

DLN:

BIR Form No.

**0605**

July 1999 (ENCS)

Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas**Payment Form**

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 <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	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) 12 20 21				
7 Return Period (MM / DD / YYYY) 1 25 12 02 2	8 Tax Type Code R 4	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 I N	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, ANIBONG, TACLOBAN CITY			16 Zip Code 6600																
17 Manner of Payment <table border="0"><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 (Individual)</td><td></td></tr><tr><td><input type="checkbox"/> 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 border="0"><tr><td><input type="checkbox"/> Installment</td></tr><tr><td><input type="checkbox"/> No. of Installment</td></tr><tr><td><input type="checkbox"/> Partial</td></tr><tr><td><input type="checkbox"/> Payment</td></tr><tr><td><input type="checkbox"/> Full</td></tr><tr><td><input type="checkbox"/> Payment</td></tr></table>	<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
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**Part II****Computation of Tax**

19 Basic Tax / Deposit / Advance Payment	19		
20 Add: Penalties Surcharge Interest Compromise	20		
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)			

**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 OfficeStamp of Receiving  
Office  
and Date of Receipt**Part III****Details of Payment**

Particulars	Drawee Bank/Agency	Number	MM	DD	YYYY	Amount
23 Cash/Bank						23 <input type="text"/>
Debit Memo						
24A <input type="text"/>	24B <input type="text"/>	24C <input type="text"/>	24D <input type="text"/>			
24 Check						
25 Tax Debit Memo						25C <input type="text"/>
26A <input type="text"/>	26B <input type="text"/>	26C <input type="text"/>	26D <input type="text"/>			
26 Others						

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

Taxpayer Classification: I - Individual N - Non-Individual