

### REPUBLIC OF THE PHILIPPINES

Bureau of Internal Revenue
(Name of Processing/Investigating Office)

# REVISED CHECKLIST OF MANDATORY REQUIREMENTS ON CLAIMS FOR VAT CREDIT/REFUND Pursuant to Section 112(A) of the Tax Code of 1997, as Amended

	For Claims Co		• •	ine Tax Code of 1997, a o <b>April 1, 2025 but F</b>			1, 2025
	of Claimant		<u> </u>			of Claim	
Taxpay Address	er Identification No. (TIN)					t of Claim <u>Ph</u> r of Folders/Boxe	
/ radics					Main		··
4	f Authorized Representative					orting	-
	Address					. / Fax No	
Na	ture of Zero-rated Sales (Mark	$k$ " $\underline{\checkmark}$ " on the Approp	riate Box)	Direct export		Indirect export	Mixed transaction
Note: a. b.	Indicate √ for documents submitte All required schedules shall be in N	d and <u>NA</u> for documen MS Excel format and in	ts not applicable on soft copies only sto	the space provided for, ored in flash drive.			
	ERAL REQUIREMENTS						
1.1	3 Original Copies of duly acc	complished Applicat	ion for Tax Credi	t/Refund (BIR Form No	o. 1914)	1	
	Copy of latest General Information Copy of Delinquence				nitarina	Division (ADME	<u> </u>
	Audited Financial Statement						
	Original copy of Notarized S						
	Resolution or similar notaria	zed documents for p	oartnership stating	g (1) the authorized rep	presenta	tive/s to file, sign	documents on behalf of the
							ed ID with three (3) specimen
							nership or sole proprietorship, the business/company ID with
	three (3) specimen signatures				iei wiiii	me photocopy of	the business/company 1D with
1.6	Original copy of the duly not				ired in	Annex "A.1.3.1"	=
-	OF GOODS OR SERVICES						
2.1	Schedule of Zero-Rated, Ex-						
							f proof of remittances, which ", or "A.1.5.2", whichever is
.	applicable.	able to the taxpayer	-ciaimant, arrang	ed in accordance with	Annex	A.1.4 , A.1.5.1	, or A.1.3.2, whichever is
2.2	Copies of Sales Invoices (SI:	s) for zero-rated and	exempt sale of g	oods or Official Receip	ots (ORs	), if applicable, for	or zero-rated sales of services,
	including cancelled SIs or OF	Rs, duly-certified by	the authorized sig	natory of the claimant a	and copi	es of airway bill (A	AWB)/final bill of lading (BL)
		of Billing Statement	s/Statements of A	Account/Service Contra	icts (arra	inged in accordan	ce with the schedule required
	under 2.1).		d olbed	t (1 t09/75)/	(O) - C41-	- m 0-1	1
2.3	For sale of services to a non-						oreign Incorporation or if not
							t is domiciled to prove that the
	NRFC-buyer of the services						, , , , , , , , , , , , , , , , , , ,
2.4	For sale of goods or services						
				prove that the goods of	or servic	ces are delivered	or rendered to clients that are
2.5	engaged in international ship Schedule of offsetting of rec			ements or corresponde	nces if	any if company	has offsetting gareement with
	foreign affiliates/companies	civables and payable	cs, mendanig agre	cinents of corresponde.	inces, ii	any, it company	nas offsetting agreement with
3. L OCA	AL PURCHASES OF GOOD	S AND SERVICES	3				
	Schedule of purchases with it						
3.2	Copies of suppliers' SIs for p						
	of payment for "big ticket" p						equired under 3.1) with proof
4. IMPO	RTATION [in two (2) sets to			ating from the effective	ity OI Ki	C110. 5-2024 OH F	ipin 27, 2024
	Schedule of Importations for			ving the format prescrib	bed in A	nnex "A.1.9"	
4.2	Original copy of VAT Payme						
							ne previous claim but includes
5 SEDV	importations for the current of ICES RENDERED BY NON		previous certific	ations from BOC-RAD	snall be	e submitted.	<u></u>
	Schedule of income payment		nowing the date.	non-resident cornoration	n or ind	ividual who rende	ered the service, amount paid.
	amount of VAT withheld, da						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	CLAIMS RELATED TO RE						
6.1	For RE claimants including r					pment:	
<del></del>	6.1.1 Certificate of Registra					- cDE. and	
	6.1.2 Certificate of Accredit 6.1.3 Registration with the I				suppner	S Of KE, and	<del></del>
7. OTHE	CR REQUIREMENTS	board of mivestment	(BOI) OI RE BE	veloper			<del></del>
	Schedule and photocopies for	r support of Credital	le VAT Withheld	and other tax credits, i	if applic	able	
	Schedule of Other Income, if						
	e all the documentary requiren npleteness of the supporting do				nd is acc	cepted, subject to	cursory checking of the
CHECK		•	. , ,	ACKNOWLEDGED	BY:		
			<del>.</del>				
Si	gnature Over Printed Name		Date	Claimant's Authorize	ed Repr	esentative	Date



