

Large Taxpayers Service/Revenue Region No. \_\_\_\_  
 LT Audit Division \_\_\_\_ / LT Division \_\_\_\_ /Revenue District Office No. \_\_\_\_

**NOTICE OF DEFICIENCIES/DEFECTS IN THE AVAILMENT OF VOLUNTARY ASSESSMENT AND PAYMENT PROGRAM (VAPP)**

\_\_\_\_\_(Date)\_\_\_\_\_

\_\_\_\_\_(Name of Taxpayer)\_\_\_\_\_  
 \_\_\_\_\_(Address)\_\_\_\_\_  
 \_\_\_\_\_(TIN of Taxpayer)\_\_\_\_\_

Gentlemen/Sir/Madam:

This refers to your application/availment for Voluntary Assessment and Payment Program (VAPP) under Section/(s) \_\_\_\_ (e.g., 9.a and 9.b/9.c) of Revenue Regulations No. 21-2020, which includes \_\_\_\_\_ (indicate tax type/s) for the calendar/fiscal year ending \_\_\_\_\_ .

Please be informed that after a thorough review and evaluation of your application, you are hereby requested to:

Submit the following supporting documents:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pay the additional VAPP amount computed as follows:

<u>Particulars</u>	<u>Amount</u>
_____	Php x,xxx,xxx.xx
_____	xxx,xxx.xx
_____	xxx,xxx.xx
_____	xxx,xxx.xx
Voluntary tax payable pursuant to Section 9 of RR No. 21-2020	Php x,xxx,xxx.xx
Less: Voluntary tax paid from previous BIR Form No. 0622	( xxx,xxx.xx )
<b>Voluntary tax still due</b>	<b><u>Php x,xxx,xxx.xx</u></b>

Please submit the aforesaid documents/duly validated BIR Form No. 0622 with proof of payment, representing the additional voluntary tax paid within ten (10) working days from receipt of this notice.

Should you fail to act and/or comply with/pay the required amount within the aforesated period, this will result in the denial of your application/availment for VAPP and will not entitle you to the privilege under Section 10 of RR No. 21-2020. However, your voluntary tax payment may be applied against any deficiency tax liability for taxable year 2018, in case of audit/investigation.

For your information and compliance.

Very truly yours,

\_\_\_\_\_  
Chief, LT Office/Revenue District Officer  
(Signature Over Printed Name)

Prepared by:

\_\_\_\_\_  
Assigned Revenue Officer  
(Signature Over Printed Name)

Contact Details: (telephone no./  
cellphone no./  
email address)