

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 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)	▶ <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	▶	▶	▶
7 Return Period (MM / DD / YYYY)	8 Tax Type Code	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
▶	▶	▶ I <input type="checkbox"/> N <input type="checkbox"/>	▶
13 Taxpayer's Name	14 Telephone Number		
(Last Name, First Name, Middle Name for Individuals) / (Registered Name for Non-Individuals)	▶		▶
15 Registered Address	17 Manner of Payment		18 Type of Payment
▶	<input type="checkbox"/> 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 type="checkbox"/> Others (Specify)		<input type="checkbox"/> 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 type="checkbox"/> Full Payment

Part II Computation of Tax

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

<p align="center">For Voluntary Payment</p> <p>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.</p>	<p align="center">For Payment of Deficiency Taxes From Audit/Investigation/ Delinquent Accounts</p> <p>APPROVED BY:</p>	<p align="center">Stamp of Receiving Office and Date of Receipt</p>
22A Signature over Printed Name of Taxpayer /Authorized Representative	22B 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						▶
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)