



BIR Form No. **1709**
February 2020
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INFORMATION RETURN ON TRANSACTIONS WITH RELATED PARTY

(INTERNATIONAL AND/OR DOMESTIC)

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.


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1 For the Calendar Fiscal 2 Year Ended (MM/YYYY) 3 Number of Sheet/s Attached

Part I – Background Information

4 Taxpayer Identification Number (TIN) 5 RDO Code

6 Taxpayer's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

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)

8 Contact Number (Landline/Cellphone No.) 9 Email Address 7A ZIP Code

Part II – Summary of Related Party Transactions

(Fill out the table properly. Write N/A if not applicable and use additional sheet/s, if necessary)

A. Foreign Related Party Transactions

Nature of Transaction / Related Account Name	Foreign Related Party	Address

Taxpayer Identification Number	Availed of Treaty Benefits? Yes / No	Applicable Treaty Rate	Amount of Income/Expense	Tax Withheld on Income Payments to Related Party (For Expenses)	Tax Withheld by the Related Party (For Receipts)
	<input type="checkbox"/> / <input type="checkbox"/>				
	<input type="checkbox"/> / <input type="checkbox"/>				
	<input type="checkbox"/> / <input type="checkbox"/>				
	<input type="checkbox"/> / <input type="checkbox"/>				

B. Domestic Related Party Transactions

Nature of Transaction / Related Account Name	Domestic Related Party	Address

Taxpayer Identification Number	Amount of Income / Expense	Tax Withheld on Income Payments to Related Party (For Expenses)	Tax Withheld by the Related Party (For Receipts)

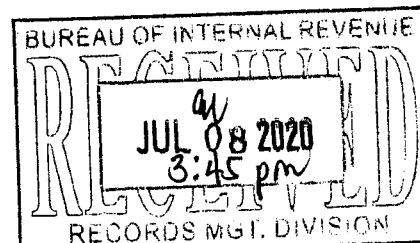
Part III – Details of Related Party Transactions per Category

(Fill out the table properly. Write N/A if not applicable and use additional sheet/s, if necessary)

A. Details of Transactions with the Parent

Name of Company	Address	Nature of Transaction

Amount / Volume	Outstanding Balance	Terms	Conditions	Provisions for Doubtful Debts*	Expense Recognized**



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Taxpayer Identification Number (TIN)	Taxpayer's Name

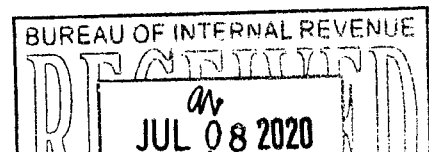
B. Summary of Transactions with Entities with Joint Control or Significant Influence over the Entity					
Name of Company		Address		Nature of Transaction	
Amount / Volume	Outstanding Balance	Terms	Conditions	Provisions for Doubtful Debts*	Expense Recognized**

C. Summary of Transactions with Subsidiary/ies					
Name of Company		Address		Nature of Transaction	
Amount / Volume	Outstanding Balance	Terms	Conditions	Provisions for Doubtful Debts*	Expense Recognized**

D. Summary of Transactions with Associates					
Name of Company		Address		Nature of Transaction	
Amount / Volume	Outstanding Balance	Terms	Conditions	Provisions for Doubtful Debts*	Expense Recognized**

E. Summary of Transactions with Joint Ventures in which the Entity is a Joint Venturer					
Name of Company		Address		Nature of Transaction	
Amount / Volume	Outstanding Balance	Terms	Conditions	Provisions for Doubtful Debts*	Expense Recognized**

F. Summary of Transactions with the Key Management Personnel of the Entity or its Parent				
Name of Personnel		Address		Short-term Employee Benefits
Post-employment Benefits	Other Long-term Benefits	Termination Benefits	Share-based Payments	Others



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Taxpayer Identification Number (TIN)

Taxpayer's Name

G. Summary of Transactions with Other Related Parties

Name of Company		Address / Place of Residence		Nature of Transaction	

Additional Disclosures for Outstanding Balances:

*Provisions for doubtful debts related to the amount of outstanding balances

**The expense recognized during the period in respect of bad or doubtful debts due from related parties

Part IV – Other Information

A. Brief business overview of the ultimate parent company

B. Brief business overview/functional profile of the taxpayer

C. Has there been any change in the functional profile of the taxpayer? If yes, please provide details. Yes No

D. Has there been any change in the ownership structure of the taxpayer? If yes, please provide details. Yes No

E. Did the taxpayer undergo business restructuring during the year or the last five (5) years? Yes No
If yes, please provide details.

F. Do you have pending Tax Treaty Relief Application with the BIR or with the tax authority of other Yes No
If yes, please provide details.

G. Do you have an Advance Pricing Agreement (APA) with your related parties? Yes No
If yes, please attach copy of the APA.

I/We declare under the penalties of perjury that this return has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Revenue Code, as amended, and the regulations issued under the authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under Republic Act No. 10173, otherwise known as the Data Privacy Act of 2012, for legitimate and lawful purposes. (If authorized representative, please attach an authorization letter.)

Stamp of receiving Office
Date of Receipt
RO's Signature

Signature over printed name of Taxpayer/President/ Principal Officer/
Authorized Representative

Signature over printed name of Treasurer/
Assistant Treasurer

Title of Signatory/TIN

Title of Signatory/TIN