REPUBLIC OF THE PHILIPPINES

Bureau of Internal Revenue

ADMIN UNIT - 1 4:47 (Name of Processing/Investigating Unice)

TIME: 4:47 (Name of Processing/Investigating Unice)

CHECKLIST OF MANDATORY REQUIREMENTS ON CLAIMS FOR VAT CREDIT/REFUND

CHECKLIST OF MANDATORY REQUIREMENTS ON CLAIMS FOR VAT CREDIT/REFUND Pursuant to Section 112(A) of the Tax Code of 1997, as Amended

For Claims Covering Taxable Periods Starting April 1, 2025

	Claimant Identification No. (TIN)				hp
Address		-		Number of Folders/Boxe Main	es;
Name of a e-mail Ad	Authorized Representative Idress			Supporting Tel. No. / Fax No	
Natu	re of Zero-rated Sales (Mark '	'√" on the Appropriate Box)	Direct export	Indirect export	Mixed transaction
		itted and <u>NA</u> for documents not applicab in MS Excel format and in soft copies of		r.	
	RAL REQUIREMENTS	**	C 1/D/D E 21 1014)		<del></del>
		omplished Application for Tax Credit/Relation Sheet duly received by SEC, if application			
		Verification Certificate issued by Account			
		(AFS) complete with Notes to AFS, if Alecretary's Certificate for corporate claim			O claimant/Partnership Resolution or
	similar notarized documents for claims together with the photocounthe official or employee of the	or partnership stating (1) the authorized re copy of at least one (1) valid government- e corporate claimant, partnership or sole	presentative/s to file, sign d issued ID with three (3) spec proprietorship, as the case	locuments on behalf of the c cimen signatures of authoriz e may be, to certify the inv	laimant and/or follow-up VAT refund ed representative/s and (2) authorizing oices/receipts in support of sales and
1.6		otocopy of the business/company ID wit rized Taxpayer's Attestations, contents o			i the taxpayer-ciaimant
2. SALE	OF GOODS OR SERVICES				
2.1	Schedule of Zero-Rated, Exem	npt and Taxable Sales with details follow ces (SIs) for zero-rated and exempt sale	ing the prescribed format in	1 Annexes "A.1.4", "A.1.5.2	2", "A.1.6", and "A.1.7".
2.2	certified by the authorized repr		or goods or services (arrai	iged in accordance with the	s schedules required under 2,17 duly-
2.3	Copy of the notification from I	EMB stating the sales from the preceding			the schedule or evaluation sheet from
2.4	For sale of services to a non-re	validation of export sales and inward remesident foreign corporation (NRFC) unde	r Section 108(B)(2) of the	r covered by the claim.  Fax Code, original copy of	certification from SEC that the NRFC
	is not a registered corporation	in the Philippines and photocopy of Artitory body of the NRFC in the country w	icles or Certificate of Forei	gn Incorporation or if not a	vailable, printed screenshots from the
2.5	For sale of goods or services to	companies engaged in international ship document to prove that the goods or se			
2.6	For zero-rated sales of goods o	r services under Sections 106(A)(2)(a)(2	) or 108(B)(1) of the Tax C	ode, photocopy of delivery	receipt or proof of delivery, or service
