BIR Form No. 1701v2018

2025

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: 12 | For the Year (YYYY): 2025 | **2** Amended Return? ○ Yes ◉ No | **3** Short Period Return? ○ Yes ◉ No

PART I - BACKGROUND INFORMATION OF TAXPAYER/FILER

4 Taxpayer Identification Number (TIN): 242 - 145 - 631 - 000 | **5** RDO Code: 032

6 Taxpayer Type: ☑ Single Proprietor ☐ Professional ☐ Estate ☐ Trust ☐ Compensation Earner

7 Alphanumeric Tax Code (ATC)
○ II011 Compensation Income
◉ II012 Business Income-Graduated IT Rates
○ II015 Business Income-8% IT Rate
○ II014 Income from Profession-Graduated IT Rates
○ II017 Income from Profession-8% IT Rate
○ II013 Mixed Income-Graduated IT Rates
○ 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)
AGBU, LITO, BALACUIT

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)
1560 NADELCO STREET, NAGTAHAN STA. MESA MANILA

9A ZIP Code: 1008

10 Date of Birth (MM/DD/YYYY): 08/26/1978 | **11** Email Address: emv_1234@yahoo.com.ph

12 Citizenship: FILIPINO | **13** Claiming Foreign Tax Credits? ○ Yes ◉ No | **14** Foreign Tax Number, if applicable:

15 Contact Number (Landline/Cellphone No.): 09471683706 | **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 one)
◉ Graduated Rates (Choose Method of Deduction in Item 21A)
○ 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)	0.00	0.00
23 Less: Total Tax Credits/Payments (From Part VII Item 10)	0.00	0.00
24 **Tax Payable/(Overpayment)** (Item 22 Less Item 23)	0.00	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)	0.00	0.00
26 Amount of Tax payable/(Overpayment) (Item 24 Less Item 25)	0.00	0.00
Add: Penalties **27** Interest	0.00	0.00
28 Surcharge	0.00	0.00
29 Compromise	0.00	0.00
30 Total Penalties (Sum of Items 27 to 29)	0.00	0.00
31 **Total Amount Payable/(Overpayment)** (Sum of Items 26 and 30)	0.00	0.00
32 **Aggregate Amount Payable/(Overpayment)** (Sum of Items 26 and 30)	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)

VITO B. AGBU
Printed Name and Signature of Taxpayer/Authorized Representative

33 Number of Attachments: 00

PART III - DETAILS OF PAYMENT

Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount
34 Cash/Bank Debit Memo				
35 Check				
36 Tax Debit Memo				
37 Others (specify below)				

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)