Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No.
1914
April 2019 (ENCS)

Application for Tax Credits/Refunds

Enter all required information in CAPITAL LETTERS using BLACK ink. Mark all applicable boxes with an "X". Two copies MUST be filed with the BIR and one held by the Taxpayer.

1914 04/19ENCS

Part I – Background Information

1 Taxpayer Identification Number (TIN) ___ - ___ - ___ - ___ | **2** RDO Code

3 Taxpayer's Name *(Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)*

4 Registered Address *(Indicate complete address. If branch, indicate the branch address. If the registered address is different from the current address, go to the RDO to update registered address by using BIR Form No. 1905)*

4A ZIP Code

5 Contact Number | **6** Email Address

Part II – Details of Tax Credits/Refunds

7 Tax Type

8 Period Covered *(MM/DD/YYYY)* *(From)* *(To)*

9 Mode of Claim ☐ Tax Refund ☐ Tax Credit Certificate

10 Claim Amount

10A Bureau of Internal Revenue *(BIR)*	.
10B Bureau of Customs *(BOC)*	.
11 Total Claim Amount *(Sum of Items 10A to 10B)*	.

Part III – Reason for Filing

12 Reason for Filing the Claim

12A ☐ Refunds or Tax Credits of Input Tax
12B ☐ Claim Arising from Special Laws / Tax Treaties
12C ☐ Claim Arising from Erroneous Payment of Taxes
12D ☐ Overpayment
12E ☐ Regular Excise Claims
12F ☐ Others *(please specify)*

Part IV - Legal Provision

13 Legal Basis

I/We declare under the penalties of perjury that this application has been made in good faith, verified by me/us, and to the best of my/our 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. Further, I/we give my/our consent to the processing of my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. *(If Authorized Representative, attach Authorization Letter)*

Stamp of Receiving Office
(RO's Signature)

For Individual:	For Non-Individual:
Signature over Printed Name of Taxpayer/Authorized Representative/Tax Agent *(Indicate Title/Designation and TIN)*	Signature over Printed Name of President/Vice President/Authorized Officer or Representative/Tax Agent *(Indicate Title/Designation and TIN)*

Agent Acc. No./ Attorney's Roll No. *(if applicable)*		Date of Issuance *(MM/DD/YYYY)*		Date of Expiry *(MM/DD/YYYY)*	

*NOTE: Please read the BIR Data Privacy Policy found in the BIR website (www.bir.gov.ph)