
	Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas	Annual Income Tax Return For Individuals Earning Purely Compensation Income (Including Non-Business/Non-Profession Income) <i>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 Filer.</i>	BIR Form No. 1700 June 2013 (ENCS) Page 1
1 For the Year 20 <input type="text"/>	2 Amended Return? <input type="checkbox"/> Yes <input type="checkbox"/> No	3 Joint Filing? <input type="checkbox"/> Yes <input type="checkbox"/> No	4 Source of Income <input type="checkbox"/> Compensation Income II 011 <input type="checkbox"/> Other Income II 041


Part I – Background Information on Tax Filer and Spouse													
5 Taxpayer Identification Number (TIN)		-		-		-		0000		6 RDO Code	7 PSOC Code		
8 Tax Filer's Name (Last Name, First Name and Middle Initial. Enter only 1 letter per box using CAPITAL LETTERS)													
9 Address (Indicate complete registered address; If address has changed, mark here and enter new address in Table 1)													
10 Date of Birth (MM/DD/YYYY)													
11 Email Address													
12 Contact Number													
13 Civil Status													
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widow/er													
14 Claiming Additional Exemptions? <input type="checkbox"/> Yes <input type="checkbox"/> No													
15 If YES, enter number of Qualified Dependent Children (Enter information about Children on Table 2)													
16 Spouse's Name (Last Name, First Name and Middle Initial)													
17 Spouse's TIN													
18 Contact Number													
19 Date of Birth (MM/DD/YYYY)													
20 Email Address													
21 Claiming Additional Exemptions? <input type="checkbox"/> Yes <input type="checkbox"/> No													
22 If YES, enter number of Qualified Dependent Children (Enter information about Children on Table 2)													

Part II – Total Tax Payable (Do NOT enter Centavos)													
23 Tax Filer's Tax Due (From Part IV Item 14 Column A)													
24 Spouse's Tax Due (From Part IV Item 14 Column B)													
25 Total Income Tax Due (Sum of Items 23 & 24)													
26 Less: Tax Filer's Tax Credits/Payments (From Part IV Item 19 Column A)													
27 Spouse's Tax Credits/Payments (From Part IV Item 19 Column B)													
28 Net Tax Payable (Overpayment) (Item 25 less Items 26 & 27)													
29 Less: Portion of Tax Payable Allowed for 2 nd Installment to be paid on or before July 15 (From Part IV Item 22)													
30 Add: Total Penalties (From Part IV Item 27)													
31 TOTAL AMOUNT PAYABLE Upon Filing (Overpayment) (Item 28 Less Item 29 Add Item 30)													

I declare under the penalties of perjury, that this annual 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. (If Authorized Representative, attach authorization letter and indicate TIN.)													
Signature over printed name of Tax Filer or Authorized Representative												Number of pages filed	
32 Gov't Issued ID [e.g. Passport, Community Tax Certificate (CTC)]													
33 Date of Issue (MM/DD/YYYY)													
34 Amount, if CTC													
35 Place of Issue													

Part III – Details of Payment															
36 Details of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check (Please indicate details below)															
Drawee Bank/ Agency		Amount												Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)	
Date (MM/DD/YYYY)		Number													
Machine Validation/Revenue Official Receipt Details (if not filed with an Authorized Agent Bank)															

Annual Income Tax Return Part IV - Computation of Tax				BIR Form No. 1700 June 2013 (ENCS) Page 2		 170006/13ENCSP2			
TIN				Tax Filer's Last Name					
0000									
Gross Compensation Income and Tax Withheld (On Items 1, 2 & 3, enter the required information for each of your employers and mark whether the information is for the Tax Filer or the Spouse. Attach additional sheets, if necessary. On Item 4A, enter the Total Gross Compensation and Total Tax Withheld for the Tax Filer and on Item 4B, enter the appropriate information for the Spouse. DO NOT enter Centavos; 49 Centavos or less drop down; 50 or more round up)									
1 Name of Employer									
<input type="checkbox"/> Tax Filer <input type="checkbox"/> Spouse		Employer's TIN		Compensation Income			Tax Withheld		
2 Name of Employer									
<input type="checkbox"/> Tax Filer <input type="checkbox"/> Spouse		Employer's TIN		Compensation Income			Tax Withheld		
3 Name of Employer									
<input type="checkbox"/> Tax Filer <input type="checkbox"/> Spouse		Employer's TIN		Compensation Income			Tax Withheld		
4A Total Gross Compensation Income and Total Tax Withheld from the above entries and any additional sheets attached for Tax Filer .				1. Total Compensation Income			2. Total Tax Withheld		
4B Total Gross Compensation Income and Total Tax Withheld from the above entries and any additional sheets attached for Spouse .				1. Total Compensation Income			2. Total Tax Withheld		
Computation of Gross Taxable Compensation				A) Tax Filer			B) Spouse		
5 Non-Taxable/Exempt Income									
6 Gross Taxable Compensation Income (Item 4A1 or 4B1 Less Item 5)									
7 Premium on Health and/or Hospitalization Insurance (If any)									
8 Personal Exemption									
9 Additional Exemption									
10 Total Deductions (Sum of Items 7, 8 & 9)									
11 Net Taxable Compensation (Excess of Deductions) (Item 6 less Item 10)									
12 Other Taxable Income (Non-Business/Non-Professional; Enter source below followed by total amount for Tax Filer and Spouse)									
13 Total Taxable Income (Sum of Items 11 & 12)									
14 Total Income Tax Due (Refer to Table 3—Tax Table) (To Part II Item 23 &/or 24)									
Computation of Tax Credits/Payments (Attach Proof)				A) Tax Filer			B) Spouse		
15 Tax Withheld per BIR Form No. 2316									
16 Tax Paid in Return Previously Filed (If this is an amended Return)									
17 Foreign Tax Credits, if applicable									
18 Other Payments/Credits (Specify) _____									
19 Total Tax Credits/Payments (Sum of Items 15 to 18) (To Part II Item 26 &/or 27)									
20 Net Tax Payable (Overpayment) (Item 14 Less Item 19)									
21 Net Tax Payable (Overpayment) for Tax Filer and Spouse (Sum of Items 20A & 20B)									
22 Less: Portion of Tax Payable Allowed for 2 nd Installment to be paid on or before July 15 (To Part II Item 29) (Not more than 50% of the sum of Items 14A & 14B)									
23 Total Tax Payable (Overpayment) for Tax Filer & Spouse (Item 21 Less Item 22)									
Add Penalties									
24 Surcharge				25 Interest				26 Compromise	
27 Total Penalties (Sum of Items 24 to 26) (To Part II Item 30)									
28 Total Amount Payable Upon Filing (Overpayment) (Sum of Items 23 & 27) (To Part II Item 31)									

