

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 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 A T C ▶ <input type="text"/> |
| 2 ▶ Year Ended (MM / YYYY) ▶ 12 / 2021 | 7 Return Period (MM / DD / YYYY) ▶ 12 / 2021 | | 8 Tax Type Code ▶ R.T | |
| BCS No./Item No. (To be filled up by the BIR) ▶ <input type="text"/> | | | | |

Part I Background Information

| | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|------------------------------|--|--|--|---|--|--|---------------------------------------|--|---------------------------------------|--|---|--------------------------------------|---|--|---------------------------------------|
| 9 Taxpayer Identification No. ▶ 430 473 512 | 10 RDO Code ▶ 088 | 11 Taxpayer Classification ▶ <input type="checkbox"/> N <input type="checkbox"/> | 12 Line of Business/Occupation ▶ <input type="text"/> | | | | | | | | | | | | | | | | |
| 13 Taxpayer's Name ▶ MENDOZA, LOMILSON, BERTULO (Last Name, First Name, Middle Name for Individuals) / (Registered Name for Non-Individuals) | | | 14 Telephone Number ▶ <input type="text"/> | | | | | | | | | | | | | | | | |
| 15 Registered Address ▶ BRGY. 09, RANIS, ANIBANG, TACLOBAN CITY | | | 16 Zip Code ▶ 6500 | | | | | | | | | | | | | | | | |
| 17 Manner of Payment <table><tr><td>Voluntary Payment</td><td>Per Audit/Delinquent Account</td></tr><tr><td><input type="checkbox"/> Self-Assessment</td><td><input type="checkbox"/> Preliminary/Final Assessment/Deficiency Tax</td></tr><tr><td><input type="checkbox"/> Tax Deposit/Advance Payment</td><td><input type="checkbox"/> Accounts Receivable/Delinquent Account</td></tr><tr><td><input type="checkbox"/> Income Tax Second Installment</td><td></td></tr><tr><td>(Individual) <input type="checkbox"/></td><td></td></tr><tr><td>Others (Specify) <input type="text"/></td><td></td></tr></table> | | | Voluntary Payment | Per Audit/Delinquent Account | <input type="checkbox"/> Self-Assessment | <input type="checkbox"/> Preliminary/Final Assessment/Deficiency Tax | <input type="checkbox"/> Tax Deposit/Advance Payment | <input type="checkbox"/> Accounts Receivable/Delinquent Account | <input type="checkbox"/> Income Tax Second Installment | | (Individual) <input type="checkbox"/> | | Others (Specify) <input type="text"/> | | 18 Type of Payment <table><tr><td><input type="checkbox"/> Installment</td></tr><tr><td><input type="checkbox"/> No. of Installment</td></tr><tr><td><input type="checkbox"/> Partial Payment</td></tr><tr><td><input type="checkbox"/> Full Payment</td></tr></table> | <input type="checkbox"/> Installment | <input type="checkbox"/> No. of Installment | <input type="checkbox"/> Partial Payment | <input type="checkbox"/> Full Payment |
| Voluntary Payment | Per Audit/Delinquent Account | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Self-Assessment | <input type="checkbox"/> Preliminary/Final Assessment/Deficiency Tax | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Tax Deposit/Advance Payment | <input type="checkbox"/> Accounts Receivable/Delinquent Account | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Income Tax Second Installment | | | | | | | | | | | | | | | | | | | |
| (Individual) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| Others (Specify) <input type="text"/> | | | | | | | | | | | | | | | | | | | |
| <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 <input type="text"/> |
| 20 Add: Penalties Surcharge Interest Compromise | |
| 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"/> |

For 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.

22A LOMILSON B. MENDOZA

Signature over Printed Name of Taxpayer/Authorized Representative

Title/Position of Signatory

For Payment of Deficiency Taxes
From Audit/Investigation/
Delinquent Accounts

APPROVED BY:

22B

Signature over Printed Name of
Head of Office

Stamp of Receiving
Office
and Date of Receipt

Part III Details of Payment

| Particulars | Drawee Bank/Agency | Number | MM | DD | YYYY | Amount |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------|--------------------------|
| 23 Cash/Bank 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"/> | | 25C <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)

Taxpayer Classification: I - Individual N - Non-Individual

| | | | | | |
|-----|-------------------|-----|-------------------|-----|-------------------|
| ATC | NATURE OF PAYMENT | ATC | NATURE OF PAYMENT | ATC | NATURE OF PAYMENT |
|-----|-------------------|-----|-------------------|-----|-------------------|