



BIR Form No. <b>0621-EA</b> July 2021 (ENCS)	<h2 style="margin: 0;">Acceptance Payment Form</h2> <h3 style="margin: 0;">Estate Tax Amnesty</h3> <p style="margin: 0;">For Taxable Year 2017 and Prior Years Pursuant to Republic Act (R.A.) No. 11213, as amended by R.A. No. 11569</p> <p style="font-size: small; margin: 0;">Enter all required information in CAPITAL LETTERS using BLACK ink. Mark all applicable boxes with an "X".</p>	 0621-EA 07/21ENCS
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1 Date Filed (MM/DD/YYYY)	2 Tax Type Code <b>ES</b>	3 Tax Type Description <b>Estate Tax</b>	4 ATC <b>MC 320</b>
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Part I – Taxpayer Information			
5 Taxpayer Identification Number (TIN) of the ESTATE	6 RDO Code	7 Date of Death (MM/DD/YYYY)	
8 Taxpayer's Name (ESTATE of Last Name, First Name, Middle Name) <b>ESTATE OF</b>			
9 Residence of the Decedent at the time of Death			
10 Name of Executor / Administrator (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)			9A ZIP Code
11 Contact Number	12 Basis of Payment <b>Tax Amnesty Program</b>	13 Type of Payment <b>Full Payment</b>	
14 Email Address			

Part II – Computation of Estate Tax Amnesty	
15 Estate Tax Due (from BIR Form No. 2118-EA)	•
16 Minimum Amnesty Amount	•
17 Amount Payable	•
I/We declare under the penalties of perjury that this certificate 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 Tax Amnesty Act (R.A. No. 11213), as amended by R.A. No. 11569 and the regulations issued under authority thereof. Further, I/we give my/our 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. <i>If signed by an Authorized Representative, attach Special Power of Attorney</i>	For Payment of Estate Tax Amnesty  <b>ENDORSED BY:</b>          _____ (Signature over Printed Name) Revenue District Officer
Signature over Printed Name of Executor/Administrator (Indicate Title/Designation and TIN)	

PART III – DETAILS OF PAYMENT				
Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount
18 Cash				•
19 Check				•
Machine Validation/Revenue Official Receipt Details (if not filed with an Authorized Agent Bank)			Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)	

\*NOTE: The BIR Data Privacy Policy is in the BIR website ([www.bir.gov.ph](http://www.bir.gov.ph))