	manufacturing, processing, pa	cument, to prove that the goods or servacking or repacking in the Philippines tances, which should be clear and identifications.	of the non-resident foreign	n buyer's goods, which go	oods are subsequently exported, and
2.7	For zero-rated sales of goods to bonded manufacturing warehouse	to bonded manufacturing warehouses of buses of EOEs, and photocopy of permits as or components subsequently for export	t or license to operate bon	A)(2)(a)(5), photocopy of ded manufacturing wareho	elivery receipt or proof of delivery to uses intended for the manufacture of
2.8		ceivables and payables, including agre		es, if any, if company ha	s offsetting agreement with foreign
	L PURCHASES OF GOODS		- 6-11	C	Jaa 10 DT"
	Copies of suppliers' SIs for pu	out tax for the period of claim with detail rchase of goods and services duly-certific	ed by the authorized represe		
	required under 3.1) with proof	of payment for "big ticket" purchases an	d purchases on account		
3.3		business enterprises, copies of suppliers of BIR Form No. 0605, whichever is appl		and services together with	the copies of the corresponding duly-
4. IMPOI	RTATION  in two (2) sets to in	clude the requirement for BOC		// 1 ON	
4.1	Schedule of Importations for to Original conv of VAT Payment	the period of claim with details following nt Certification issued by the Revenue A	g the format prescribed in A accounting Division (RAD)	nnex "A.1.9" of the Bureau of Customs	(BOC) for importation in the current
'	year. For quarterly claims who	ere the original copy of certification has	been attached to the docke	et of the previous claim but	includes importations for the current
5 CEDVI	claim, photocopies of previous CES RENDERED BY NON-R	s certifications from BOC-RAD shall be	submitted.		
5. SERVI	Schedule of income payments	to non-residents showing the date, non-	resident corporation or ind	lividual who rendered the s	ervice, amount paid, amount of VAT
	withheld, date remitted to the I	BIR, among others			
	LAIMS RELATED TO RENE	EWABLE ENERGY (RE) anufacturers, fabricators, and suppliers of	f locally produced RF equir	ament	
10.1		on issued by the Department of Energy (		Jinone.	******
	6.1,2 Certificate of Accredita	tion issued by the DOE, for manufacture	rs, fabricators and suppliers	of RE; and	
7 OTHE	1 6.1.3 Registration with the Bor REQUIREMENTS	oard of Investments (BOI) of RE Develo	per		
		support of Creditable VAT Withheld and	other tax credits, if applica	able	
	Schedule of Other Income, if a				
		ents are checked as submitted, the applic es and purchases of goods and services.	cation for VAT refund is acc	cepted, subject to cursory cl	necking of the completeness of
СНЕСК	KED BY:		ACKNOWLEDGE	D BY:	
Signat	ure Over Printed Name	 Date	Claimant's Authori	zed Representative	Date

