

DLN:

PSIC:

PSOC:



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Compromise Settlement Payment Form

(Pursuant to RR No. 7-2001)

BIR Form No.

0608

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 ▶ M C 0 3 0
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-(Compromise Settlement)"/>			
18 Remarks <input type="checkbox"/> _____ <input type="checkbox"/> _____			

Part II Computation of Tax

19 Compromise Settlement:
 Doubtful Validity of Assessment Financial Incapacity
Amount Payable 19

<p align="center">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>	<p>APPROVED BY:</p> <p>20B _____ Signature over Printed Name of Head of Office</p>	<p>Stamp of Receiving Office and Date of Receipt</p>
<p>20A _____ Signature over Printed Name of Taxpayer /Authorized Representative Title/Position of Signatory</p>		

Part III Details of Payment

Particulars	Drawee Bank/Agency	Number	MM	DD	YYY	Amount
21 Cash						21 <input type="text"/>
22 Check	22A <input type="text"/>	22B <input type="text"/>	22C <input type="text"/>			22D <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	WR	WITHHOLDING TAX - FRINGE BENEFITS
DS	DOCUMENTARY STAMP TAX	WW	WITHHOLDING TAX-PERCENTAGE TAX ON WINNINGS AND PRIZES
XS	EXCISE - SPECIFIC TAX		
XV	EXCISE TAX - AD VALOREM		
XF	TOBACCO INSPECTION & MONITORING FEES		