

# REPUBLIC OF THE PHILIPPINES DEPARTMENT OF FINANCE BUREAU OF INTERNAL REVENUE

(Name of Processing/Investigating Office)



ANNEX "A.1.1"

### CHECKLIST OF MANDATORY REQUIREMENTS ON CLAIMS FOR TAX CREDIT/REFUND OF EXCESS/UNUTILIZED CREDITABLE WITHHOLDING TAX (CWT) ON INCOME

Pursuant to Section 76(C) of the National Internal Revenue Code of 1997, as Amended

#### (FOR "GOING CONCERN" NON-INDIVIDUAL TAXPAYERS)

Name of Taxpayer/Claimant	Period of Claim	<del>,</del>				
Taxpayer Identification No. (TIN)	Amount of Claim	Php				
Address	Number of Folders/Boxes:					
	 Main					
Name of Authorized	Supporting					
Representative						
E-mail Address	Tel. No. / Fax No.					
Three (3) original copies of duly accomplished App	lication for Tax Credit/Refund (BIR	Form No. 1914)				
Ocopy of Audited Financial Statements (AFS) compeAFS Facility	plete with Notes to AFS, if AFS w	as not submitted in the BIR				
O Copies of duly accomplished Certificate of Creditab Tax Remittance Return for Onerous Transfer of R whichever is applicable, issued by the payor (withhou	leal Property Other Than Capital A					
Hard and soft copies (in MS excel format) of Summand the corresponding taxes withheld per BIR Form Annex A.3						
Original copy of the duly notarized Taxpayer's Atte	stations in accordance with the preso	cribed format in Annex A.4.				
Original copy of Notarized Secretary's Certificate (in claimant) stating the authorized representative/s to tax credit/refund claims together with the photocopy specimen signatures of authorized representative/s	file, sign documents on behalf of the	e claimant and/or follow-up				
Original copy of Delinquency Verification Certification the respective Revenue Region that has jurisdiction Division under the Large Taxpayers Service, whicher	on of the taxpayer-claimant or the					
CHECKED BY:	ACKNOWLED	GED BY:				
Signature Over Printed Name / Date	Claimant's Authorized Signature Over Printe					



## REPUBLIC OF THE PHILIPPINES DEPARTMENT OF FINANCE BUREAU OF INTERNAL REVENUE

(Name of Processing/Investigating Office)



**ANNEX "A.1.2"** 

### CHECKLIST OF MANDATORY REQUIREMENTS ON CLAIMS FOR TAX CREDIT/REFUND OF EXCESS/UNUTILIZED CREDITABLE WITHHOLDING TAX (CWT) ON INCOME

Pursuant to Section 58(E) of the National Internal Revenue Code of 1997, as Amended

#### (FOR INDIVIDUAL TAXPAYERS)

Name of Taxpayer/Claimant Taxpayer Identification No. (TIN) Address  Name of Authorized Representative E-mail Address  BUREAU OF INTERNAL REVENUE RECORDS MANAGEMENT DIVISION Amount of Claim Amount of Claim Number of Folders/Boxes: Main Supporting  ADMIN UNIT - 2 2-34-7 Tel. No. / Fax No.	
<ul> <li>Three (3) original copies of duly accomplished Application for Tax Credit/Refund (BIR Form No. 1914)</li> <li>If applicable, copy of Audited Financial Statements (AFS) complete with Notes to AFS, if AFS was not subthe BIR eAFS Facility</li> </ul>	
Ocopies of duly accomplished Certificate of Creditable Tax Withheld at Source (BIR Form No. 2307) issurpayor (withholding agent) to the payee  Hard and soft copies (in MS excel format) of Summary of Revenues/Income declared per Income Tax Ret	urn (ITR)
and the corresponding taxes withheld per BIR Form No. 2307/1606 in accordance with the format prescrit Annex A.3  Original copy of the duly notarized Taxpayer's Attestations in accordance with the prescribed format in Annex A.	
Original copy of Notarized Secretary's Certificate (for corporate claimant or Special Power of Attorney (for claimant) stating the authorized representative/s to file, sign documents on behalf of the claimant and/or tax credit/refund claims together with the photocopy of at least one (1) valid government-issued ID with specimen signatures of authorized representative/s	or ROHQ follow-up
Original copy of Delinquency Verification Certificate (valid for 6 months) issued by the Collection Division the respective Revenue Region that has jurisdiction of the taxpayer-claimant or the LT-Collection Enf Division under the Large Taxpayers Service, whichever is applicable.	
CHECKED BY: ACKNOWLEDGED BY:	
Signature Over Printed Name / Date  Claimant's Authorized Representative Signature Over Printed Name / Date	_



## REPUBLIC OF THE PHILIPPINES DEPARTMENT OF FINANCE BUREAU OF INTERNAL REVENUE

(Name of Processing/Investigation Office)



ANNEX "A.2"

