For BIR BCS/ Use Only Item:



BIR Form No.

**Annual Information Return** of Income Taxes Withheld on Compensation

Enter all required information in CAPITAL LETTERS using BLACK ink. Mark applicable boxes with



January 2018

Page 1		an "X	x". I wo copies	MUST be filed w	vitn the BIR	and one held	by the Taxpa	ayer				10	04-0 0	/10 F1	
1 For the Year (20YY)		2   0   2 Am		Amended R	mended Return?		No No	No 3 Nu		mber of Sheet/s Attached					
Part I – Background Information															
4 Taxpayer Iden	itification		1	1	1 1	1	1 1	1 1	5 RD	O Cod	е				
6 Withholding A	6 Withholding Agent's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)														
	1 1		1 1 1						1 1	1 1			ĺ		
7 Registered Address (Indicate complete address. If branch, indicate the branch address. If the registered address is different from the current address, go to the RDO to update registered address by using BIR Form No. 1905)															
7A ZIP Code															
8 Category of Withholding Agent Private Government 8A If private, top withholding agent? Yes No														No	
9 Contact Number 10 Email Address															
11 In case of overwit	hholding/ove	erremittance	after the year-	end adjustment	s on comp	ensation,	11A If Yes	s, sp	ecify the	date					
have you released			oyee/s?	Yes	No			nd (M	M/DD/YYY	Υ)					
Total amount of overremittance on Tax withheld under compensation															
Part II – Summary of Remittances per BIR Form No. 1601-C															
Month	2 3.13 3.1 13.1.1.1.1.3.1.33				e Bank/ e/ Agen	TRA/eROR/eAR Nu			ımber	mber Taxes Withheld					
January					J	•									
February															
March															
April															
May															
June															
July															
August September															
October															
November															
December															
TOTAL															
Continuation of P	Part II														
Month Adjustment					Penalt	Penalties			Total Amount Remitted						
January - ·															
February															
March															
April May															
June															
July															
August															
September														-	
October															
November															
December															
TOTAL															
I/We declare und knowledge and belie authority thereof. Full 10173) for legitimate	ef, is true a urther, I/we	and correct, give my/ou	pursuant to	the provisions	of the Na	tional Intern	al Revenue	Cod	e, as ame	ended, a	nd the re	gulation	s issued	under	
10173) for legitimate and lawful purposes.  For Individual:  For Non-Individual:															
Signature over Driets	d Noma of	Taynavaria	Authorized D-	procentative/T	ov Agent	Signature	Over Print-	d Nic	mo of Dr-	sident^/	on Proci-	lont/A	horized	Officer	
Signature over Printed Name of Taxpayer/Authorized Representative (Indicate Title/Designation and TIN)						or	over Printe Representa							Jincel	
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)						of Issue				Date of (MM/DD)					