

Republic of the Philippines
 Department of Finance
 BUREAU OF INTERNAL REVENUE
 (Name of Office of the Approving Official)

VAT REFUND NOTICE

 (Date)

Name of Claimant/Taxpayer
Address

Sir/Madam:

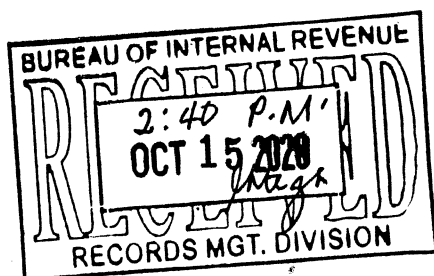
This has reference to your claim for Value Added Tax (VAT) refund on erroneously paid VAT on importation of drugs prescribed for diabetes, high cholesterol, and hypertension covering the period from _____ to _____ in the amount of Php _____ pursuant to Section 204(C) of the National Internal Revenue Code (NIRC) of 1997, as amended, in relation to Revenue Regulations No. 18-2020, which implement Section 1 of Republic Act No. 11467.

Please be informed that upon processing of the aforementioned claim under Tax Verification Notice No. _____ dated _____, the total amount to be refunded for the erroneously paid VAT on importations is Php _____, as summarized below:

VAT Refund Claimed	Php x,xxx,xxx.xx
Less: Deduction/s from claim	<u>(xxx,xxx.xx)</u>
Recommended Net Allowable VAT Refund	<u>Php x,xxx,xxx.xx</u>

The amount of Php _____ representing the recommended VAT refund on importations is subject to further verification and processing by the Bureau of Customs (BOC), in compliance with the requirements of the Commission on Audit.

The approved report on the said claim shall be subject to post-audit by the Commission on Audit and/or further audit/investigation under the directive of higher authorities. Should there be findings requiring adjustment/deduction on the amount granted, the deficiency tax or excess tax refund shall be collected and/or deducted from future tax refund claim/s, if there is any.



Very truly yours,

 Signature Over Printed Name
 (Approving Revenue Official)