

(To be filled up the BIR)

► DLN:



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Payment Form For No Audit Program (NAP)

BIR Form No.

## 0605-101

APRIL 2005

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 Date (MM / DD / YYYY) ► <input type="text"/>	2 For the <input type="checkbox"/> Calendar <input type="checkbox"/> Fiscal Year Ended <input type="text"/> ► (MM/YYYY)	3 Tax Type ► <input type="text"/>	4 RDO Code ► <input type="text"/>	5 A T C ► <input type="text"/>
6 <input type="checkbox"/> PSIC <input type="checkbox"/> PSOC ► <input type="text"/>		7 Line of Business/Occupation ► <input type="text"/>		

### Part I Background Information

8 Taxpayer Identification No. ► <input type="text"/>	9 Taxpayer Classification ► I <input type="checkbox"/> N I <input type="checkbox"/>
10 Taxpayers (Last Name, First Name, Middle Name for Individuals) / (Registered Name for Non-Individuals) Name ► <input type="text"/>	11 Telephone No. <input type="text"/>
12 Registered Address ► <input type="text"/>	13 Zip Code ► <input type="text"/>

### Part II Computation

14 Total Amount of Payment	14 <input type="text"/>
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#### Voluntary Payment

This is to acknowledge that as part of our participation in the Bureau of Internal Revenue's No Audit Program (NAP), the private sector is making an additional voluntary payment in the amount specified in this form.

It is understood that such additional payment is voluntarily made to meet the growth ratio and ratio required for a taxpayer to be considered compliant with the requirement of this program.

It is likewise, agreed that, no claims for refund or tax credit nor will the amount be deducted from taxable income will be made in the future covering said additional 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.

15  
Signature over Printed Name of Taxpayer /Authorized Representative Title/Position of Signatory

Stamp of Receiving Office  
and Date of Receipt

### Part III Details of Payment

Particulars	Drawee Bank/Agency	Number	MM	DD	YY	Amount
16 16A ► <input type="text"/>	16B ► <input type="text"/>	16C ► <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	16D ► <input type="text"/>

Machine Validation/Revenue Official Receipt Details (If not filed with the bank)

Taxpayer Classification: I - Individual N I - Non-Individual