

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 checked="" type="checkbox"/> Calendar <input type="checkbox"/> Fiscal	3 Quarter	4 Due Date (MM / DD / YYYY)	5 No. of Sheets Attached	6 A T C
2 ▶ Year Ended (MM / YYYY) 12 2017	▶ <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	▶	▶	▶ MC180
7 Return Period (MM / DD / YYYY)	8 Tax Type Code RF	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	12 Line of Business/Occupation
▶ 000 000 000 000	▶ 00	▶ <input checked="" type="checkbox"/> I <input type="checkbox"/> N	▶
13 Taxpayer's Name	14 Telephone Number		
▶ JUAN DELA CRUZ (Last Name, First Name, Middle Name for Individuals) / (Registered Name for Non-Individuals)	▶		
15 Registered Address	16 Zip Code		
▶ METRO MANILA, PHILIPPINES	▶		
17 Manner of Payment		18 Type of Payment	
Voluntary Payment <input type="checkbox"/> Self-Assessment <input type="checkbox"/> Penalties <input type="checkbox"/> Tax Deposit/Advance Payment <input type="checkbox"/> Income Tax Second Installment (Individual) <input checked="" type="checkbox"/> Others (Specify) REGISTRATION FEE		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 checked="" type="checkbox"/> Full Payment	

Part II Computation of Tax

19 Basic Tax / Deposit / Advance Payment	19	500.00		
20 Add: Penalties Surcharge Interest Compromise	20A	20B	20C	20D
▶	▶	▶	▶	▶
21 Total Amount Payable (Sum of Items 19 & 20D)	21	500.00		

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 <u>JUAN DELA CRUZ</u> Signature over Printed Name of Taxpayer /Authorized Representative	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
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Part III Details of Payment

Particulars	Drawee Bank/Agency	Number	MM	DD	YYYY	Amount
23 Cash/Bank Debit Memo						▶
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)