

DLN:

PSIC:

PSOC:



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Payment Form

BIR Form No.
0605
July 1999 (ENCS)

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

| | | | | |
|--|---|---|--------------------------|----------|
| 1 ▶ For the <input type="checkbox"/> Calendar <input checked="" type="checkbox"/> Fiscal | 3 Quarter | 4 Due Date (MM/DD/YYYY) | 5 No. of Sheets Attached | 6 A.T.C. |
| 2 ▶ Year Ended (MM/YYYY) 1,2 2 0 1 8 | <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th | 1,1 3 0 2 0 2 1 | | FP |
| 7 Return Period (MM/DD/YYYY) | 8 Tax Type Code | BCS No./Item No. (To be filled up by the BIR) | | |
| 1,2 3 1 2 0 1 8 | MC | | | |

Part I Background Information

| | | | |
|---|-------------|---|--------------------------------|
| 9 Taxpayer Identification No. | 10 RDO Code | 11 Taxpayer Classification | 12 Line of Business/Occupation |
| 0 0 0 0 0 0 0 0 0 0 | 0 4 8 | <input type="checkbox"/> I <input type="checkbox"/> N <input checked="" type="checkbox"/> X | |
| 13 Taxpayer's Name ABC CORPORATION (Last Name, First Name, Middle Name for Individuals) / (Registered Name for Non-Individuals) | | | 14 Telephone Number |
| 15 Registered Address 123 Makati Avenue, Makati City | | | 16 Zip Code |
| 17 Manner of Payment | | 18 Type of Payment | |
| Voluntary Payment <input type="checkbox"/> Self-Assessment <input type="checkbox"/> Tax Deposit/Advance Payment <input type="checkbox"/> Income Tax Second Installment (Individual) <input type="checkbox"/> Others (Specify) | | Per Audit/Delinquent Account <input checked="" type="checkbox"/> Preliminary/Final Assessment/Deficiency Tax <input type="checkbox"/> Accounts Receivable/Delinquent Account | |
| | | <input type="checkbox"/> Installment <input type="checkbox"/> No. of Installment <input type="checkbox"/> Partial Payment <input checked="" type="checkbox"/> Full Payment | |

Part II Computation of Tax

| | | | | |
|---|-----|----------|----------|----------|
| 19 Basic Tax / Deposit / Advance Payment | 19 | 0.00 | | |
| 20 Add: Penalties Surcharge Interest Compromise | 20A | 20B | 20C | 20D |
| | | | 1,000.00 | 1,000.00 |
| 21 Total Amount Payable (Sum of Items 19 & 20D) | 21 | 1,000.00 | | |

| | | |
|---|--|---|
| <p align="center">For Voluntary Payment</p> <p>I declare, under the penalties of perjury, that this document 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.</p> | <p align="center">For Payment of Deficiency Taxes From Audit/Investigation/ Delinquent Accounts</p> <p>APPROVED BY:</p> | <p align="center">Stamp of Receiving Office and Date of Receipt</p> |
| 22A Signature over Printed Name of Taxpayer /Authorized Representative | Title/Position of Signatory | 22B Signature over Printed Name of Head of Office |

Part III Details of Payment

| Particulars | Drawee Bank/Agency | Number | MM | DD | YYYY | Amount |
|-------------------------|--------------------|--------|-----|----|------|--------|
| 23 Cash/Bank Debit Memo | | | | | | . |
| 24 Check | 24A | 24B | 24C | | | . |
| 25 Tax Debit Memo | 25A | 25B | | | | . |
| 26 Others | 26A | 26B | 26C | | | . |

Machine Validation/Revenue Official Receipt Details (If not filed with the bank)

Taxpayer Classification I - Individual N - Non-Individual

