



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

**APPLICATION FOR PERSONAL EQUITY
AND RETIREMENT ACCOUNT (PERA)
TAX CREDIT CERTIFICATE (TCC)**

Enter all required information in CAPITAL LETTERS using in black ink. Mark all applicable boxes with an "X". Three (3) copies must be filed with the BIR.

1 Application Number <input style="width:90%;" type="text"/>	2 Date of Application <input style="width:80%;" type="text"/> <small>(To be filled-up by BIR)</small>
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Part I - PERA Administrator's Information

3 Taxpayer Identification Number (TIN) <input style="width:95%;" type="text"/>	4 RDO Code <input style="width:40%;" type="text"/>	5 Certificate of Accreditation Number <input style="width:95%;" type="text"/>
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6 PERA Administrator's Registered Name

7 Authorized Representative (Last Name, First Name, Middle Name)

8 Registered Address (indicate complete registered address)

9 Contact Number of PERA Administrator <input style="width:95%;" type="text"/>	8A ZIP Code <input style="width:40%;" type="text"/>	11 Municipality Code <input style="width:95%;" type="text"/> <small>(To be filled-up by BIR)</small>
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10 Contact Number of Representative <input style="width:95%;" type="text"/>	11 Municipality Code <input style="width:95%;" type="text"/> <small>(To be filled-up by BIR)</small>
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12 Email Address

Part II - Details of Claim

13 Period Covered (MM/DD/YYYY) From To

14 Aggregate Amount of Qualified PERA Contributions (from Part III - Total of column F)

15 5% Tax Credit (5% of Item 14) / (from Part III - Total of column G)

16 Declaration
I declare, under the penalties of perjury, that this application 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.

PERA Administrator Authorized Representative
(Signature over Printed Name)

Position Date

Stamp of Receiving Office
and Date of Receipt
(RO's Signature over Printed Name)

Part III - Alphabetical List of Contributors (attached additional sheet/s, if necessary)

(A) **Name of Contributor/s**
(Last Name, First Name, Middle Name)
(B)

1	
2	
3	
4	
5	

	TAXPAYER IDENTIFICATION NUMBER (TIN) (C)	TYPE OF CONTRIBUTOR	Aggregate Amount of Qualified PERA Contribution (E)	5% Tax Credit (F)
1	<input style="width:95%;" type="text"/>	<input style="width:40%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
2	<input style="width:95%;" type="text"/>	<input style="width:40%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
3	<input style="width:95%;" type="text"/>	<input style="width:40%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
4	<input style="width:95%;" type="text"/>	<input style="width:40%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
5	<input style="width:95%;" type="text"/>	<input style="width:40%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total			<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

* SE = Self-Employed OFW = Overseas Filipino Workers