# TAXPAYER'S ATTESTATIONS

# KNOW ALL MEN BY THESE PRESENTS:

		I, (Name of Taxpayer/Claimant/Authorized Representative), in my capacity as (Position/Designation) of
		(Business Name) with business address at, in relation laim for Value-Added Tax (VAT) refund for the period from to, do hereby attest to the
0 (	our c	laim for Value-Added Tax (VAT) refund for the period from to, do hereby attest to the
foll	lowir	ng:
ĺ.		R PERMITS AND ACCOUNTING OF SALES INVOICES (SI)/OFFICIAL RECEIPTS (OR) USED
	a.	BIR permit for:
		Printer's authority to print invoices/receipts
		ATP No Date Issued Serial Nos  Cash register machines, and how many?
		Cash register machines, and how many?
		Computerized/Loose-leaf invoices/receipts
		Permit No Date Issued
	b.	Serial numbers of sales invoices (SI)/official receipts (OR) used during the period of claim
		Spoiled/cancelled SI/OR numbers
2.	CO	MPLETENESS AND AUTHENTICITY OF THE FOLLOWING:
	a.	The documents submitted for purposes of processing our herein claim for VAT refund and these are the only
		documents that will be presented to support our claim;
	b.	The copies of airway bill (AWB)/final bill of lading (BL) for sale of goods, or copies of Billing Statements/Statements
	0.	
		of Account/Service Contracts, if applicable, for sale of services; and
	c.	The VAT Payment Certification from the Revenue Accounting Division of the Bureau of Customs (for claims with
		input VAT on importation/s).
3.	OT	HER ATTESTATION/S:
	a.	The ending inventory as of close of the period being claimed has been used directly/indirectly in the products
		subsequently exported, if applicable; and
	b.	That the original copies of source documents for sales and purchases, books of accounts, accounting and other pertinent
	••	records are available for verification by authorized BIR Revenue Officer(s) upon request and that failure on our part to
		present said books and records is a ground for denial of our refund.
		present said books and records is a ground for demai of our refund.
		The undersigned hereby declare under the penalties of perjury that the foregoing attestations are true and correct.
		The undersigned hereby deciare 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, exhibited to me his/her (competent evidence of identity - e.g. government issued ID) issued on at
~~		SUBSCRIBED AND SWORN to before me, this day of, 20 at,
affi	ant e	***
		indicated below his/her name.
		Notary Public
		Until
		PTR No
		Issued at
		On
Do	c. No	D BUREAU OF INTERNAL REVENUE RECORDS MANAGEMENT DIVISION
	ge No	), ————————————————————————————————————
	ok N	
	ies o	

# TAXPAYER'S ATTESTATIONS

# KNOW ALL MEN BY THESE PRESENTS:

	I,	(Name of Taxpayer/Claimant/Authori	<u>zed Representative)</u> , in m	y capacity	as (Position/Designation)	0:
		(Business Name) n for Value-Added Tax (VAT) re	_ with business address at		,	in relation
to our	clair.	n for Value-Added Tax (VAT) re	fund for the period from	to _	, do hereby a	ttest to the
follow	ing:					
1 R	IR PI	ERMITS AND ACCOUNTING	OF SALES INVOICES (S)	MOFFICIAL R	ECEIPTS (OR) LISED	
		R permit for:	OF BALLES INVOICES (SI	)/OFFICIAL R	ECEII 15 (OK) USED	
-		-	o print invoices/receipts			
		ATP No.	Date Issued	Se	rial Nos.	
		Cash register machi	Date Issuednes, and how many?			
		Computerized/Loos	e-leaf invoices/receipts			
			Date Issued			
b	. Se	rial numbers of sales invoices (SI)	/official receipts (OR) used	•	l of claim	
	<u></u>	oiled/cancelled SI/OR numbers				_
	-Sp	oned/carcened SI/OK numbers				_
	_					_
		PLETENESS AND AUTHENTIC Efund and these are the only docum				claim for
٧.	AI I	rand and these are the only docum	nents that will be presented t	o support our cia	шш.	
3. O	THE	R ATTESTATION/S:				
a.	Th	e ending inventory as of close	of the period being claime	d has been use	d directly/indirectly in the	products
		osequently exported, if applicable;				
b.		at the original copies of source do		ases, books of ac	counts, accounting and other	er pertinen
		ords are available for verification				
		sent said books and records is a gr			request and mat randre on	our pure
	•	•				
	Th	e undersigned hereby declare unde	er the penalties of perjury tha	t the foregoing a	ttestations are true and corr	ect.
				, O P:		
			(Sig	nature Over Prii	ited Na <b>m</b> e)	
	O.	DOCUMENTAL AND GWODN ( 1	c 4. 1 . c	•	0 -4	
cc4	SU	BSCRIBED AND SWORN to be	efore me, this day of	, 2	U at	
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		indicated below in	ns/ner name.			
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					RECORDS MANAGEMENT DIVIS	

