For BIR Use Only | BCS/ Item

1702-EX06/13P1

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Annual Income Tax Return

For Use ONLY by Corporation, Partnership and Other Non-Individual Taxpayer EXEMPT Under the Tax Code, as Amended, [Sec. 30 and those exempted in Sec. 27(C)] and Other Special Laws, with NO Other Taxable Income

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 taxpayer.

BIR Form No.
1702-EX
June 2013
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1 For ☐ Calendar ☐ Fiscal
2 Year Ended (MM/20YY) ☐☐/20☐☐

3 Amended Return? ☐ Yes ☐ No

4 Short Period Return? ☐ Yes ☐ No

5 Alphanumeric Tax Code (ATC)

IC 011	Exempt Corporation on Exempt Activities	☐
IC 021	General Professional Partnership	☐

Part I - Background Information

6 Taxpayer Identification Number (TIN) ___ - ___ - ___ - 0 0 0 0 **7** RDO Code ___

8 Date of Incorporation/Organization *(MM/DD/YYYY)* ___/___/___

9 Registered Name *(Enter only 1 letter per box using CAPITAL LETTERS)*

10 Registered Address *(Indicate complete registered address)*

11 Contact Number - **12** Email Address

13 Main Line of Business **14** PSIC Code

15 Method of Deduction Itemized Deductions [Sections 34 (A-J), NIRC]

16 Legal Basis of Tax Relief/Exemption (Specify) **17** Investment Promotion Agency (IPA)/Government Agency

18 Registered Activity/Program (Reg. No.) **19** Effectivity Date of Tax Relief/Exemption From ___/___/___ To ___/___/___

Part II – Total Tax Payable *(Do NOT enter Centavos)*

20 Total Income Tax Due *(From Part IV Item 41)*	0 0 0
21 Add: Penalty - Compromise	
22 TOTAL AMOUNT PAYABLE *(Sum of Items 20 & 21)*	

We declare under the penalties of perjury, that this annual return has been made in good faith, verified by us, and to the best of our 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 President/Principal Officer/ Authorized Representative | Signature over printed name of Treasurer/Assistant Treasurer

Title of Signatory | Number of pages filed

23 Community Tax Certificate (CTC) Number/SEC Reg. No. | **24** Date of Issue *(MM/DD/YYYY)* ___/___/___

25 Place of Issue | **26** Amount, if CTC

Part III – Details of Payment

Details of Payment	Drawee Bank/ Agency	Number	Date *(MM/DD/YYYY)*	Amount
27 Cash/Bank Debit Memo			___/___/___	
28 Check			___/___/___	
29 Tax Debit Memo			___/___/___	
30 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)