

(To be filled up the BIR)



Republika ng Pilipinas
Kagawaran ng Pantanapang
Kawanhaning Rentas Internas

Payment Form

0605

July 1998 (ENCS)

PSLN: □ PSOC: □

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

For the:	Calendrical Year Ending	Fiscal Year Ending	3rd Quarter	Due Date (MM/DD/YYYY)	5. No. of Streets	6. ATC	
7. Return Period (MM/DD/YYYY)	8. Tax Type Code	9. Taxpayer Identification No.	10. RDO Code	11. BCS No./Item No. (To be filled up by the BIR)	12. Line of Business/Occupation	13. Telephone Number	
12/2017	RFF	2,660,721,254,000	039	01312017	Service Provider	9303229	
Part I	Part II	Part III	Part IV	Part V	Part VI	Part VII	
13. Taxpayers Name	14. Address	15. Registered Address	16. Zip Code	17. Manner of Payment	18. Type of Payment	19. Total Amount Payable (Sum of Items 9 & 20D)	
Carino, Albee Lynn Padua	15 Annes St., North Fairview Park Subd., Quezon City	15 Annes St., North Fairview Park Subd., Quezon City	1121	Banker's Draft	Installment	2,660,721,254,000	
13. Taxpayers Name		14. Address		15. Registered Address		20. Add: Penalties, Surcharges	21. Total Amount Payable (Sum of Items 9 & 20D)
13. Taxpayers Name		14. Address		15. Registered Address		20A	2,660,721,254,000
13. Taxpayers Name		14. Address		15. Registered Address		20B	2,660,721,254,000
13. Taxpayers Name		14. Address		15. Registered Address		20C	2,660,721,254,000
13. Taxpayers Name		14. Address		15. Registered Address		20D	2,660,721,254,000
13. Taxpayers Name		14. Address		15. Registered Address		21.	2,660,721,254,000
13. Taxpayers Name		14. Address		15. Registered Address		22A.	Signature over Printed Name of Head of Office
13. Taxpayers Name		14. Address		15. Registered Address		22B.	Title/Position of Signatory
13. Taxpayers Name		14. Address		15. Registered Address		23.	Signature over Printed Name of Head of Office
13. Taxpayers Name		14. Address		15. Registered Address		24A.	Debit Memo
13. Taxpayers Name		14. Address		15. Registered Address		24B.	Check
13. Taxpayers Name		14. Address		15. Registered Address		24C.	Tax Debit Memo
13. Taxpayers Name		14. Address		15. Registered Address		25B.	Others
13. Taxpayers Name		14. Address		15. Registered Address		26B.	Machine Validation/Official Receipt Details (If notified with the bank)
13. Taxpayers Name		14. Address		15. Registered Address		26C.	Machine Validation/Official Receipt Details (If notified with the bank)
13. Taxpayers Name		14. Address		15. Registered Address		26D.	Machine Validation/Official Receipt Details (If notified with the bank)

Part I: Computation of Tax

Part II: For Voluntary Payment

I, Carino, Albee Lynn Padua, 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 of the Philippines and the regulations issued under authority thereof.

