



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Voluntary Assessment and Abatement Program

Payment Form

(Pursuant to RR No. 12-2002)

BIR Form No.

0611

September 2002

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

Part I Background Information

8 Taxpayer Identification No.	9 RDO Code	10 Taxpayer Classification	11 Line of Business/Occupation
▶ <input type="checkbox"/>	▶ <input type="checkbox"/>	▶ <input type="checkbox"/> I <input type="checkbox"/> N	▶ <input type="checkbox"/>
12 Taxpayer's Name (Last Name, First Name, Middle Name for Individuals) / (Registered Name for Non-Individuals)			
▶ <input type="checkbox"/>			
13 Business/Trade Name	14 Telephone Number		16 Zip Code
▶ <input type="checkbox"/>	▶ <input type="checkbox"/>		▶ <input type="checkbox"/>
15 Registered Address	17 Manner of Payment		
▶ <input type="checkbox"/>	▶ <input type="checkbox"/> SPF-(Voluntary Assessment and Abatement Program)		
<input type="checkbox"/> Minimum Payment with Letter Notice <input type="checkbox"/> Additional Payment with Letter Notice <input type="checkbox"/> Voluntary Filing and Payment			

Part II Computation of Tax

A. 18 Minimum Amount	<input type="checkbox"/> 3% VAT (Goods) <input type="checkbox"/> 6% VAT (Services) <input type="checkbox"/> 2% Income tax <input type="checkbox"/> 2% Excise tax	18	<input type="checkbox"/>
B. 19 Basic Tax	<input type="checkbox"/> VAT <input type="checkbox"/> Income <input type="checkbox"/> Excise	19	<input type="checkbox"/>
20 Add: 10% of Basic Tax		20	<input type="checkbox"/>
21 Total Tax Payable		21	<input type="checkbox"/>
22 Less: Minimum Amount Paid (if applicable)		22	<input type="checkbox"/>
23 Additional Payment		23	<input type="checkbox"/>

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.		Stamp of Receiving Office and Date of Receipt
24A _____ Signature over Printed Name of Taxpayer /Authorized Representative	24B _____ Title/Position of Signatory	

Part III Details of Payment

Particulars	Drawee Bank/Agency	Number	MM	DD	YYY	Amount
25 Cash						▶ <input type="checkbox"/>
26 Bank Debit	26A <input type="checkbox"/>	26B <input type="checkbox"/>	26C <input type="checkbox"/>	26D <input type="checkbox"/>		▶ <input type="checkbox"/>
Memo/Advice						
27 Check	27A <input type="checkbox"/>	27B <input type="checkbox"/>	27C <input type="checkbox"/>	27D <input type="checkbox"/>		▶ <input type="checkbox"/>