



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Annual Income Tax Return

1701

Revised January 1996

For Self-Employed, Professionals, Estates, and Trusts

Mark all appropriate boxes with an "X". Fill in all appropriate spaces.

1 For the Year	1 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="7"/>	BCS Number/Item Number (To be filled up by the BIR)	<input type="text"/>
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Part I Background Information

2 Taxpayer Identification No.	2 <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>	3 RDO Code	3 <input type="text"/>
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4 Taxpayer's Name (For Individuals)	4A Last Name <input type="text" value="RAMOS"/>	4B First Name <input type="text" value="FIDEL"/>	4C Middle Name <input type="text" value="VALDEZ"/>
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5 Taxpayer's Name for Estates & Trusts	<input type="text"/>
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6 <input checked="" type="checkbox"/> Home <input type="checkbox"/> Business Address	No. <input type="text" value="128"/>	Street <input type="text" value="BANABA"/>	Barangay <input type="text" value="AYALA ALABANG"/>
District/Municipality	<input type="text"/>	City/Province <input type="text" value="MUNTINLUPA"/>	Zip Code <input type="text"/>

7 <input type="checkbox"/> Home <input type="checkbox"/> Business Telephone Number	7A Area/Access Code <input type="text"/>	7B Telephone Number <input type="text"/>
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8 Date of Birth (For Individuals) (Mo-Day-Yr)	8 <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="18"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="2"/> <input type="text" value="8"/>	9 PSOC Code <input type="text"/>	10 PSIC Code <input type="text"/>
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11 Spouse's Taxpayer Identification No.	11 <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>	12 RDO Code	<input type="text"/>
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13 Spouse's Name	13A Last Name <input type="text" value="RAMOS"/>	13B First Name <input type="text" value="AMELITA"/>	13C Middle Name <input type="text" value="MATINEZ"/>
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14 <input checked="" type="checkbox"/> Home <input type="checkbox"/> Business Address	No. <input type="text" value="128"/>	Street <input type="text" value="BANABA"/>	Barangay <input type="text" value="AYALA ALABANG"/>
District/Municipality	<input type="text"/>	City/Province <input type="text" value="MUNTINLUPA"/>	Zip Code <input type="text"/>

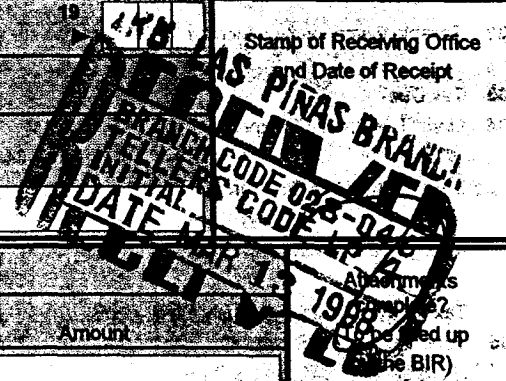
15 Date of Birth (Mo-Day-Yr)	15 <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="29"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="27"/>	16 PSOC Code <input type="text"/>	17 PSIC Code <input type="text"/>
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18 Are there business operations during the period?	18 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19 Number of sheets attached	19 <input type="text" value="1"/>
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20 Is this an amended return?	20 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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21 Are you availing of tax relief under a special law?	21 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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22 If yes, specify special law	22 <input type="text"/>
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Part II Details of Payment

Particulars	Drawee Bank/Agency	Number	Date			Amount
			Mo	Day	Yr	
23 Cash						23 <input type="text"/>
24 Check	24A <input type="text"/>	24B <input type="text"/>	24C <input type="text"/>	24D <input type="text"/>	24E <input type="text"/>	24 <input type="text"/>
25 Tax Debit Memo	25A <input type="text"/>	25B <input type="text"/>	25C <input type="text"/>	25D <input type="text"/>	25E <input type="text"/>	25 <input type="text"/>

Machine Validation/Revenue Official Receipt Details (If not filed with the bank)

032181101100 3-13-96006 #157,252.000 501130015

Note: Please refer to the instructions booklet for more information.