Carino, Albee Lynn Padua, Admin. Officer

Part III: Details of Payment

Part IV: Details of Payment

Part V: Details of Payment

Part VI: Details of Payment

Part VII: Details of Payment

Taxpayer Classification: I - Individual N - Non-Individual

BIR PAYMENT SLIP

LANDBANK

Receiving copy

Please check appropriate box			
<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Bank Debit System	DATE Jan. 24, 2017
Account Name BUREAU OF THE TREASURY - BIR		BIR-BIR ACCOUNT NUMBER 9991228459	
TAX IDENTIFICATION NUMBER 2660722254		Branch Client Code 000X	Drawee Bank/Cash CASH
Revenue District Office 039	Accounting Type (F/C) <input type="checkbox"/>	Tax Type LF	Form Type 0605
Quarter No. (0, 1, 2, 3 or 4) <input type="checkbox"/>	Accounting Type (F/C) <input type="checkbox"/>	LSP BATASAN Opis 2 Validegian 7 BIR CINCOLL Circa. Acct. No. TINBCD/Cash RDOAIIITFT DDMDYY	T5 (NYMPHIA A. EDE) Trxn. Seq. #: 39000 CASH Payment 9942-2284-54 266072254000CASH 039CRF0605 012317 500.00
Name of Taxpayer/Representative Alice Lynn Padua-Camino	Signature of Taxpayer/Representative <i>Alice Lynn Padua-Camino</i>	Reminders: Per LSA-2014, payment documents, expenses, Advances, Validation, etc.	
Contact Number of Taxpayer/Representative 09327630782	Date 24 JAN 2017	Kindly ensure that the enclosed cash tally with the amount indicated in your payment slip. The taxpayer shall be accountable for any discrepancy between the amount encoded in the machine and the cash actually enclosed in the payment envelope.	
CASH BREAKDOWN		AMOUNT	
NO. OF PIECES	DENOMINATION	PESOS	NAME OF BANK/BRANCH GENTAVOS
1	P 1,000.00	500	Check Number
	500.00		Amount
	200.00		Reminders: Per LSA-2014, payment documents, expenses, Advances, Validation, etc.
	100.00		Kindly ensure that the enclosed cash tally with the amount indicated in your payment slip. The taxpayer shall be accountable for any discrepancy between the amount encoded in the machine and the cash actually enclosed in the payment envelope.
	50.00		
	20.00		
	COINS		
	TOTAL CASH PAYMENT	500	
BANK DEBIT ADVICE NUMBER		ACCOUNT NUMBER	
<i>Alice Lynn Padua-Camino</i>		Signature Verified by:	Approved by:
DEPOSITOR'S SIGNATURE		Posted by:	
For Over-the-Counter Transaction (OTC), this is your receipt when machine validated			
For Direct Debit Transaction (DDT), this is your receipt when machine validated			
Stamp of Receiving Office and Date of Receipt			
19. Basic Tax / Deposit/ Advance Payment	20. Add: Penalties, Surcharge	20A	20B
21. Total Amount Payable (Sum of Items 19 & 20)	21	20C	20D
Part II			
1. 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 neither forged, falsified nor contrary to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.			
Signature over Printed Name of Taxpayer/Authorized Representative Alice Lynn Padua-Camino			
Title/Position of Signatory <i>Deputy V</i>			
Signature over Printed Name of Head of Office <i>Alma M. Sison</i>			
Stamp of Receiving Office and Date of Receipt			
22A. Particulars	22B. Drawee Bank/Agency	22C. Details of Payment	22D. Amount
23. Cash/Bank Debit Memo	24A. Check	24B. DD	24C. Amount
24. Check	25A. Tax Debit Memo	25B. Amount	24D. Amount
25. Tax Debit Memo	26A. Others	26B. Amount	25C. Amount
26. Others	Machine Validation/Revenue Official Receipt Details (Information from the bank)	26C. Amount	26D. Amount

ANNEX "A"

BIR FORM NO. _____

Republic of the Philippines
Department of Finance
BUREAU OF INTERNAL REVENUE
Revenue Region No. _____
Revenue District Office No. 039

**NOTICE OF AVAILMENT OF THE SUBSTITUTED FILING OF
PERCENTAGE TAX RETURN**

Date _____

Name of Taxpayer _____

Address _____

Taxpayer Identification Number _____

Class of Profession or Calling/Business Service Provider

CERTIFICATION

This is to certify that I am a NON-VAT registered person pursuant to the provisions of REVENUE REGULATIONS NO. ____; that, in accordance with the said Regulations, I have availed of the "Optional Registration under the 3% Final Percentage Tax Withholding, in lieu of the 3% Creditable Percentage Tax Withholding" System, in order to be entitled to the privileges accorded by the "Substituted Percentage Tax Return System" prescribed thereunder; that, this Declaration is sufficient authority of the Withholding Agent to withhold 3% Percentage Tax from payments to me on my sale of goods and/or services, in lieu of the said 3% Creditable Percentage Tax Withholding; and that, I have executed this Declaration under penalty of perjury pursuant to the provisions of Section 267, National Internal Revenue Code of 1997.

Taxpayer's Name and Signature