

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

Monthly Report of Closed Cases Covered by TVN

For the Month of _____

TVN No.	Date Issued	Name of Taxpayer	TIN	Tax Type	Assessment		Refund		Remarks
					Deficiency Assessments Recommended for Issuance of Assessment Notice	Collections Made Prior to Issuance of PAN/FAN	Amount of refund / tax credit request	Amount for refund/tax credit	
						₱		₱	

I attest to the accuracy of the information contained herein.

Submitted by:

Revenue District Office

Noted by:

Regional Director