



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 checked="" type="checkbox"/> Calendar <input type="checkbox"/> Fiscal	3 Quarter 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>	4 Due Date (MM/DD/YYYY) ▶ <input type="text"/>	5 No. of Sheets Attached ▶ <input type="text"/>	6 ATC ▶ <input type="text"/>
2 ▶ Year Ended (MM/YYYY) 0 3 2 0 1 7	7 Return Period (MM/DD/YYYY) ▶ <input type="text"/>	8 Tax Type Code ▶ 12	BCS No./Item No. (To be filled up by the BIR) ▶ <input type="text"/>	

Part I Background Information			
9 Taxpayer Identification No. ▶ 0 0 9 5 9 0 9 0 0 0 0 0	10 RDO Code ▶ 5 4 8	11 Taxpayer Classification ▶ <input type="checkbox"/> N <input type="checkbox"/>	12 Line of Business/Occupation ▶ SERVICES AND TRADING
13 Taxpayers Name ▶ ESCAPE INC. (Last Name, First Name, Middle Name for Individuals) / (Registered Name for Non-Individuals)		14 Telephone Number ▶ 4 3 6 1 7 1 2	
15 Registered Address ▶ UE NANA/ NORA BLVD. CAUTE VIKO CENTENNIAL ROAD CAHAK, KAWIT, CAUTE		16 Zip Code ▶ 4 1 0 4	
17 Manner of Payment		18 Type of Payment	
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="text"/> <input type="checkbox"/> Others (Specify) <input type="text"/>		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 <input type="checkbox"/> Payment <input type="checkbox"/> Full <input type="checkbox"/> Payment	

Part II Computation of Tax			
19 Basic Tax / Deposit / Advance Payment	19 <input type="text"/>		19 <input type="text"/>
20 Add: Penalties Surcharge Interest Compromise	20 <input type="text"/>		20 <input type="text"/>
20A <input type="text"/>	20B <input type="text"/>	20C <input type="text"/>	20D <input type="text"/>
21 Total Amount Payable (Sum of Items 19 & 20D)		21 <input type="text"/>	

<p>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>For Payment of Deficiency Taxes From Audit/Investigation/ Delinquent Accounts</p> <p>APPROVED BY:</p>	<p>Stamp of Receiving Office and Date of Receipt</p> <p>METRO RDO 548 MAR 15 2003 TELLER'S INITIAL</p>
22A <input type="text"/> Signature over Printed Name of Taxpayer /Authorized Representative	22B <input type="text"/> Title/Position of Signatory	22C <input type="text"/> 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						23 <input type="text"/>
Debit Memo						23 <input type="text"/>
24 Check		24A <input type="text"/>	24B <input type="text"/>	24C <input type="text"/>	24D <input type="text"/>	24D <input type="text"/>
25 Tax Debit Memo		25A <input type="text"/>	25B <input type="text"/>	25C <input type="text"/>	25D <input type="text"/>	25D <input type="text"/>
26 Others		26A <input type="text"/>	26B <input type="text"/>	26C <input type="text"/>	26D <input type="text"/>	26D <input type="text"/>

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