BIR Form No. 0605 Page 1 of 1

Republika ng Pilipinas									BIR Form No.		
Kagawaran ng Pananalapi	_ Pa				yme	nt For	m		0605		
Kawanihan ng Rentas Intern		•				September 2003(ENCS)					
1 For the O Calendar  Fiscal	3 Quarter				4 Due Da	ate (MM/DD/YY)	<b>(Y</b> )	5 No. of Sheets	Attached	6 ATC	
2 Year Ended (MM/YYYY)	O 1st	2nd	3rd C	4th	10	03	2024	1		FP010	
10 - October   10 -											
October 2024											
7 Return Period (MM / DD / YYYY) 08 30 2024 8 Tax Type CG											
Part   Background Information											
9 Taxpayer Identification No.	1	1.7				sification			f Business/Occup	pation	
348 982 571 000   059   059					. 0	N		IT			
13 Taxpayer's Name (Last Name, First Name, Middle Name for Individuals) /(Registered Name for Non-Individuals)  SILVA, MARC FRANCIS C.  14 Telephone Number  09171108066											
15 Registered Address									16 Zip Code		
LIPA CITY								4217			
17 Manner of Payment								<b>18</b> Type	18 Type of Payment		
Voluntary Payment				Per Audit/Delinquent Account					○ Installment		
Self-Assessment				O Preliminary/Final Assess/Deficiency Tax					No. of Installment		
				Accounts Receivable/Delinquent Account					O Partial Payment		
Tax Deposit/Advance Payment				J. Account Receivable Delinquent Account					Full Payment		
Income Tax Second Installment(Indi	vidual)								,		
Others(Specify)											
Part II Computation of Tax											
<b>19</b> Basic Tax/Deposit/Advance Payment <b>19</b> 1,250.00											
20 Add: Penalties											
Surcharge		Interest			_	Compromise					
<b>20A</b> 0.0	20B			0.00	20C			0.00 <b>20D</b>		0.00	
<b>21</b> Total Amount Payable(Sum of Items 19 & 20D) <b>21</b> 1,250.00											
O Pre-approved by Investigating Office  Not approved by Investigating Office											
For Voluntary Payment For Payment of Deficiency Taxes Stamp of Receiving											
				From Audit/In							
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.											
22A				22B Signature Over Printer				ed Name of			
Signature over Printed Name of Taxpayer/Au	thorized Repre	sentative	Title/Po	sition of S	Signatory		Head of Office				
PartIII Details of Payment											
Particulars Drawee Bank/Agency	/	Number		MM	DD	YYYY			Amount		
23 Cash/Bank							23				
Debit Memo							<b>•</b>			•	
24A	24B		24C				24D				
24 Check ►	<b>-</b>		•				<b>•</b>			•	
25 Tax Debit	25A		25B				25C				
Memo	268		1000				1 200			•	
26A 26 Others	26B ▶		26C ▶			1 1 1	26D ▶				
Machine Validation/Revenue Official Receipt Details (If not filed with the bank)											
	-										
Taxpayer Classification: I - Individual N - Non-In	dividual										