ONETT COMPUTATION SHEET
DONORS TAX

Revenue Region No. _____ , Revenue District Office No. _____ - _____

DONOR: _____ **TIN:** _____

RESIDENCE: _____ **DATE OF DONATION:** _____

DONEE/S: _____ **TIN:** _____

ADDRESS: _____

RELATIONSHIP TO DONOR: _____ ☐ **RELATIVE** ☐ **STRANGER** **DUE DATE (DT):** _____

(Use separate ONETT Computation Sheet for relative and stranger)

DETAILS OF PROPERTY:

SCHEDULE 1 - REAL PROPERTIES

OCT/TCT CCT No.	Tax Declaration No. (TD)	LOCATION	CLASS.	AREA	ZV/ sq. m.	Zonal Value (ZV)	Fair Market Value (FMV) per TD	ZV/FMV whichever is higher
							TOTAL	P

PERSONAL PROPERTIES

SCHEDULE 2 - SHARES OF STOCKS

Name of Corp.	Stock Cert. No.	No. of Shares	Par Value	Fair Market Value	ZV/FMV whichever is higher
					P

SCHEDULE 3 - OTHER ASSETS

SCHEDULE 3

CLASS/KIND	Description	Fair Market Value	ZV/FMV whichever is higher
			P
		TOTAL	P

COMPUTATION DETAILS:		PER AUDIT	PER REVIEW
GROSS GIFT **(Sum of Totals from Schedule 1, 2, & 3)**		P	P
Less Deductions:			
NET GIFT		P	P
Add: Total Prior Net Gifts During the Calendar Year			
TOTAL NET GIFTS		P	P
DONORS TAX DUE		P	P
Less: Tax Credits / Payments			
Payment for Prior Gifts During the Calendar Year			
Foreign Donor's Tax Paid			
Tax Paid in Return Previously Filed, if this is an Amended Return			
TAX PAYABLE		P	P
Add: 25% Surcharge	P		
Interest (_____ to _____)			
Compromise Penalty			
TOTAL AMOUNT PAYABLE ----------		P	P

Remarks: _____

To be accomplished by ONETT Team.	*Payment Verified by:*	*To be accomplished upon review.*
Computed by: _____	_____	**Reviewed by:** _____
ONETT Officer (Signature Over Printed Name)	**ONETT Member/ Collection Section**	**Chief, Assessment Div.** (Signature Over Printed Name)
Approved by: _____	OR No. / Tax Type / Date of Payment	**Approved by:** _____
Head, ONETT Team (Signature Over Printed Name)	Reference: _____	**Regional Director** (Signature Over Printed Name)

The BIR is not precluded from assessing and collecting any deficiency internal revenue tax(es) that maybe found from the taxpayer after examination or review.

CONFORME:

_____	_____	_____
TAXPAYER/AUTHORIZED REPRESENTATIVE (Signature Over Printed Name)	**Telephone No.**	**Date**

Instruction: Prepare in duplicate and ascertain that ONETT Computation Sheet is signed by Head ONETT Team before release to taxpayer. Please attach additional sheet, if necessary.