

DLN:

PSIC:

PSOC:



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Voluntary Assessment Program Payment Form (Pursuant to RR No. 8-2001)

BIR Form No.

0607

July 2001

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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1st 2nd 3rd 4th | 4 Application Form No. ▶ <input type="text"/> | 5 No. of Sheets Attached <input type="text"/> | 6 A T C ▶ <input type="text"/> |
| 2 ▶ Year Ended <input type="text"/> (MM/YYYY) | 7 Return Period (MM/DD/YYYY) ▶ <input type="text"/> | 8 Tax Type Code ▶ <input type="text"/> | BCS No./Item No. (To be filled up by the BIR) <input type="text"/> | |

Part I Background Information

| | | | |
|---|---------------------------------------|---|--|
| 9 Taxpayer Identification No. ▶ <input type="text"/> | 10 RDO Code ▶ <input type="text"/> | 11 Taxpayer Classification ▶ I <input type="checkbox"/> N <input type="checkbox"/> | 12 Line of Business/Occupation ▶ <input type="text"/> |
| 13 Taxpayer's Name (Last Name, First Name, Middle Name for Individuals) / (Registered Name for Non-Individuals) ▶ <input type="text"/> | | | 14 Telephone Number <input type="text"/> |
| 15 Registered Address ▶ <input type="text"/> | | | 16 Zip Code ▶ <input type="text"/> |
| 17 Manner of Payment <input type="checkbox"/> Others (Specify) <input type="text" value="SPF-(Voluntary Assessment Program)"/> | | | |
| 18 Remarks <input type="checkbox"/> _____ <input type="checkbox"/> _____ | | | |

Part II Computation of Tax

| | |
|--|-------------------------|
| 19 Basic Tax - Unfiled/Unpaid | 19 <input type="text"/> |
| 20 VAP Amount | 20 <input type="text"/> |
| 21 Total Amount Payable (Sum of Item Nos. 19 and 20) | 21 <input type="text"/> |

| | | |
|--|---|---|
| <p>For Voluntary Payment</p> <p>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 the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> | APPROVED BY: | Stamp of Receiving Office and Date of Receipt |
| | 22A _____ Signature over Printed Name of Taxpayer /Authorized Representative | |

Part III Details of Payment

| Particulars | Drawee Bank/Agency | Number | MM | DD | YYY | Amount |
|-------------|--------------------------|--------------------------|--------------------------|----|-----|--------------------------|
| 23 Cash | | | | | | 23 <input type="text"/> |
| 24 Check | 24A <input type="text"/> | 24B <input type="text"/> | 24C <input type="text"/> | | | 24D <input type="text"/> |

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

TAX TYPE

| Code | Description | Code | Description |
|------|-------------------------------------|------|--|
| IT | INCOME TAX | WB | WITHHOLDING TAX-BANKS AND OTHER FINANCIAL INSTITUTIONS |
| | IMPROPERLY ACCUMULATED EARNINGS TAX | | |
| CG | CAPITAL GAINS TAX - Real Property | WC | WITHHOLDING TAX-COMPENSATION |
| CS | CAPITAL GAINS TAX - Stocks | WE | WITHHOLDING TAX-EXPANDED |
| ES | ESTATE TAX | WF | WITHHOLDING TAX-FINAL |
| DN | DONOR'S TAX | WG | WITHHOLDING TAX - VAT AND OTHER PERCENTAGE TAXES |
| VT | VALUE-ADDED TAX | | |
| PT | PERCENTAGE TAX | WO | WITHHOLDING TAX-OTHERS (ONE-TIME TRANSACTION NOT SUBJECT TO CAPITAL GAINS TAX) |
| ST | PERCENTAGE TAX - STOCKS | | |
| SO | PERCENTAGE TAX - STOCKS (IPO) | | |
| SL | PERCENTAGE TAX - SPECIAL LAWS | | |
| DS | DOCUMENTARY STAMP TAX | WR | WITHHOLDING TAX - FRINGE BENEFITS |
| | | WW | WITHHOLDING TAX - PERCENTAGE TAX ON WINNING AND PRIZES |