



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Improved Voluntary Assessment Program Payment Form

BIR Form No.

0615

October 2006

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 Date Filed and Paid (MM / DD / YYYY)	2 Return From Period To (mm/dd/yyyy)	3 No of Sheets Attached	4 A T C MC 032
5 Tax Type Code	Tax Type Description	BCS No./Item No. (To be filled up by the BIR)	

Part I Background Information

6 Taxpayer Identification No.	7 RDO Code	8 Taxpayer Classification	9 Line of Business/Occupation
10 Taxpayer's Name (Last Name, First Name, Middle Name for Individuals) / (Registered Name for Non-Individuals)	11 Business/Trade Name		
12 Telephone Number	13 Registered Address		
14 Zip Code	15 Manner of Payment SPF-(Improved Voluntary Assessment Program)		

16 Type of Payment

☐ Installment
 ☐ Full Payment

☐ Partial Payment, No. of Installment _____
 ☐ Others (Specify) _____

☐ Final Payment

Part II Computation of Tax

16 IVAP Payable and Paid (including tax due per regular return, if no return yet was filed in the covered year)

16

This is to acknowledge our participation to the Improved Voluntary Assessment Program. In this regard, I declare, under the pains of perjury, that the above information are verified by me, and to the best of my knowledge and belief are true and correct.

President/Vice President/Principal Officer/Accredited Tax
Agent/Authorized Representative/Taxpayer
(Signature Over Printed Name)

Title/Position of Signatory

TIN of Signatory

Stamp of
Receiving Office/AAB
and Date of Receipt

(RO's Signature/
Bank Teller's Initial)

Tax Agent Acc. No./Atty's Roll No. (if applicable)

Date of Issuance

Date of Expiry

Part III Details of Payment

Particulars	Drawee Bank/Agency	Number	MM	DD	YYY	Amount
17 Cash/Bank	17A	17B	17C	17D		
Debit Memo						
18 Check	18A	18B	18C	18D		
19 Others	19A	19B	19C	19D		

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

T A X T Y P E					
Code	Description	Code	Description	Code	Description
XA	EXCISE-ALCOHOL PRODUCTS	DN	DONOR'S TAX	WC	WITHHOLDING TAX-COMPENSATION
XP	EXCISE-PETROLEUM PRODUCTS	VT	VALUE-ADDED TAX	WE	WITHHOLDING TAX-EXPANDED
XM	EXCISE-MINERAL PRODUCTS	PT	PERCENTAGE TAX-QUARTERLY	WF	WITHHOLDING TAX-FINAL
XG	EXCISE-AUTOMOBILES & NON ESSENTIALS	PM	PERCENTAGE TAX - MONTHLY	WG	WITHHOLDING TAX - VAT AND OTHER PERCENTAGE TAXES
XT	EXCISE-TOBACCO PRODUCTS	ST	PERCENTAGE TAX - STOCKS		
XF	TOBACCO INSPECTION AND MONITORING FEES	SO	PERCENTAGE TAX - STOCKS (IPO)	WO	WITHHOLDING TAX-OTHERS (ONE-TIME TRANSACTION NOT SUBJECT TO CAPITAL GAINS TAX)
		SL	PERCENTAGE TAX - SPECIAL LAWS		
IT	INCOME TAX	DS	DOCUMENTARY STAMP TAX REGULAR		
IE	IMPROPERLY ACCUMULATED EARNINGS TAX	DO	DOCUMENTARY STAMP TAX-ONETT	WR	WITHHOLDING TAX - FRINGE BENEFITS
CG	CAPITAL GAINS TAX-REAL PROPERTY (FINAL WITHHOLDING)	AP	ACCRUED PENALTIES	WW	WITHHOLDING TAX - PERCENTAGE TAX ON WINNINGS AND PRIZES
		WB	WITHHOLDING TAX FINAL (ON INTEREST PAID ON DEPOSIT AND YIELD ON DEPOSIT SUBSTITUTES/TRUST/ETC.)		
CS	CAPITAL GAINS TAX - STOCKS				
ES	ESTATE TAX				

BIR Form 0615-IVAP Payment Form
Guidelines and Instructions

Who Shall Use This Form

Any person, natural or juridical, including estates and trusts, liable to pay any internal revenue taxes covering the taxable year ending December 31, 2005 and fiscal year ending on any day not later than June 30, 2006 and all prior years, availing the Improved Voluntary Assessment Program under Revenue Regulations No. 18-2006 shall use this form.

When and Where to File and Pay

This form shall be filed in triplicate copies and tax shall be paid with any Authorized Agent Bank (AAB) under the jurisdiction of the Revenue District Office/Large Taxpayers Service/Large Taxpayers District Office where the head office of the taxpayer is registered or required to be registered and file the return. In places where there are no AABs, this form shall be filed and the tax shall be paid to the Revenue Collection Officer or duly Authorized City or Municipal Treasurer of the Revenue District Office where the taxpayer is registered or required to be registered and file the return. The Revenue Collection Officer or duly Authorized City or Municipal Treasurer shall issue a Revenue Official Receipt (ROR) therefor.

Where this form is filed with an AAB, the taxpayer must accomplish and submit BIR-prescribed deposit slip, which the bank teller shall machine validate as evidence that payment was received by the AAB. The AAB shall stamp mark this form with the word "Received" and also machine validate it as proof of receipt of the IVAP payment of the taxpayer. The machine validation shall reflect the date of payment, amount paid and transactions code, the name of the bank, branch code, teller's code and teller's initial. Bank debit memo number and date should be indicated in the form for taxpayers paying under the bank debit system.

Installment Payment

When the IVAP amount is more than Five Million Pesos (P5M), the taxpayer may elect to pay the tax in three (3) equal installments provided that all installment payments shall be made on or before December 29, 2006 unless extended by the Commissioner.

If any installment is not paid on or before the date fixed for its payment, the whole amount of tax unpaid becomes due and payable or else, the IVAP application shall be denied and payment invalidated as IVAP payment.

A taxpayer may request in writing for an extension for installment payment of IVAP on the ground of financial incapacity. Such request must be filed with and approved by the concerned Regional Director/Officer-In-Charge, Large Taxpayer Service together with the following:

- a. Taxpayer must submit a list of banks in which he/it maintains bank deposits/accounts;
- b. Taxpayer must execute a waiver of bank secrecy of deposits thereby authorizing the BIR to inquire into the bank accounts of the taxpayer in order to verify his claim of financial incapacity;
- c. Taxpayer must submit a written undertaking to pay the IVAP installments within a period not exceeding six (6) months from date of filing his/its IVAP application; and
- d. Taxpayer must put up a bond corresponding to the installment payments to be made if the tax case is prescribing within six (6) months from the date of filing the IVAP application.

NOTE:

1. This form shall cover tax liabilities for one (1) taxable year or taxable one time transaction for one taxable period.
2. This form shall be accomplished per tax type.
3. The applicable tax type codes description for Item No. 5 shall be taken from the schedule above.
4. If there is no return filed in the covered year, the regular return shall still be accomplished and a copy be attached to this form upon submission to the pertinent BIR office. The total payment therefore shall be the tax due per return plus the IVAP amount.