# SCHEDULE OF ZERO-RATED SALE OF GOODS

For the Period \_\_\_\_\_\_ to \_\_\_\_\_

	Refer	ence	:	Iı	nvoice	Name of Buyer	Airway Bill/ Bill of Lading No.	Country of Destination	Sales in Foreign Currency	Conversion Rate	Amount of Sales (in Php)	Date of Remittance	Bank	Amount Remitted (in Foreign Currency)	Proof of Remittances (Bank/Credit Memo)	Amount of Remittance (in Php)	Remarks
No.	Folder No.	,	No.	No.	Date												
Box No.	Folde		Page No.	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(16)
									FC		Php			FC		Php	

BUREAU OF INTERNAL REVENUE RECORDS MANAGEMENT DIVISION

APR 1 0 2025

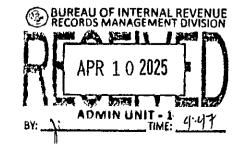
ADMIN UNIT - 1 - 4247

TIME: 4247

# SCHEDULE OF ZERO-RATED SALE OF SERVICES

For claims covering taxable periods prior to the effectivity	of the Ease of Paying Taxes Act (R.A. No.11976) on April 27, 2024 (RR No. 3-2024)
For the Period	to

R	eferen	ce	Official I	Receipt								
Box No.	Folder No.	Page No.	No.	Date	Name of Customer/ Contractee	Country	Date of Remittance	Bank	Amount Remitted (in Foreign Currency)	Proof of Remittances (Bank/Credit Memo)	Amount in Peso	Remarks
							,					
									FC		Php	



# SCHEDULE OF ZERO-RATED SALE OF SERVICES

For claims covering the effectivity of the Ease of Paying Taxes Act (R.A. No.11976) on April 27, 2024 (RR No. 3-2024)

For the Period	to	

	Referen	ce	Service	Invoice								Amount	Proof of		
Box No.	Folder No.	Page No.	No.	Date	Name of Customer/ Contractee	Country	Sales/Billings in Foreign Currency	Conversion Rate	Amount of Sales/Billings (in Php)	Date of Remittance	Bank	Remitted (in Foreign Currency)	Remittances (Bank/Credit Memo)	Amount in Peso	Remarks
											•			1	
									,						
										:					
									1			:			
		<u>.</u>							<u> </u>			FC		Php	

BUREAU OF INTERNAL REVENUE RECORDS MANAGEMENT DIVISION

APR 1 0 2025

BY: 

ADMIN UNIT - 1

TIME: U-U-T

# SCHEDULE OF EXEMPT SALES (Goods and Services)

For the Period	t	.0
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F	Referenc	e	In	voice	Officia	al Receipt				
Box No.	Folder No.	Page No.	No.	Date	No.	Date	Registered Name of Buyer	Product/Items	Amount of Sales	Reason/Basis of Exemption
						: :				
										BUREAU OF INTERECORDS MANAGE

APR 1 0 2025

Php

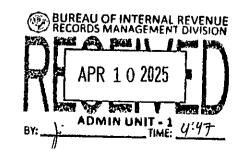
Note: For claims covering the effectivity of the Ease of Paying Taxes Act (R.A. No.11976) on April 27, 2024 (Revenue Regulations No. 3-2024), the column for "Official Receipt" may be excluded.

# SCHEDULE OF TAXABLE SALES

For the Period	to

R	eferen	ce	Inv	oice	Official Re	eceipt (OR)						
Box No.	Folder No.	Page No.	No.	Date	No.	Date	Registered Name of Buyer	Address of Buyer	Product/Items	Amount of Sales	Output VAT	Total Invoice/OR Amount
						:	•					
							:					
										Php	Php	Php

Note: For claims covering the effectivity of the Ease of Paying Taxes Act (R.A. No.11976) on April 27, 2024 (Revenue Regulations No. 3-2024), the column for "Official Receipt" may be excluded.



