

Before an Offline eBIR Form can be filled up, User has to create a User Profile.

- 1) User can proceed to the **Offline eBIRForms Profile Page**.

Profile

*Taxpayer Identification Number: [] - [] - [] - [] RDO Code: (Select RDO) Line of Business: []

Taxpayer's Name (Last Name, First Name Middle Name For Individual)
Registered Name (For Non-Individual): []

Registered Address: []

Zip Code: [] Telephone Number: []

List of BIR Forms:

(Please Select)... [] Fill-up

File Name	Return Period	Date Created
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Bureau of Internal Revenue
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- 2) Upon display of Profile Page, type in the 9 digits series **Tax Identification Number (TIN)** on the boxes provided.

*Taxpayer Identification Number:

111 - 111 - 111 - 111

- 3) Select the appropriate **RDO Code** from the RDO Code dropdown list.

RDO Code:

(Select RDO) []

(Select RDO) []

001
002
003
004
005
006
007

- 4) **Click the selected RDO code** to allow system to include it in information file.

BIR Form No. 1702 – EX (Annual Income Tax Return)

- 5) Type in the specific **Line of Business**, refer to your Certificate of Registration (BIR Form No. 2303)

Line of Business:

- 2) Enter details about **Registered Name**, refer to your Certificate of Registration (BIR Form No. 2303)

Taxpayer's Name (Last Name, First Name, Middle Name For Individual)
 Registered Name (For Non-Individual) :

- 3) Type in the **Registered Address, Zip Code and Contact Number.**

Registered Address:

 Zip Code: Telephone Number:

- 4) On the eBIRForms screen, **proceed to List of BIR Forms row.**
- 5) From the List of BIR Forms row, **select the appropriate form to use**

List of BIR Forms:

- 6) Click on the preferred form to use

List of BIR Forms:

- 7) When the chosen form appears on the list box

List of BIR Forms:

BIR Form No. 1702 – EX (Annual Income Tax Return)

8) Click the **Fill-up** button to enable full-image display of the form.



9) System will now display full image of the chosen BIR form.

 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 <i>Enter all required information in CAPITAL LETTERS using BLACK ink. Mark applicable boxes with an "X". Two copies MUST be filled with the BIR and one held by the taxpayer.</i>		BIR Form No. 1702-EX June 2013 Page 1
1 For <input checked="" type="checkbox"/> Calendar <input type="checkbox"/> Fiscal		3 Ammended Return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2 Year Ended (MM/20YY) 12 / 20 13		4 Short Period Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5 Alphanumeric Tax Code (ATC) IC 011 Exempt Corporation on Exempt Activities <input type="checkbox"/> IC 021 General Professional Partnership <input type="checkbox"/>				
Part I - Background Information				
6 Taxpayer Identification Number (TIN) 888 - 888 - 888 - 0000			7 RDO Code 008	
8 Date of Incorporation/Organization (MM/DD/YYYY)				
9 Registered Name (Enter only 1 letter per box using CAPITAL LETTERS) E-KONEK PILIPINAS, INC.				
10 Registered Address (Indicate complete registered address) UNIT 6D WASHINGTON TOWER, ASIAWORLD CITY, E. AGUINALDO BLVD., TAMBO, PARAÑAQUE CITY, PHILIPPINES				
11 Contact Number 123		12 Email Address		
13 Main line of Business TEST			14 PSIC Code	
15 Method of Deduction <input checked="" type="checkbox"/> 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 (MM/DD/YYYY) From To		
Part II - Total Tax Payable (Do NOT enter Centavos)				
20 Total Income Tax Due (From Part IV Item 41)			0	

10) In filling up the whole form, proceed to field number 1 to click the appropriate year for the tax return

1 For Calendar Fiscal

BIR Form No. 1702 – EX (Annual Income Tax Return)

11) Go to field number 2 and fill up specific Month and Year Ended

2 Year Ended (MM/YYYY)
 12 - December 20

12) Go to field number 3 and check if form to file is Amended Return or not

3 Amended Return?
 Yes No

13) Proceed to field number 4 to select if form to file is Short Period Return or not

4 Short Period Return
 Yes No

14) Go to field number 5 to determine specific type of Alphanumeric Tax Code (ATC)

