

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 type="checkbox"/> Fiscal	3 Quarter <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	4 Due Date (MM/DD/YYYY)	5 No. of Sheets Attached <input type="checkbox"/>	6 A T C <input type="checkbox"/>
2 Year Ended (MM/YYYY)	7 Return Period (MM/DD/YYYY)		8 Tax Type Code IT	
9 Taxpayer Identification No.			10 RDO Code	
11 Taxpayer Classification <input type="checkbox"/> I <input type="checkbox"/> N			12 Line of Business/Occupation	
13 Taxpayer's Name			14 Telephone Number	
15 Registered Address			16 Zip Code	
17 Manner of Payment			18 Type of Payment	

Part I Background Information

9 Taxpayer Identification No.

10 RDO Code

11 Taxpayer Classification I N

12 Line of Business/Occupation

13 Taxpayer's Name
(Last Name, First Name, Middle Name for Individuals) / (Registered Name for Non-Individuals)

14 Telephone Number

15 Registered Address

16 Zip Code

17 Manner of Payment

18 Type of Payment

Voluntary Payment: Self-Assessment Penalties Tax Deposit/Advance Payment Income Tax Second Installment (Individual) Others (Specify)

Per Audit/Delinquent Account: Preliminary/Final Assessment/Deficiency Tax Accounts Receivable/Delinquent Account

18 Type of Payment: Installment No. of Installment Partial Payment Full Payment

Part II Computation of Tax

19 Basic Tax / Deposit / Advance Payment

20 Add Penalties Surcharge Interest Compromise

20A 20B 20C 20D

21 Total Amount Payable (Sum of Items 19 & 20D)

For Voluntary Payment

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.

22A Signature over Printed Name of Taxpayer /Authorized Representative Title/Position of Signatory

For Payment of Deficiency Taxes From Audit/Investigation/ Delinquent Accounts

APPROVED BY:

22B Signature over Printed Name of Head of Office

Stamp of Receiving Office and Date of Receipt

Part III Details of Payment

Particulars	Drawee Bank/Agency	Number	MM	DD	YYYY	Amount
23 Cash/Bank Debit Memo						<input type="text"/>
24 Check	24A <input type="text"/>	24B <input type="text"/>	24C <input type="text"/>	24D <input type="text"/>		<input type="text"/>
25 Tax Debit Memo	25A <input type="text"/>	25B <input type="text"/>	25C <input type="text"/>	25D <input type="text"/>		<input type="text"/>
26 Others	26A <input type="text"/>	26B <input type="text"/>	26C <input type="text"/>	26D <input type="text"/>		<input type="text"/>

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

Taxpayer Classification: I - Individual N - Non-Individual

