



BIR Form No.  
**2118-EA**  
July 2021 (ENCS)  
Page 1

**Estate Tax Amnesty Return**  
Pursuant to Republic Act (R.A.) No. 11213,  
as amended by R.A. No. 11569

Enter all required information in CAPITAL LETTERS using BLACK ink. Mark all applicable boxes with an "X".  
Two copies MUST be filed with the BIR and one to be held by the taxpayer.



1 Date of Death (MM/DD/YYYY)	2 Amended Estate Tax Amnesty Return? <input type="checkbox"/> Yes <input type="checkbox"/> No	3 Is there a Previously Filed Estate Tax Return prior to Estate Tax Amnesty? <input type="checkbox"/> Yes <input type="checkbox"/> No	4 Alphanumeric Tax Code (ATC) <b>MC320</b>
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**Part I – Taxpayer Information**

5 Taxpayer Identification Number (TIN)	/	/	/	0 0 0 0 0	6 RDO Code
7 Taxpayer's Name (ESTATE of Last Name, First Name, Middle Name) <b>ESTATE OF</b>					
8 Residence of Decedent at the time of death					
9 Non-Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No					
10 Name of Executor / Administrator (Last Name, First Name, Middle Name for Individuals OR Registered Name for Non-Individual)					
11 Address of Executor / Administrator					
11A ZIP Code					
12 TIN of Executor / Administrator	/	/	/	13 Contact Number	
14 Email Address					

**Part II – Total Tax Payable**

Particulars	A. Exclusive	B. Conjugal/Communal	C. Total	
15 Real Properties excluding Family Home (From Schedule 1)				
16 Family Home (From Schedule 1A)				
17 Personal Properties (Total of Schedule 2 and 3)				
18 Taxable Transfer (From Schedule 4)				
19 GROSS ESTATE (Sum of Items 15 to 18)				
20 Less: Ordinary Deductions (From Schedule 5)				
21 Estate after Deductions (Item 19 less Item 20)				
22 Less: Share of Surviving Spouse (Item 21 divided by 2) (if applicable)				
23 Estate of the Decedent (Item 21 less Item 22)				
24 Less: Special Deductions				
24A Family Home (if applicable)				
24B Standard Deduction (if applicable)				
24C Medical Expenses (if applicable)				
24D Total Special Deductions (Sum of items 24A to 24C)				
25 NET TAXABLE ESTATE (Item 23 less Item 24D)				
26 Less: Net Taxable Estate per Previously Filed Estate Tax Return/Estate Tax Amnesty Return (if applicable)				
27 NET TAXABLE ESTATE FOR AMNESTY (Item 25 less Item 26)				
28 Applicable Tax Rate			6	0%
29 ESTATE TAX DUE (Item 27 Multiply by Item 28)				
30 Minimum Amnesty Amount (if applicable)				
31 Amnesty Estate Tax Payable				

**Sworn Declaration:**

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 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. (If signed by an Authorized Representative, attach Special Power of Attorney)

Signature Over Printed Name of Executor/Administrator/Heir/Authorized Representative  
(Indicate title/designation and TIN)

Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)	Date of Issue (MM/DD/YYYY)	Date of Expiry (MM/DD/YYYY)	MCLE Compliance No.
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**Part III – Details of Payment**

Paid thru:

AAB (specify) \_\_\_\_\_ Branch Location \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

RCO (specify name) \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

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<b>TIN</b>	<b>Taxpayer's Name</b>
0 0 0 0 0	

**Part IV - Schedules**

**DETAILS OF PROPERTY**

**Schedule 1 – REAL PROPERTIES** *[Attach additional sheet/s, if necessary, using the same format of this Schedule with Sworn Declaration (see page 1)]*

OCT/ TCT/ CCT No.	Tax Declaration (TD) No.	Location	Class*	Area	Zonal Value (ZV) (FMV per BIR)	Fair Market Value (FMV per TD)	FMV whichever is higher	
							CONJUGAL	EXCLUSIVE
<b>TOTAL (To Part II Item 15)</b>								

**Schedule 1A – Family Home**

OCT/ TCT/ CCT No.	Tax Declaration (TD) No.	Location	Class*	Area	Zonal Value (ZV) (FMV per BIR)	Fair Market Value (FMV per TD)	FMV whichever is higher	
							CONJUGAL	EXCLUSIVE
<b>TOTAL (To Part II Item 16)</b>								

**Schedule 2 – Personal Properties (SHARES OF STOCK)** *(Attach additional sheet/s if necessary)*

Name of Corporation	Stock Cert. No.	No of Shares	Fair Market Value per Share	Amount	
				CONJUGAL	EXCLUSIVE
<b>TOTAL (To Part II Item 17)</b>					

**Schedule 3 – Other Personal Properties** *(Attach additional sheet/s if necessary)*

Particulars	Amount	
	CONJUGAL	EXCLUSIVE
<b>TOTAL (To Part II Item 18)</b>		

**Schedule 4 – Taxable Transfers** *(Attach additional sheet/s if necessary)*

Particulars	Amount	
	CONJUGAL	EXCLUSIVE
<b>TOTAL (To Part II Item 19)</b>		

**Schedule 5 – Ordinary Deductions** *(Whichever is applicable)*

Particulars	Amount	
	CONJUGAL	EXCLUSIVE
Actual or Allowable Funeral Expenses		
Judicial Expenses of the Testamentary or Intestate Proceedings/Administration Expenses		
Claims against the Estate		
Claims against Insolvent Persons		
Property Previously Taxed (Vanishing Deduction)		
Transfers for Public Use		
Others <i>(specify)</i> _____		
<b>TOTAL (To Part II Item 20)</b>		

\* RR-Residential Regular    CR-Condominium Regular    CL-Cemetery Lot    GL-Government Lot    A-Agricultural    X-Institutional  
 RC-Residential Condominium    CC-Commercial Condominium    PS-Parking Slot    GP-General Purpose    I-Industrial    APD-Area for Priority Development