5 Alphanumeric Tax Code (ATC)
 IC 055–Minimum Corporate Income Tax (MCIT)
 IC 055 - Minimum Corp Income Tax

15) Go to field number 7 to select appropriate RDO Code

7 RDO Code

16) Proceed to field number 12 and type in current email address

12 Email Address

17) Proceed to field number 14 to enter specific PSIC Code

14 PSIC Code

- 18) Check box provided Method of Deductions on field number 15 if using Itemized Deductions or not

15 Method of Deductions	<input type="checkbox"/> Itemized Deductions
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- 19) Enter necessary details for Legal Basis of Tax Relief/Exemption on field number 16, if applicable

16 Legal Basis of Tax Relief/Exemption (Specify)
<input type="text"/>

- 20) Enter necessary details for Investment Promotion Agency (IPA)/Government Agency on field number 17, if applicable

17 Investment Promotion Agency (IPA)/Government Agency
<input type="text"/>

- 21) Enter necessary details for Registered Activity/Program on field number 18, if applicable

18 Registered Activity/Program (Reg No.)
<input type="text"/>

- 22) Enter necessary details for Effectivity Date of Tax Relief/Exemption on field number 19, if applicable

19 Effectivity Date of Tax Relief/Exemption					
From	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
To	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

- 23) Enter necessary details for Add: Penalty - Compromise on field number 21, if applicable

21 Add: Penalty - Compromise	<input type="text"/>	0
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- 24) Provide signature and necessary details to validate Tax Filer Identity on field numbers 23 to 26

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We declare under the penalties of perjury, that this annual return has been 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 and indicate TIN)*

Signature over printed name of President/Principal Officer/Authorized Representative		Signature over printed name of Treasurer/Asst. Treasurer	
Title of Signatory			Number of pages filed
23 Community Tax Certificate (CTC) Numbers/SEC Reg No.		24 Date of Issue (MM/DD/YY)	
25 Place of Issue		26 Amount, if CTC	

25) Provide Details of Payment on spaces given for field numbers 27 to 30

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)

26) Click the Next button to proceed to adjoining page

27) Provide necessary details for Name of External Auditor/Accredited Tax Agent on field number 46, if applicable

45 Name of External Auditor/Accredited Tax Agent

46 TIN | | - | - | - |

28) Provide necessary details for Name of Signing Partner (if External Auditor is a Partnership) on field number 48, if applicable

47 Name of Signing Partner (if External Auditor is a Partnership)

48 TIN | | - | - | - |

29) Provide necessary details for field numbers 49 to 51, if applicable

49 BIR Accredited No. | | - | - | - | | 50 Issue Date (MM/DD/YY) | | / | | / | | | 51 Expiry Date (MM/DD/YY) | | / | | / | |

30) Click the Next button to proceed to adjoining page

31) Provide necessary details for Schedule 1 – Sales/Revenues/Receipts/Fees, if applicable

Schedule 1 - Sales/Revenues/Receipts/Fees (Attach additional sheet/s if necessary)	
1 Sale of Goods/Properties	<input type="text"/>
2 Sale of Services	<input type="text"/>
3 Lease of Properties	<input type="text"/>
4 Total (Sum of Items 1 to 3)	<input type="text"/>
5 Less: Sales Returns/Discounts	<input type="text"/>
6 Net Sales/Revenues/Receipts/Fees (Item 4 Less Item 5) (To Part IV Item 31)	<input type="text"/>

32) Provide necessary details on tables for Schedule 2A, 2B and 2C – Cost of Sales for those engaged in Trading, Manufacturing and Services, if applicable

