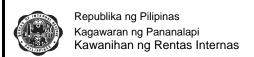
► DLN:



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) 2 For the Calendar Fiscal Year Ended (MM/YYYY) MM/YYYYY) A RDO Code 5 A T C									
6 PSIC PSOC 7 Line of Business/Occupation									
*									
Part I Background Information									
8 Taxpayer Identification No. 9 Taxpayer Classification NI									
10 Taxpayers (Last Name, First Name, Middle Name for Individuals) / (Registered Name for Non-Individuals) Name									elephone No.
12 Registered Address ►								13 Zij	p Code
Part II Computation									
14 Total Amount of Payment 14									
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. Signature over Printed Name of Taxpayer /Authorized Representative Title/Position of Signatory									
Part III Details of Payment									
	awee Bank/Agency	Number	1.25	MM DD	YY	400		Amou	nt
16 16A ►		16B ▶	16C ▶			16D ▶			
Machine Validation/Revenue Official Receipt Details (If not filed with the bank)									