### CHECKLIST OF MANDATORY REQUIREMENTS ON CLAIMS FOR TAX CREDIT/REFUND OF EXCESS/UNUTILIZED CREDITABLE WITHHOLDING TAX (CWT) ON INCOME

Pursuant to Section 76(C) of the National Internal Revenue Code of 1997, as Amended

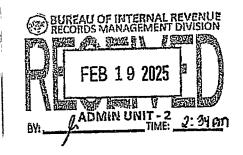
#### (FOR TAXPAYERS THAT HAVE CEASED OR DISSOLVED BUSINESS)

	BUREAU OF INTERNAL REVENUE	Period of Claim	
Taxpayer Identification No. (TIN)	EAST 6 A STREET HE PERSON HEAD		Php
Address		Number of Folders/Bo	oxes:
	题例 FFR 1.9 2025 图 图	Main _	
Name of Authorized		Supporting	
Representative		_	
E-mail Address	ADMINUNIT - 2 3:34PM	Tel. No. / Fax No.	
	<del>,                                    </del>		
Three (3) original copies of dul	ly accomplished Application for Tax	k Credit/Refund (BIR I	Form No. 1914)
Application for Registration In	formation Update/Correction/Cance	ellation (BIR Form No.	1905)
	1 Statements (AFS) complete with N m the taxable period where the exce		
Withholding Tax Remittance 1	shed Certificate of Creditable Tax Return for Onerous Transfer of Re icable, issued by the payor (withhos is income tax commenced	al Property Other Than	n Capital Asset (BIR Form
Authenticated copy of the Box Term	ard Resolution (for Partnership or	Corporation) for the S	shortening of the Corporate
	scel format) of Summary of Revenuence onding taxes withheld per BIR For		
Original copy of the duly notar	ized Taxpayer's Attestations in acco	ordance with the prescr	ibed format in Annex A.4.
claimant) stating the authorized	cretary's Certificate (for corporate cl d representative/s to file, sign docu er with the photocopy of at least of zed representative/s	ments on behalf of the	claimant and/or follow-up
CHECKED BY	Y:	ACKNOWLEDO	GED BY:
Signature Over Printed N	Tame / Date (	Claimant's Authorized	

BIR National Office Bldg., Senator Miriam Defensor-SakliggotAveOver Brilded, NovezdrDaity
Website: www.bir.gov.ph
Trunkline: 8981-7000; 8929-7676

NAME OF TAXPAYER-CLAIMANT
Summary of Revenues/Income per Annual Income Tax Return (ITR)
With and Without Creditable Withholding Taxes (CWT)
FOR THE PERIOD FROM ———— TO ———

Re	fere	nce		11						<u> </u>	
Box No.	Folder No.	Page No.	Customer/ Withholding Agent	TIN	RDO	Period Covered	Particulars	ATC	Income Payment/ Tax Base	Tax Rate	Tax Withheld (if applicable)
Α.	Cust	omer	s with CWT Claimed (per BIR Form	No. 2307/16	06)						·
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Sut	-To	tal						············	P -		₱ -
B. 8	Sumi	marv	Alphalist of Customers without CW7	Claimed				•			
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Sub	-Tot	tal			·			!	P -	L	P -
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TO	TAL	. (Not	te that these amounts should equal the	e total sales a	and CW	Γ Claimed po	er AITR)		P -		₱ -



#### TAXPAYER'S ATTESTATIONS

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KNOW ALL MEN BY THESE PRESENTS:
I,
1. LEGAL BASIS OF THE CLAIM
<ul> <li>a. The income upon which the taxes are withheld has been included as part of the gross income declared in the Company's income tax return for the period from</li></ul>
2. COMPLETENESS AND AUTHENTICITY OF DOCUMENTS SUBMITTED:
<ul> <li>a. The documents submitted for purposes of processing the business' claim for CWT credit/refund are the only documents that will be presented to support the claim; and</li> <li>b. The person(s) identified in the Secretary's Certificate or Special Power of Attorney, as the case may be, is/are the only authorized person(s)/representative(s) designated to transact with the BIR with regard to the TCC or tax refund claim.</li> <li>3. OTHER ATTESTATION/S:</li> </ul>
That the books of accounts and accounting records are available for verification by authorized BIR Revenue Officer(s) upon written request and that failure on the part of the business to present said books and records is a ground for the denial of the request for <u>TCC or tax refund</u> .
The undersigned hereby declare under the penalties of perjury that the foregoing attestations are true and correct.
(Signature Over Printed Name)
SUBSCRIBED AND SWORN to before me, this day of, 20 at, affiant exhibited to me his/her (competent evidence of identity - e.g. government issued ID) issued on at indicated below his/her name.
Notary Public
Doc. No. Page No. Book No. By:ADMIN UNIT - 2 2: 31PD) BUREAU OF INTERNAL REVENUE RECORDS MANAGEMENT DIVISION Until PTR No. Issued at On  ADMIN UNIT - 2 2: 31PD)