


For BIR Use Only


BCS/Item:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No.
1701
January 2018 (ENCS)
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.


1701 01/18ENCS P1

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) - - -

5 RDO Code

6 Taxpayer Type ☐ Single Proprietor ☒ Professional ☐ Estate ☐ Trust ☐ Compensation Earner

7 Alphabetic Tax Code (ATC) ☐ II012 Business Income-Graduated IT Rates ☐ II014 Income from Profession-Graduated IT Rates ☐ II013 Mixed Income-Graduated IT Rates ☐ II011 Compensation Income ☐ II015 Business Income-8% IT Rate ☒ II017 Income from Profession-8% IT Rate ☐ II016 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)

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)

9A ZIP Code

10 Date of Birth (MM/DD/YYYY)

11 Email Address

12 Citizenship

13 Claiming Foreign Tax Credits? ☐ Yes ☒ No

14 Foreign Tax Number, if applicable

15 Contact Number (Landline/Cellphone No.)

16 Civil Status (if applicable) ☒ Single ☐ Married ☐ Legally Separated ☐ Widow/er

17 If married, spouse has income? ☐ Yes ☐ No

18 Filing Status ☐ Joint Filing ☐ Separate Filing

19 Income EXEMPT from Income Tax? ☐ Yes ☒ No
[If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)]

20 Income subject to SPECIAL/PREFERENTIAL RATE? ☐ Yes ☒ 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)
(choose one) ☐ Graduated Rates ☒ 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) ☐ Itemized Deduction [Sec. 34(A-J), NIRC] ☐ 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" value="0.00"/>	<input type="text" value="0.00"/>
23 Less: Total Tax Credits/Payments (From Part VII Item 10)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
24 Tax Payable/(Overpayment) (Item 22 Less Item 23)	<input type="text" value="0.00"/>	<input type="text" value="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" value="0.00"/>	<input type="text" value="0.00"/>
26 Amount of Tax payable/(Overpayment) (Item 24 Less Item 25)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
Add: Penalties		
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 Compromise	<input type="text" value="1,000.00"/>	<input type="text" value="0.00"/>
30 Total Penalties (Sum of Items 27 to 29)	<input type="text" value="1,000.00"/>	<input type="text" value="0.00"/>
31 Total Amount Payable/(Overpayment) (Sum of Items 26 and 30)	<input type="text" value="1,000.00"/>	<input type="text" value="0.00"/>
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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

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" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
35 Check	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
36 Tax Debit Memo	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
37 Others (specify below)	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

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Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)

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