



Republic of the Philippines
Region I
Province of Pangasinan
Municipality of Alcala
Barangay ANULID
OFFICE OF THE PUNONG BARANGAY



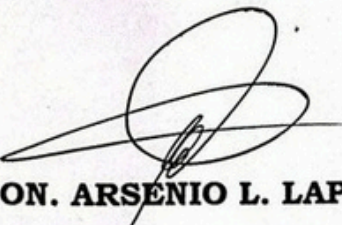
CERTIFICATE OF INDIGENCY

TO WHOM IT MAY CONCERN:

This is to certify that JIMREY E. VARONA of legal age and Filipino citizen, is a resident of Zone 2 Barangay Anulid, Alcala, Pangasinan is one of the indigents in our barangay.

This certification is being issued upon the request of the above-mentioned person for General Purpose/s.

Issued this 12th day of **AUGUST, 2026** Barangay, Anulid, Alcala, Pangasinan.


HON. ARSENIO L. LAPITAN
Punong Barangay

NOT VALID WITHOUT DRY SEAL

"A NEW LEAD"





BIR Form No.

1701AJanuary 2018 (ENCS)
Page 1**Annual Income Tax Return**Individuals Earning Income PURELY from Business/Profession
[Those under the graduated income tax rates with OSD as mode of deductions
OR those who opted to avail of the 8% flat income tax rate]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.

1701A 01/18 P1

1 For the Year (MM/YYYY) | 12 | 2024 | 2 Amended Return? ☐ Yes ☒ No | 3 Short Period Return? ☐ Yes ☒ No**PART I - BACKGROUND INFORMATION ON TAXPAYER/FILER**4 Taxpayer Identification Number (TIN) | 664 - 273 - 929 - 000 | 5 RDO Code | 005 | 6 Taxpayer Type
☐ Single Proprietor ☒ Professional7 Alphabetic Tax Code (ATC) ☐ II012 Business Income-Graduated IT Rates ☐ II014 Income from Profession-Graduated IT Rates
☐ II015 Business Income-8% IT Rate ☒ II017 Income from Profession-8% IT Rate

8 Taxpayer's Name (Last Name, First Name, Middle Name)

VARONA, KRISTAL JOY, PROVIDO

9 Registered Address (Indicate complete address. If the registered address is different from the current address, go to the RDO to update registered address by using BIR Form No. 1009)

CAPITOL LINGAYEN PANGASINAN

9A Zip Code | 2401 |

10 Date of Birth (MM/DD/YYYY) | 03/05/1986 | 11 Email Address | avangers171118@gmail.com |

12 Citizenship | FILIPINO | 13 Claiming Foreign Tax Credits? ☐ Yes ☒ No | 14 Foreign Tax Number, if applicable |15 Contact Number (Landline/Cellphone No.) | 09300226524 | 16 Civil Status
☐ Single ☐ Married ☐ Legally Separated ☐ Widower17 If married, spouse has income? ☐ Yes ☐ No | 18 Filing Status ☐ Joint Filing ☐ Separate Filing19 Tax Rate ☐ Graduated Rates with OSD as method of deduction ☒ 8% in lieu of Graduated Rates under Sec. 24(A) & Percentage Tax under Sec. 116 of the NIRC,
(available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M))**PART II - TOTAL TAX PAYABLE** (DO NOT enter Centavos; 49 Centavos or less drop down; 50 or more round up)

Particulars	A) Taxpayer/Filer	B) Spouse
20 Tax Due	20A 0	20B 0.00
21 Less: Total Tax Credits/Payments	21A 0.00	21B 0.00
22 Tax Payable/(Overpayment) (Item 20 Less Item 21)	22A 0.00	22B 0.00
23 Less: Portion of Tax Payable Allowed for 2nd Installment to be paid on or before October 15 (50% or less of Item 20)	23A 0.00	23B 0.00
24 Amount of Tax Required to be Paid upon Filing/(Overpayment) (Item 22 Less Item 23)	24A 0.00	24B 0.00
Add: Penalties	25A 0.00	25B 0.00
25 Surcharge	26A 0.00	26B 0.00
26 Interest	27A 0.00	27B 0.00
27 Compromise	28A 0.00	28B 0.00
28 Total Penalties (Sum of Items 25 to 27)	29A 0.00	29B 0.00
29 Total Amount Payable/(Overpayment) (Sum of Items 24 and 28)	30 0.00	31 0.00
30 Aggregate Amount Payable/(Overpayment) (Sum of Items 29A and 29B)		

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 Authorized Representative, attach authorization letter and indicate TIN)

Printed Name and Signature of Taxpayer/Authorized Representative & TIN

31 Number of Attachments | 0 |

PART III - DETAILS OF PAYMENT

Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount
32 Cash/Bank Debit Memo				
33 Check				
34 Tax Debit Memo				
35 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)