Schedule 2A - Cost of Sales (For those engaged in Trading)	
1 Merchandise Inventory, Beginning	<input type="text"/>
2 Add: Purchases of Merchandise	<input type="text"/>
3 Total Goods Available for Sale (Sum of Items 1 & 2)	<input type="text"/>
4 Less: Merchandise Inventory/Ending	<input type="text"/>
5 Cost of Sales (Items 3 less Item 4) (To Item 27)	<input type="text"/>
Schedule 2B- Cost of Sales (For those engaged in Manufacturing) (Attach additional sheet/s if necessary)	
6 Direct Materials, Beginning	<input type="text"/>
7 Add: Purchases	<input type="text"/>
8 Materials Available for Use (Sum of Items 6 & 7)	<input type="text"/>
9 Less: Direct Materials, Ending	<input type="text"/>
10 Raw Materials Used (Items 8 less Item 9)	<input type="text"/>
11 Direct Labor	<input type="text"/>
12 Manufacturing Overhead	<input type="text"/>
13 Total Manufacturing Cost (Sum of Items 10, 11 & 12)	<input type="text"/>
14 Work in Process, Beginning	<input type="text"/>
15 Less : Work in Process End	<input type="text"/>
16 Cost of Goods Manufactured (Sum of Items 13 & 14 Less Item 15)	<input type="text"/>
17 Finished Goods, Beginning	<input type="text"/>
18 Less: Finished Goods, End	<input type="text"/>
19 Cost of Goods Manufactured and Sold (Sum of Items 16 & 17 Less Item 18)(To Item 27)	<input type="text"/>
Schedule 2C - Cost of Services (For those engaged in Services, Indicate only those directly incurred or related to the gross revenue from rendition of service)	
20 Direct Charges-Salaries, Wages and Benefits	<input type="text"/>
21 Direct Charges-Materials, Supplies and Facilities	<input type="text"/>
22 Direct Charges-Depreciation	<input type="text"/>
23 Direct Charges-Rental	<input type="text"/>
24 Direct Charges-Outside Services	<input type="text"/>
25 Direct Charges-Others	<input type="text"/>
26 Total Cost Services (Sum of Items 20 to 25)(To Item 27)	<input type="text"/>
27 Total Cost of Sales/Services (Sum of Items 5, 19 & 26 if applicable) (To Part IV Item 32)	<input type="text"/>

33) Click the Next button to proceed to adjoining page

34) Provide necessary details for Schedule 3 – Other Taxable Income Not Subjected to Final Tax, if applicable

Schedule 3 - Other Taxable Income Not Subjected to Final Tax <i>(Attach additional sheet/s, if necessary)</i>		
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
		(more...)
4	Total Other Taxable Income not Subjected to Final Tax <i>(Sum of Items 1 to 3)</i>	
		<i>(To Part IV Item 34)</i>

35) Provide necessary details for Schedule 4 – Ordinary Allowable Itemized Deductions, if applicable

Schedule 4 - Ordinary Allowable Itemized Deductions <i>(Attach additional sheet/s, if necessary)</i>	
1	Advertising and Promotions
Amortizations <i>(Specify on Items 2, 3 & 4)</i>	
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
(more...)	
5	Bad Debts
6	Charitable Contributions
7	Commissions
8	Communication, Light and Water
9	Depletion
10	Depreciation
11	Director's Fees
12	Fringe Benefits
13	Fuel and Oil
14	Insurance
15	Interest
16	Janitorial and Messengerial Services
17	Losses
18	Management and Consultancy Fee

36) Click the Next button to proceed to adjoining page

37) Provide necessary details for Schedule 5 – Special Allowable Itemized Deductions, if applicable

Schedule 5 - Special Allowable Itemized Deduction <i>(Attach additional sheet/s, if necessary)</i>		
	Description	Legal Basis
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
(more...)		
5	Total Special Allowable Itemized Deductions <i>(Sum of Items 1 to 4)</i>	
		<i>(To Part IV Item 37)</i>

38) Provide necessary details for Schedule 6 – Reconciliation of Net Income per Books against Taxable Income, if applicable

Schedule 6 - Reconciliation of Net Income per Books Against Taxable Income <i>(Attach Additional sheet/s, if necessary)</i>	
1 Net Income/(Loss) per books	<input type="text"/>
Add: Non-deductible Expenses/Taxable Other Income	
2	<input type="text"/>
3	<input type="text"/> (more...)
4 Total <i>(Sum of Items 1 to 3)</i>	<input type="text"/>
Less: A) Non-taxable Income and Income Subjected to Final Tax Other Income	
5	<input type="text"/>
6	<input type="text"/> (more...)
B) Special Deductions	
7	<input type="text"/>
8	<input type="text"/> (more...)
9 Total <i>(Sum of Items 5 to 8)</i>	<input type="text"/>
10 Net Taxable Income (Loss) <i>(Item 4 Less Item 9)</i>	<input type="text"/>

