

BIR Form No. 1913

February 2021

## **Application for Refund of Excess** Withholding Tax in Accordance with the **Double Taxation Convention**



Enter all required information in CAPITAL LETTERS using BLACK ink. Mark all applicable boxes with Page 1 an "X". Two copies MUST be filed with the BIR and one held by the Taxpayer Part I - Details of the Person Claiming Refund 1 Registered Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) 2 Taxpayer Identification Number (TIN) 3 RDO Code 4 Address of Head Office or Main Office 4A ZIP Code 5 Country where the recipient is taxable as resident and where he/she/it is to pay tax 6 Contact Number (Landline/Cellphone No.) 7 Email Address Part II - Details of Withholding Agent/Income Payor 8 Registered Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) 9 Taxpayer Identification Number (TIN) 10 RDO Code 11 Registered Address 11A ZIP Code 12 Is the income payor related to the person claiming 12A If yes, describe the nature of relationship refund? No 13 Contact Number (Landline/Cellphone No.) 14 Email Address Part III - Details of Claim for Refund Date of Date of Tax Amount to be Amount to be Amount of Payment of 15 Kind of Income **Payment** Withholding Tax Withheld Under Withholding Refunded Income of Income the Tax Treaty Tax Part IV - Legal Basis 16 Relevant Tax Treaty 17 Specific Provision % 18 Tax Treatment Under the Treaty **Exempt from Income Tax** Subject to Preferential Rate 18A Tax Rate Part V - Authorized Representative in the Philippines (attach proof of authorization) 19 Registered Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) 20 Taxpayer Identification Number (TIN) 21 RDO Code 22 Registered Address 22A ZIP Code 23 Contact Number (Landline/Cellphone No.) 24 Email Address Part VI - Certification I/We certify, under the penalties of perjury, that this application form has been made in good faith, and that I/we have verified the representations including the accompanying documents thereto, and that, to the best of my/our knowledge, belief and information, are correct, complete and true account of the transaction subject of this application. Finally, I/we give my/our consent to the processing of my/our information as contemplated under the Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. Stamp of BIR Receiving Office and Date of Receipt (RO's Signature) Signature over Printed Name of the Beneficial Owner/Authorized Representative/Tax Agent Tax Agent Accreditation/Attorney's Roll Number, if applicable Date of Issue ITAD Filing Date of Expiry

(MM/DD/YYYY)

Reference No.

(MM/DD/YYYY)