Annual Income Tax Return Part V - Supplemental Information		BIR Form No. 1700 June 2013 (ENCs) Page 3	 170006/13ENCSP3
TIN		Tax Filer's Last Name	
0 0 0 0			

A - Gross Income/ Receipts Subjected to Final Withholding

I) Description	Exempt	A) Actual Amount/Fair Market Value/Net Capital Gains	B) Final Tax Withheld/Paid
1 Interests			
2 Royalties			
3 Dividends			
4 Prizes and Winnings			
5 Fringe Benefits			
6 Compensation Subject to 15% Preferential Rate			
II) Sale/Exchange of Real Properties		A) Sale/Exchange #1	B) Sale/Exchange #2
7 Description of Property (e.g., land, improvement, etc.)			
8 OCT/TCT/CCT/Tax Declaration No.			
9 Certificate Authorizing Registration (CAR) No.			
10 Actual Amount/Fair Market Value/Net Capital Gains			
11 Final Tax Withheld/Paid			
III) Sale/Exchange of Shares of Stock		A) Sale/Exchange #1	B) Sale/Exchange #2
12 Kind (PS/CS) / Stock Certificate Series No.		/	/
13 Certificate Authorizing Registration (CAR) No.			
14 Number of Shares			
15 Date of Issue (MM/DD/YYYY)		/ /	/ /
16 Actual Amount/Fair Market Value/Net Capital Gains			
17 Final Tax Withheld/Paid			
IV) Other Income (Specify)		A) Other Income #1	B) Other Income #2
18 Other Income Subject to Final Tax Under Sec. 57(A)/127/Others of the Tax Code, as amended (Specify)			
19 Actual Amount/Fair Market Value/Net Capital Gains			
20 Final Tax Withheld/Paid			
21 Total Final Tax Withheld/Paid (Sum of Items 1B to 6B, 11A, 11B,17A, 17B, 20A & 20B)			

B - Gross Income/Receipts Exempt from Income Tax(Actual Amount/Fair Market Value)

1 Proceeds of Life Insurance Policy		
2 Return of Premium		
3 Retirement Benefits, Pensions, Gratuities, etc.		
I) Personal/Real Properties Received thru Gifts, Bequests, and Devises	A) Personal/Real Properties #1	B) Personal/Real Properties #2
4 Description of Property (e.g., land, improvement, etc.)		
5 Mode of Transfer (e.g. Donation)		
6 Certificate Authorizing Registration (CAR) No.		
7 Actual Amount/Fair Market Value		
II) Other Exempt Income/Receipts		A) Personal/Real Properties #1
8 Other Exempt Income/Receipts Under Sec. 32 (B) of the Tax Code, as amended (Specify)		
9 Actual Amount/Fair Market Value/Net Capital Gains		
10 Total Income/Receipts Exempt from Income Tax (Sum of Items 1 to 3, 7A, 7B, 9A & 9B)		


Annual Income Tax Return Other Information										BIR Form No. 1700 June 2013 (ENCS) Page 4										 170006/13ENCSP4																			
TIN										Tax Filer's Last Name																													
0000																																							

Table 1 - Current Address *(Accomplish, if current address is different from registered address)*

Unit/Room Number/Floor															Building Name																													
Lot Number					Block Number					Phase Number					House Number					Street Name																								
Subdivision/Village															Barangay																													
Municipality/City															Province															Zip Code														

Table 2 - Qualified Dependent Children
(If wife is claiming for additional exemption, please attach waiver of the husband)

Last Name	First Name and Middle Initial	Date of Birth (MM / DD / YYYY)	Mark if Mentally/ Physically Incapacitated

Table 3 - Tax Table

If Taxable Income is:	Tax Due is:	If Taxable Income is:	Tax Due is:
Not over P 10,000	5%		
Over P 10,000 but not over P 30,000	P 500 + 10% of the excess over P 10,000	Over P 140,000 but not over P 250,000	P 22,500 + 25% of the excess over P 140,000
Over P 30,000 but not over P 70,000	P 2,500 + 15% of the excess over P 30,000	Over P 250,000 but not over P 500,000	P 50,000 + 30% of the excess over P 250,000
Over P 70,000 but not over P 140,000	P 8,500 + 20% of the excess over P 70,000	Over P 500,000	P 125,000 + 32% of the excess over P 500,000