

(To be filled up by the BIR)

DLN:

PSIC:



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

Quarterly Percentage  
Tax Return

BIR Form No.

2551Q

February 2002 (ENCS)

(For transactions involving overseas dispatch, message, or conversation  
originating from the Philippines and Amusement Taxes )

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	4 Amended Return	5 Number of sheets attached
2 ▶ Year Ended ( MM / YYYY )	▶ <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	▶ <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part I Background Information

6 TIN	7 RDO Code	8 Line of Business/ Occupation
9 Taxpayer's Name (For Individual)Last Name, First Name, Middle Name/(For Non-individual) Registered Name		10 Telephone Number
11 Registered Address		12 Zip Code
13 Are you availing of tax relief under Special Law or International Tax Treaty? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify		

Part II Computation of Tax

Taxable Transaction/ Industry Classification	A T C	Taxable Amount	Tax Rate	Tax Due
14A	14B	14C	14D	14E
15A	15B	15C	15D	15E
16A	16B	16C	16D	16E
17A	17B	17C	17D	17E
18A	18B	18C	18D	18E
19 Total Tax Due				19
20 Less: Tax Credits/Payments				
20A Creditable Percentage Tax Withheld Per BIR Form No. 2307				20A
20B Tax Paid in Return Previously Filed, if this is an Amended Return				20B
21 Total Tax Credits/Payments (Sum of Items 20A & 20B)				21
22 Tax Payable (Overpayment) (Item 19 less Item 21)				22
23 Add: Penalties				
Surcharge				23A
Interest				23B
Compromise				23C
				23D
24 Total Amount Payable/(Overpayment) (Sum of Items 22 and 23D)				24
If overpayment, mark one box only: <input type="checkbox"/> To be Refunded <input type="checkbox"/> To be issued a Tax Credit Certificate				

I declare, under the penalties of perjury, that this return 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.

25	Signature over Printed Name of Taxpayer/ Taxpayer Authorized Representative	26	Title/Position of Signatory
	TIN of Tax Agent (if applicable)		Tax Agent Accreditation No. (if applicable)

Part III Details of Payment

Particulars	Drawee Bank/ Agency	Number	Date			Amount
			MM	DD	YYYY	
27 Cash/Bank Debit Memo						27
28 Check 28A ▶		28B ▶	28C ▶			28D ▶
29 Tax Debit Memo		29A ▶	29B ▶			29C ▶
30 Others 30A ▶		30B ▶	30C ▶			30D ▶

Stamp of Receiving Office and Date of Receipt

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

