



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
National Internal Revenue Service

## Payment Form

BIR Form No.  
**0605**  
September 2009 (MCIS)

1 For the  Calendar  Fiscal

2 Year Ended (M/YYYY) 12 - December 2020

3 Owner  Ind  Part  Corp

4 Due Date (M/YYYY) 01 / 31 / 2020

5 No. of Sheets Attached 0

6 MC190

7 Return Period (MM / DD / YYYY) 01 / 31 / 2020

8 Tax JP

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**Part I** Background Information

6 Taxpayer Identification No. <u>241 274 242 200 260</u>	10 RDO Code <u>260</u>	11 Taxpayer Classification <input type="radio"/> I <input checked="" type="radio"/> M	12 Line of Business/Company <u>NON-PROFIT ORGANIZ</u>
13 Taxpayer's Name (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals) <u>TSPF MUTUAL BENEFIT ASSOCIATION, INC.</u>			14 Telephone Number <u>09204006678</u>
15 Registered Address <u>2F TSPF BLDG. 2383 ANTIPOLO ST. GUADALUPE NUEVO MAKATI</u>			16 Zip Code <u>1212</u>
17 Member of Payment <b>Voluntary Payment</b>		<b>For Audit/Delinquent Account</b>	
<input type="radio"/> Self-Assessment <input type="radio"/> Penalties <input type="radio"/> Tax Deposits/Advance Payment <input type="radio"/> Income Tax Secord (Individuals) <input checked="" type="radio"/> Others (Specify) <u>ANNUAL REGISTRATION FEE</u>		<input type="radio"/> Preliminary/Final Assess/Deficiency Tax <input type="radio"/> Accounts Receivable/Delinquent Account	
		18 Type of Payment <input type="radio"/> Installment No. of Installment <input type="radio"/> Partial Payment <input checked="" type="radio"/> Full Payment	

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**Part II** Computation of Tax

19 Basic Tax/Deposits/Advance Payment	19	503.00
20 Add Penalties		
20A <u>0.00</u> 20B <u>0.00</u> 20C <u>0.00</u> 20D <u>0.00</u>		
21 Total Amount Payable (Sum of items 19 & 20)	21	503.00

Pre-approved by Investigating Office       Not approved by Investigating Office

**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, to be true and correct, pursuant to the provisions of National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

22A CHRISTOPHER C. CALAZAS Director - Operations  
Signature and Printed Name of Taxpayer/Authorized Representative

**For Payment of Delinquency Taxes**

From Audit/Investigation/  
Delinquent Account

APPROVED BY: \_\_\_\_\_

22B \_\_\_\_\_  
Signature and Printed Name of Head of Office

Stamp of Receiving Office and Date of Receipt

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**Part III** Details of Payment

Particulars	Draws Bank/Agency	Number	MM	DD	YYYY	Amount
23 Credits						
Debit Memo						
24 Check	24A	24B	24C			24D
25 Tax Debt Memo	25A	25B				25C
26 Others	26A	26B	26C			26D

Machine Validation/Revenue Official Receipt Details (if not filed with the bank)

Return Classification: Individual & Non-Individual