39) Click the Next button to proceed to adjoining page

40) Provide necessary details for Schedule 7 – Balance Sheet, if applicable

Schedule 7 - BALANCE SHEET	
1 Current Assets	<input type="text"/>
2 Long-Term Investment	<input type="text"/>
3 Property, Plant and Equipment - Net	<input type="text"/>
4 Long-Term Receivables	<input type="text"/>
5 Intangible Assets	<input type="text"/>
6 Other Assets	<input type="text"/>
7 Total Assets <i>(Sum of Items 1 to 6)</i>	<input type="text"/>
Liabilities and Equity	
8 Current Liabilities	<input type="text"/>
9 Long Term Liabilities	<input type="text"/>
10 Deferred Credits	<input type="text"/>
11 Other Liabilities	<input type="text"/>
12 Total Liabilities <i>(Sum of Items 8 to 11)</i>	<input type="text"/>
13 Capital Stock	<input type="text"/>
14 Additional Paid-in Capital	<input type="text"/>
15 Retained Earnings	<input type="text"/>
16 Total Equity <i>(Sum of Items 13 to 15)</i>	<input type="text"/>
17 Total Liabilities and Equity <i>(Sum of Items 12 and 16)</i>	<input type="text"/>

41) Provide necessary details for Schedule 8 – Stockholders/Members Information, if applicable

Schedule 8 - <input type="checkbox"/> Stockholders <input type="checkbox"/> Partners <input type="checkbox"/> Members Information (Top 20 stockholders, partners or members)			
<i>(On column 3 enter the amount of capital contribution and on the last column enter the percentage this represents on the entire ownership.)</i>			
REGISTERED NAME	TIN	Capital Contribution	% to total

42) Click the Next button to proceed to adjoining page

43) Provide necessary details for Schedule 9 – Supplemental Information, if applicable

Schedule 9 - Supplemental Information			
I) Gross Income / Receipts Subjected to Final Withholding			
	A) Exempt	B) Actual Amount / Fair Market Value / Net Capital Gains	C) Final Tax Withheld / Paid
1 Interests			
2 Royalties			
3 Dividends			
4 Prizes and Winnings			
II) Sale / Exchange of Real Properties			
	A) Sale / Exchange #1	B) Sale / Exchange #2	
5 Description of Property			
6 OCT/TCT/CCT/Tax Declaration No.			
7 Certificate Authorizing Registration (CAR) No.			
8 Actual Amount/Fair Market Value/Net Capital Gains			
9 Final Tax Withheld/Paid			
			(Add more...)
III) Sale / Exchange of Shares of Stock			
	A) Sale / Exchange #1	B) Sale / Exchange #2	
10 Kind (PS/CS) / Stock Certificate Series No.	PS ▾ /	PS ▾ /	
11 Certificate Authorizing Reg. (CAR) No.			
12 Number of Shares			
13 Date of Issue (MM/DD/YYYY)	/ /	/ /	
14 Actual Amount/Fair Market Value/Net Capital Gains			
15 Final Tax Withheld/Paid			
			(Add more...)
IV) Other Income (Specify)			
	A) Other Income #1	B) Other Income #2	
16 Other Income Subject to Final Tax Under Sec. 57(A) /127/others of the Tax Code, as amended (Specify)			
17 Actual Amount/Fair Market Value/Net Capital Gains			
18 Final Tax Withheld/Paid			
			(Add more...)
19 Total Final Tax Withheld/Paid (Sum of Items 1C to 4C, 9A, 9B, 15A, 15B, 18A & 18B)			

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- 44) Provide necessary details for Schedule 10 – Gross Income/Receipts Exempt from Income Tax , if applicable

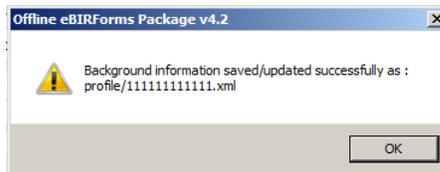
Schedule 10 - Gross Income/Receipts Exempt from Income Tax		
1 Return of Premium (Actual Amount/Fair Market Value)		
) Personal/Real Properties Received thru Gifts, Bequests, and Devises		
	A) Personal/Real Properties #1	B) Personal/Real Properties #2
2 Description of Property (e.g., land, improvement,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

- 45) When filling up of document has been completed, **click the Validate** button to allow system to determine if there are fields which have been overlooked and not filled properly

- 46) Once validation has been completed, **click the Edit** button to go over each field to check for correctness of data typed in.

- 47) After editing, User can let the files typed in be stored into the system by **clicking the Save** button

- 48) System will show a message stating that all information typed in the fields have been successfully saved.



- 49) **Click the OK button** to acknowledge receipt of the message.

- 50) User can submit online the duly filled up document by **clicking the Submit**  button. NOTE: This functionality shall be available on the next release.
- 51) If User wishes to have a copy of the duly filled form, **the Print**  button to enable printing of a specific page.