

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	6 A T C
2 Year Ended (MM/YYYY)				PT041
7 Return Period (MM/DD/YYYY)	8 Tax Type Code PT	BCS No./Item No. (To be filled up by the BIR)		

Part I Background Information

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 (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	
<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)		<input type="checkbox"/> Penalties <input type="checkbox"/> Per Audit/Delinquent Account <input 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 type="checkbox"/> Full Payment	

Part II Computation of Tax

19 Basic Tax / Deposit / Advance Payment	19
20 Add: Penalties Sturcharge Interest Compromise	
20A 20B 20C 20D	
21 Total Amount Payable (Sum of Items 19 & 20D)	21

<p>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>For Payment of Deficiency Taxes From Audit/Investigation/ Delinquent Accounts</p> <p>APPROVED BY:</p>	<p>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						23
24 Check	24A	24B	24C			24D
25 Tax Debit Memo	25A	25B				25C
26 Others	26A	26B	26C			26D

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

Taxpayer Classification: I - Individual N - Non-Individual

