

► 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 ► <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 ► <input type="checkbox"/> I <input type="checkbox"/> N	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"/>			
18 Remarks <input type="checkbox"/> <input type="text"/> <input type="checkbox"/> <input type="text"/>			

Part II ► Computation of Tax	
19 Compromise Settlement: <input type="checkbox"/> Doubtful Validity of Assessment <input type="checkbox"/> Financial Incapacity Amount Payable 19 <input type="text"/>	

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 true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.  20A _____ Signature over Printed Name of Taxpayer /Authorized Representative Title/Position of Signatory	APPROVED BY:  20B _____ Signature over Printed Name of Head of Office	Stamp of Receiving Office and Date of Receipt
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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			
CS	CAPITAL GAINS TAX - Stocks		WC	WITHHOLDING TAX-COMPENSATION
ES	ESTATE TAX		WE	WITHHOLDING TAX-EXPANDED
DN	DONOR'S TAX		WF	WITHHOLDING TAX-FINAL
VT	VALUE-ADDED TAX		WG	WITHHOLDING TAX - VAT AND OTHER PERCENTAGE TAXES
PT	PERCENTAGE TAX			
ST	PERCENTAGE TAX - STOCKS		WO	WITHHOLDING TAX-OTHERS (ONE-TIME TRANSACTION NOT SUBJECT TO CAPITAL GAINS TAX)
SO	PERCENTAGE TAX - STOCKS (IPO)			
SL	PERCENTAGE TAX - SPECIAL LAWS			
DS	DOCUMENTARY STAMP TAX		WR	WITHHOLDING TAX - FRINGE BENEFITS
XS	EXCISE - SPECIFIC TAX		WW	WITHHOLDING TAX-PERCENTAGE TAX ON WINNINGS AND PRIZES
XV	EXCISE TAX - AD VALOREM			
XF	TOBACCO INSPECTION & MONITORING FEES			