

(To be filled up by the BIR)
▶ DLN:

▶ PSIC:



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Monthly Percentage
Tax Return

BIR Form No.

2551M

September 2005 (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 For the month	4 Amended Return	5 Number of sheets attached
2 ▶ Year ended (MM/YYYY)	(MM/YYYY) ▶	▶ <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 (See Schedule 1)				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		23B Interest		23D
23A Surchage		23C Compromise		
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		26	
President/Vice President/Principal Officer/Accredited Tax Agent/ Authorized Representative/Taxpayer (Signature Over Printed Name)		Treasurer/Assistant Treasurer (Signature Over Printed Name)	
Title/Position of Signatory		Title/Position of Signatory	
Tax Agent Acc. No./Atty's Roll No.(if applicable)		TIN of Signatory	
Date of Issuance		Date of Expiry	

Part III Details of Payment					Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/ Bank Teller's Initial)
Particulars	Drawee Bank/ Agency	Number	Date MM DD YYYY	Amount	
27 Cash/Bank 27A Debit Memo	▶	27B ▶	27C ▶	27D ▶	
28 Check 28A ▶	▶	28B ▶	28C ▶	28D ▶	
29 Tax Debit Memo	▶	29A ▶	29B ▶	29C ▶	
30 Others 30A ▶	▶	30B ▶	30C ▶	30D ▶	

Machine Validation/Revenue Official Receipt Details (If not filed with an Authorized Agent Bank)