/Real Properties #1	B) Personal/Real Properties #2
8 Other Exempt Income/Receipts Under Sec. 32 (B) of the Tax Code, as amended (Specify)		
9 Actual Amount/Fair Market Value/Net Capital Gains		

10 Total Income/Receipts Exempt from Income Tax (Sum of Items 1 to 3, 7A, 7B, 9A & 9B)	

**Annual Income Tax Return  
Other Information**

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TIN

0 0 0 0

Tax Filer's Last Name

**Table 1 - Current Address** (*Accomplish, if current address is different from registered address*)

Unit/Room Number/Floor				Building Name			
Lot Number	Block Number	Phase Number	House Number	Street Name			
Subdivision/Village				Barangay			
Municipality/City				Province			Zip Code

**Table 2 - Qualified Dependent Children**

(*If wife is claiming for additional exemption, please attach waiver of the husband*)

Last Name	First Name and Middle Initial			Date of Birth (MM / DD / YYYY)			Mark if Mentally/ Physically Incapacitated

**Table 3 - Tax Table**

If Taxable Income is:	Tax Due is:	If Taxable Income is:	Tax Due is:
Not over P 10,000	5%		
Over P 10,000 but not over P 30,000	P 500 + 10% of the excess over P 10,000	Over P 140,000 but not over P 250,000	P 22,500 + 25% of the excess over P 140,000
Over P 30,000 but not over P 70,000	P 2,500 + 15% of the excess over P 30,000	Over P 250,000 but not over P 500,000	P 50,000 + 30% of the excess over P 250,000
Over P 70,000 but not over P 140,000	P 8,500 + 20% of the excess over P 70,000	Over P 500,000	P 125,000 + 32% of the excess over P 500,000