



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Payment Form

BIR Form No.

0605

September 2003(ENCS)

1 For the <input checked="" type="radio"/> Calendar <input type="radio"/> Fiscal	3 Quarter <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd <input type="radio"/> 4th	4 Due Date (MM/DD/YYYY) 01 31 2020	5 No. of Sheets Attached 0	6 ATC MC180
2 Year Ended (MM/YYYY) 12 - December 2020	7 Return Period (MM / DD / YYYY) 12 31 2020		8 Tax Type RF	

## Part I

## Background Information

9 Taxpayer Identification No. 009 590 900 000	10 RDO Code 54B	11 Taxpayer Classification <input type="radio"/> I <input checked="" type="radio"/> N	12 Line of Business/Occupation 5190 OTHER WHOLES
13 Taxpayer's Name (Last Name, First Name, Middle Name for Individuals) / (Registered Name for Non-Individuals) EGATE INC			14 Telephone Number 0464361712
15 Registered Address 2ND FLR UNIT NANAY NORA BLDG CAVITE VIEJO CENTENNIAL I			16 Zip Code 4104
17 Manner of Payment <div><div>Voluntary Payment</div><div>Per Audit/Delinquent Account</div></div> <div><div><input type="radio"/> Self-Assessment <input type="radio"/> Penalties <input type="radio"/> Tax Deposit/Advance Payment <input type="radio"/> Income Tax Second Installment(Individual) <input checked="" type="radio"/> Others(Specify) REGISTRATION FEE</div><div><input type="radio"/> Preliminary/Final Assess/Deficiency Tax <input type="radio"/> Accounts Receivable/Delinquent Account</div></div>			18 Type of Payment <div><input type="radio"/> Installment No. of Installment <input type="radio"/> Partial Payment <input checked="" type="radio"/> Full Payment</div>

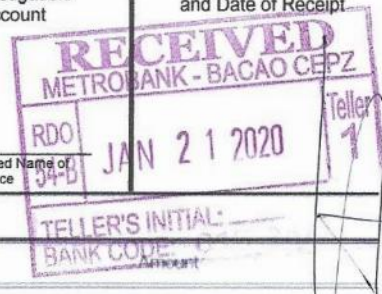
## Part II

## Computation of Tax

19 Basic Tax/Deposit/Advance Payment	19	500.00			
20 Add: Penalties Surcharge Interest Compromise	20A	0.00			
20B	0.00	20C	0.00	20D	0.00
21 Total Amount Payable(Sum of Items 19 & 20D)	21	500.00			

☐ Pre-approved by Investigating Office

☐ Not approved by Investigating Office

<b>For Voluntary Payment</b> <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 National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p>22A <u>MARILYN PANEZA</u> Signature over Printed Name of Taxpayer/Authorized Representative</p> <p>22B <u>ADMIN OFF.</u> Title/Position of Signatory</p>	<b>For Payment of Deficiency Taxes</b> From Audit/Investigation/ Delinquent Account  APPROVED BY:  22B <u>Signature Over Printed Name of Head of Office</u>	<b>Stamp of Receiving Office and Date of Receipt</b>  
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## Part III

## Details of Payment

Particulars	Drawee Bank/Agency	Number	MM	DD	YYYY	
23 Cash/Bank Debit Memo						23
24 Check	24A	24B	24C	24D		
25 Tax Debit Memo	25A	25B	25C	25D		
26 Others	26A	26B	26C	26D		

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

Taxpayer Classification: I - Individual N - Non-Individual