

## **Payment Form**

BIR Form No. **0605** 

| Fill in all applicable spaces. Mark all appropriate boxes with an "X"  1 = Fort for  |  |               |                   |                | -          |  |
|--|--|---------------|-------------------|----------------|------------|--|
| 2 * Year Ended (MM / YVYY)   1,2   2,0   1,7   ** Fill   2 mill   3 mill   4 mill   3 mill   4 mill    | Fill in all applicable spaces. Mark all appropriate boxes with an "X"  |               |                   |                |            |  |
| 9 Taxpayer Identification No. 10 RPO Code 11 Taxpayer Classification 200 000 000 000 000 000 000 11 Taxpayer Classification 200 12 Line of BusinessiOccupation 200 000 000 000 000 000 000 000 000 00   | Year Ended ( MM / YYYY ) 1,2 2017  Return Period ( MM / DD / YYYY ) 8 Tax Type Code  BCS No./Item No. (To be filled up by the BIR)   |               |                   |                |            |  |
| Toxpayer's   JUAN DELA CRUZ   (Last Name, First Name, Middle Name for Individuals) / (Registered Name for Non-Individuals)   (1 Telephone Number   1 Telep   | Part I Background Information  |               |                   |                |            |  |
| Self-Assessment  |  |               |                   |                |            |  |
| 16 Zip Code  | Name   JUAN DELA CRUZ  |               |                   |                |            |  |
| Total Amount Payable (Sum of Items 19 & 20D)  21 Total Amount Payable (Sum of Items 19 & 20D)  22 Total Amount Payable (Sum of Items 19 & 20D)  23 Gesh Brevence Code, as smended, and the regulations issued under authority thereof.  24 UNAN DELA CRUZ  Signature over Printed Name of Taxpayer (Authorized Representative Test)  25 Tax (Debtt Memo  26 Others  26 Others  26 Others  26 Others  26 Others  27 Tax (Deposit Advance Payment Peraltities Payment of Deficiency Taxes Form Audit/Investigation/ Delinquent Account Payable (Sum of Items 19 & 20D)  26 Others  27 Total Amount Payable (Sum of Items 19 & 20D)  28 Signature over Printed Name of Taxpayer (Authorized Representative Title/Position of Signatory Payment Of Delinquent Accounts Approver Printed Name of Head of Office Payment  28 Tax (Debtt Memo  29 Add: Payment of Deficiency Taxes Form Audit/Investigation/ Delinquent Accounts Approver Printed Name of Head of Office Payment Interest Revenue Code, as mended, and the regulations issued under authority thereof.  29 Tax (Debtt Memo  20 Add: Payment of Deficiency Taxes Form Audit/Investigation/ Delinquent Accounts Approved Payment of Deficiency Taxes Form Audit/Investigation/ Delinquent Accounts Approved Payment Office P  | 15 Registered METRO MANILA PHILIPPINES 16 Zip Code   |               |                   |                |            |  |
| Voluntary Payment Penalties   Per Audit/Delinquent Account   Preliminary/Final Assessment/Deficiency Tax   Accounts Receivable/Delinquent Account   Partial   Payment   Partial   Payment   Payment  | 7 dui coo  |               |                   |                | of Payment |  |
| 19 Basic Tax / Deposit / Advance Payment   | Self-Assessment Penalties Preliminary/Final Assessment/Deficiency Tax Tax Deposit/Advance Payment Accounts Receivable/Delinquent Account Partial Payment  (Individual) PECISTRATION FFF  |               |                   |                |            |  |
| 20 Add: Penalties Surcharge Interest Compromise 20A Add: Penalties Surcharge Interest Compromise 21 Total Amount Payable (Sum of Items 19 & 20D) 21 500.00  21 500.00  21 500.00  21 500.00  22 50A add: Penalties Surcharge Interest Compromise 22 50A add: Penalties Surcharge Interest Compromise 23 Cash/Bank Debit Memo 24A 25 Tax Debit Memo 25 Tax Debit Memo 26A 26 Others 26 A did: Penalties Surcharge Interest Compromise 20D 21 500.00  21 500.00  22  | PartII ► Computation of Tax  |               |                   |                |            |  |
| 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   JUAN DELA CRUZ   | 20 Add: Penalties Surcharge Interest Compromis   | Compromise    |                   |                | 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   JUAN DELA CRUZ   |  |               |                   | 500.00         | •          |  |
| 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  3UAN DELA CRUZ  Signature over Printed Name of Taxpayer /Authorized Representative  Details of Payment  Particulars  Drawee Bank/Agency  Number  N |  |               |                   |                | •          |  |
| Signature over Printed Name of Taxpayer /Authorized Representative  Title/Position of Signatory  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  24A  24C  A Check  Description of Signatory  Signature over Printed Name of Head of Office  Signature over Printed Name of Head of Office | 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    From Audit/Investigation/ Delinquent Accounts APPROVED BY:  APPROVED BY: |               |                   |                |            |  |
| Signature over Printed Name of Taxpayer /Authorized Representative  Part III  Details of Payment  Particulars  Drawee Bank/Agency  Number  Number  MM  DD  YYYY  Amount  23 Cash/Bank Debit Memo  24A  24A  24B  24B  24C  4 Check  Amount  25Tax Debit Memo  26A  26B  26C  4 Check  Amount  Amount | JUAN DELA CRUZ   | 22B           |                   |                |            |  |
| Particulars Drawee Bank/Agency Number MM DD YYYY Amount  23 Cash/Bank  |  | Signature ove | r Printed Name of | Head of Office |            |  |
| 23 Cash/Bank Debit Memo  24A 24 Check  25 Tax Debit Memo  26A 26 Others  23  |  |               |                   |                |            |  |
| 24A 24 Check 24B 24C 24C 24D 24D 24C 24D 25 Tax Debit Memo 25A 25B 25B 26C 26 Others 26A 26B 26C 26D 26D 26D 26D   |  |               |                   | Amount         |            |  |
| 24 Check   |  | ▶ _           |                   |                | •          |  |
| Memo   |  | 24D<br>▶      |                   |                | •          |  |
| 26A 26 Others 26B 26C 26C 26D 26D .  |  | 25C           |                   |                |            |  |
|  | 26A 26B 26C  | 26D           |                   |                |            |  |
|  |  |               |                   |                | • )        |  |