Part III

Personal and Additional Exemptions

26 Status of Taxpayer (Mark one box only)

- 26A Single; Widow; Widower; Legally Separated with No Qualified Dependents
 Head of Family
 Married
 Estate or Trust

Spouse

Taxpayer

26B Personal Exemptions 26C

Name of Qualified Dependent Other than Children	Date of Birth			Relationship
	Mo	Day	Yr	

26D 26E 26F

27 Additional Exemptions (For Married or Head of the Family)
 27A 27B

27C Number of Qualified Dependent Children

Name of Qualified Dependent Children	Date of Birth		
	Mo	Day	Yr

27D

27E

27F

27G

28 Special (if aggregate gross compensation is not more than P20,000)
 28A 28B

29 Total Exemptions (Sum of Items 26, 27 & 28)
 29A 29B

Part IV

Computation of Tax

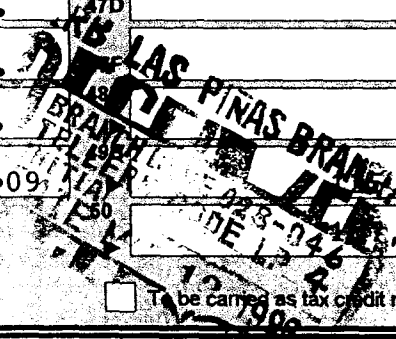
FOR COMPENSATION INCOME

Spouse

Taxpayer

30 Gross Taxable Compensation Income	30A <input type="text"/>	30B <input type="text" value="300,000."/>
31 Less: Total Exemptions (From Item 29)	31A <input type="text"/>	31B <input type="text" value="18,000."/>
32 Taxable Compensation Income	32A <input type="text"/>	32B <input type="text" value="282,000."/>
33 Tax Due	33A <input type="text"/>	33B <input type="text" value="58,955."/>
34 Less: Tax Credits/Payments		
Tax Withheld Per BIR Form No. 2316	34A <input type="text"/>	34B <input type="text" value="57,335."/>
Foreign Tax Credits	34C <input type="text"/>	34D <input type="text"/>
Tax Paid in Return Previously Filed, if any	34E <input type="text"/>	34F <input type="text"/>
35 Total Tax Credits/Payments (Sum of Items 34A, 34C & 34E/ Sum of Items 34B, 34D & 34F)	35A <input type="text"/>	35B <input type="text" value="57,335."/>
36 Tax Payable/(Overpayment)	36A <input type="text"/>	36B <input type="text" value="1,620.00"/>

		Spouse	Taxpayer
FOR BUSINESS/PROFESSIONAL INCOME			
37	Total Gross Income (From Item 14 of AIF-1 or Item 12 of AIF-2)	37A 400,885.57	37B 600,000.-
38	Less: Deductions (From Item 26 or 27 of AIF-1 or Item 27 of AIF-2)	38A .	38B 41,150.03
39	Net Income (Loss) from Business/Profession (From Item 28 of AIF-1 or Item 28 of AIF-2)	39A 400,885.57	39B 558,849.97
40	Less: Total Exemptions (Excess of Item 31 over Item 30)	40A 18,000.00	40B .
41	Taxable Income	41A 382,885.57	41B 558,849.97
42	Tax Due	42A 71,465.67	42B 124,254.99
43	Less: Tax Credits/Payments		
	Prior Year's Excess Credits	43A .	43B .
	Tax Credits/Withheld/Payments for the First Three Quarters	43C .	43D .
	Tax Withheld Per BIR Form No. 2307 for the Fourth Quarter	43E 40,088.58	43F .
	Foreign Tax Credits	43G .	43H .
	Tax Paid in Return Previously Filed, if any	43I .	43J .
44	Total Tax Credits/Payments (Sum of Items 43A, 43C, 43E, 43G & 43I/ Sum of Items 43B, 43D, 43F, 43H & 43J)	44A 40,088.58	44B .
45	Tax Payable/(Overpayment)	45A 31,377.09	45B 124,254.99
46	Total Tax Payable/(Overpayment) (Sum of Items 36 & 45)	46A 31,377.09	46B 125,874.99
47	Add: Penalties		
	Surcharge	47A .	47B .
	Interest	47C .	47D .
	Compromise	47E .	47F .
48	Total Penalties (Sum of Items 47A, 47C & 47E/Sum of Items 47B, 47D & 47F)	48A .	48B .
49	Total Amount Payable/(Overpayment) (Sum of Items 46 & 48)	49A 31,377.09	49B 125,874.99
50	Aggregate Amount Payable/(Overpayment) (Sum of Items 49A & 49B)		50 125,252.08
If overpayment, mark one box only:			
<input type="checkbox"/> To be refunded		<input type="checkbox"/> To be issued as Tax Credit Certificate	
		<input type="checkbox"/> To be carried as tax credit next year	



I declare, under the penalties of perjury, that this 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.

51 FIDEL V. RAMOS
Taxpayer/Authorized Agent Signature over Printed Name

52 PRESIDENT OF THE PHILIPPINES
Title/Position of Signatory

Community Tax Certificate Number	Place of Issue	Date Issued			Amount		
		Mo	Day	Yr			
53 CCI1997 00000001	54 MANILA	55 0	1	1	29	8	56 1,045 .