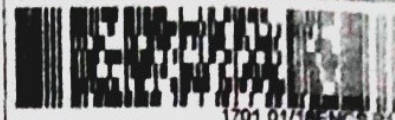


Annual Income Tax Return

Individuals (including MIXED Income Earner), Estates and Trusts
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 Payer.



1 For the Year (YYY) **2025** 2 Amended Return? ☐ Yes ☐ No 3 Short Period Return? ☐ Yes ☐ No

PART I - Background Information of Taxpayer/Filer

4 Taxpayer Identification Number (TIN) **00000000** 5 RDO Code **101**

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

7 Alphanumeric Tax Code (ATC) ☐ I012 Business Income-Graduated IT Rates ☐ I014 Income from Profession-Graduated IT Rates ☐ I013 Mixed Income-Graduated IT Rates
☐ I011 Compensation Income ☐ I015 Business Income - 8% IT Rate ☐ I017 Income from Profession - 8% IT Rate ☐ I016 Mixed Income - 8% IT Rate

8 Taxpayer's Name (Last Name, First Name, Middle Name) ESTATE OF (First Name, Middle Name, Last Name) / TRUST (First Name, Middle Name, Last Name)
RATILLA IMELDA ROMANO

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. 1902)
P-1 TUNA - AN LALA LAMAR DEL NORTE 9A ZIP Code

10 Date of Birth (MM/DD/YYYY) **02 05 1967** 11 Email Address

12 Citizenship **PIUPINO** 13 Claiming Foreign Tax Credits? ☐ Yes ☐ No 14 Foreign Tax Number, if applicable

15 Contact Number (Landline/Cellphone No.) **09754769004** 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 20 Income subject to SPECIAL/PREFERENTIAL RATE? ☐ Yes ☐ No
(If yes, fill out also consolidation of ALL activities per Tax Regime (Part 20)) (If yes, fill out also consolidation of ALL activities per Tax Regime (Part 20))

21 Tax Rate ☐ Graduated Rates (Choose Method of Deduction in Item 21A) ☐ Itemized Deduction (Sec. 34(A-J), NIRC) ☐ Optional Standard Deduction (OSD) (40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC])
☐ 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))

PART II - Total Tax Payable

(DO NOT enter Credits; 40 Credits or Less drop down; 50 or more manual fill)

Particulars	A. Taxpayer/Filer	B. Spouse
22 Tax Due (From Part VI Item 5)	50,000	
23 Less: Total Tax Credits/Payments (From Part VII Item 10)	250,000	
24 Tax Payable/(Overpayment) (Item 22 Less Item 23)	NONE	
25 Less: Portion of Tax Payable Allowed for 2nd Installment to be paid on or before October 15 (50% or less of Item 22)		
26 Amount of Tax Payable/(Overpayment) (Item 24 Less Item 25)		
Add: Penalties 27 Interest		
28 Surcharge		
29 Compromise		
30 Total Penalties (Sum of Items 27 to 29)		
31 Total Amount Payable/(Overpayment) (Sum of Items 26 and 30)		
32 Aggregate Amount Payable/(Overpayment) (Sum of Items 31A and 31B)	Exempt	

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 (RA No. 10173) for regulatory and lawful purposes. (If signed by an Authorized Representative, indicate TIN and attach authorization letter)

Printed Name and Signature of Taxpayer/Authorized Representative **IMELDA R. RATILLA** 33 Number of Attachments

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 Initials)

