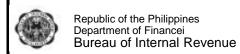
▶ DLN: ▶ PSIC: ▶ PSOC:



Voluntary Assessment and Payment Program (VAPP)

Payment Program (VAPP) Payment Form Augus

BIR Form No. **0622**August 2020

Fill in all applicable spaces. Mark all appropriate boxes with an "X"								
(MM/DD/YY) ►		•		Calendar	Fise	<u> </u>	MM/DD/YYYY)	
4 Number of ▶	Sheets Attached 5 Alpha	Tax Type Description Voluntary Assessment						
Part I Background Information								
8 Taxpayer Identification No. 9 RDO Code 10 Taxpayer Classification 11 Line of Business/Occupation N N N N N N N N N N N N N N N N N N N								
Taxpayer's (Last Name, First Name, Middle Name for Individuals) / (Registered Name for Non-Individuals) Name								
14 Trade Name 15 Contact Number								
16 Registere Address	d •					17	Zip Code	
18 Source of	Computation	► Self As	ssessm	ent		Per BIR Notice	3	
Part II ► VAPP Amount								
19 Total Voluntary Tax Payable Per BIR Form No. 2119, Part II, Item no. 21 / Per BIR Notice, in case of additional payment required) •								
20 Less: Voluntary Tax Paid from previous BIR Form No. 0622, if any								
21 Voluntary Tax Still Due (Item no. 19 less Item no. 20)								
I/We declare under the penalties of perjury that this payment form has been made in good faith, verified by me/us and to the best of my/our 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. Further, I/we give my consent to the processing of my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If Authorized Representative, attach authorization letter and indicate TIN) For Individual:								
						re over Printed Name of President/Vice President/ uthorized Office or Representative/Tax Agent (indicate title/designation and TIN) Expiry Date (MM/DD/YYYY)		
Atty's. Roll No. (if, applicable)								
Part III		Details (_					
Particulars	Drawee Bank/Agency	Number	MM	DD	YYYY		Amount	
20 _{Cash} 21 _{Check}								
	ation/Revenue Official Receipt	Details (If not filed with the	bank)			Stamp of Receiving Office, (RO's Signature/Ba		

BIR Form No. 0622 - Voluntary Assessment and Payment Program (VAPP) Payment Form Guidelines and Instructions

Who Shall Use This Form

Any person, natural or juridical, including estates and trusts, liable to pay any internal revenue taxes covering the taxable year ending December 31, 2018, and fiscal year ending on last day of the months of July 2018 to June 2019 who due to inadvertence or otherwise erroneously paid his/its internal revenue tax liabilities or failed to file tax returns/pay taxes, may avail of the VAPP pursuant to RR No. _____.

Where to Pay

This payment form shall be accomplished in three (3) copies [original for Large Taxpayers (LT) Office/Revenue District Office (RDO), duplicate for the taxpayer and triplicate for the collecting agent]. The amount payable shall be paid with the Authorized Agent Bank (AAB) under the LT Office/RDO having jurisdiction over the taxpayer. In places where there are no AABs, this form shall be filed and the tax shall be paid to the Revenue Collection Officer (RCO) under the LT Office/RDO having jurisdiction over the taxpayer. The RCO shall issue an Electronic Revenue Official Receipt (eROR) or manually issued ROR therefor.

Where the form is filed with an AAB, the taxpayer must accomplish and submit BIR-prescribed deposit slip, which the bank teller machine-validate as evidence that payment was received by the AAB. The AAB receiving the form shall stamp mark with the word "Received" on the form and also machine validate the form as proof of filing and VAPP payment of the taxpayer. The machine validation shall reflect the date of payment, amount paid and transactions code, the name of the bank, branch code, teller's code and teller's initial. Bank debit memo number and date should be indicated in the form for taxpayers paying under the bank debit system.

For one time transactions (ONETT) involving sale of real property, this form shall be filed and tax shall be paid with the AAB/RCO under the RDO having jurisdiction over the location of the property.

Attachment

For additional payment arising from BIR Notice, copy of the said notice to this payment form.

Note:

- 1. This form shall cover tax liabilities for one (1) taxable year/period and/or taxable ONETT for a particular period in 2018.
- 2. Payment should be in cash as a condition to avail of the privilege under RR No. ___ . Hence, non-cash modes of payment such as Tax Debit Memo and the like, will not qualify as a valid payment.
- 3. For additional payment per BIR Notice, copy of the proof of payment shall be submitted to the concerned LT Office/RDO prior to issuance of the Certificate of the Availment.