#### SCHEDULE OF LOCAL PURCHASES WITH INPUT TAX

For the Period	_to
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Α.	Purchases	for the	Current	Perio

Box No. Folder No. Page No.	Registered Name of Supplier	TIN	Invoice No.	Date of Invoice	OR No.	Date of OR	Amount of Purchase of Goods	Amount of Purchase of Services	Total Amount of Purchases	Input Tax	Total Invoice/ OR Amount
Subtotal (A)				·					Php	Php	Php

B. Purchases of Capital Goods Exceeding PI Million (if acquisition of Capital Goods exceeds P1 Million in accumulated amount) Acquired from Previous Periods

Box No. Folder No.	Registered Name of Supplier	TIN	Invoice No.	Date of Invoice	Description of Capital Goods	Amount of Purchase	Input Tax	Total Invoice Amount	Recognized Life (in Months)	Current Portion (in Months)	Ratio of current portion over useful life of the assset or 60 months, whichever is shorter	the Period	Balance of Input Tax to be Carried to Next Period
Subtotal (B)						Php	Php	Php				Php	Php

#### Total Claimable Input Tax (sum of subtotal A and B)

Php	
-----	--

Notes: 1. Aggregate totals for the "amount of purchases" and "input tax" of A should correspond to the total purchases and input tax per VAT return/s during the period of claim

- 2. Aggregate totals for input tax of A and B should correspond to the total amount of claimable input tax for the period of claim
- 3. The amortized/ripened portion of input tax for purchases of capital goods from prior periods deferred upon evaluation/review if previous claim for VAT credit/refund will be supported with the the copy of the memorandum report including working papers, if any, duly authenticated/certified by the the custodian of the record maintained by the processing/reviewing office.
- 4. Purchases of capital goods starting January 1, 2022 are no longer required to be segragated
- 5. For claims covering the effectivity of the Ease of Paying Taxes Act (R.A. No.11976) on April 27, 2024 (Revenue Regulations No. 3-2024), the column for "Official Receipt" may be excluded
- 6. For purposes of determining the risk level of the claim, input VAT from amortized capital goods shall not be considered.

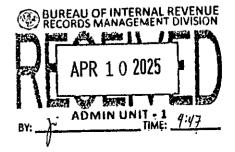


### SCHEDULE OF "BIG TICKET" PURCHASES

For the Period	_ to
----------------	------

I	Reference				1							1			Pr	oof of Payment	
Box No	Folder No.	Page No.	Registered Name of Supplier		TIN	Invoice No.	Date of Invoice	OR No.	Date of OR	Amount of Purchase of Goods	Amount of Purchase of Services	Total Amount of Purchases	Input Tax	Total Invoice/ OR Amount			Amount Paid
TC	)TAL											Php	Php	Php			Php

Note: For claims covering the effectivity of the Ease of Paying Taxes Act (R.A. No.11976) on April 27, 2024 (Revenue Regulations No. 3-2024), the column for "Official Receipt" may be excluded.



#### SCHEDULE OF IMPORTATIONS

For the Period	to	•

A, In	portati	ons to	the Current Period										
R	Reference			,,,,,,									
Box No.	Folder No.	Page No.	Registered Name of Supplier	Country of Origin	IEIRD/ SAD	Date of Arrival	Commercial Invoice No.	Date of Commercial Invoice	Item Description	Total Value Subject to VAT	VAT Payment	SSDT/ BOC OR No.	SSDT/BOC O
Subto	al (A)									Php	Php		

B. Importations of Capital Goods Exceeding P1 Million (if acquisition of Capital Goods exceeds P1 Million in accumulated amount) Acquired from Previous Periods

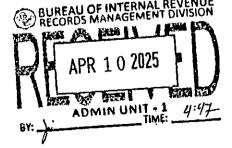
Box No. Folder No.	Registered Name of Supplier	Country of Origin	lEIRD/ SAD	Date of Arrival	Commercial Invoice No.	Date of Commercial Invoice	Description of Capital Goods	Total Value Subject to VAT	VAT Payment	SSDT/ BOC OR No.	SSDT/ BOC OR Date	Recognized Life (in Months)	Current Portion (in Months)	Ratio of current portion over useful life of the assset or 60 months, whichever is shorter	Tax for the Period	Balance of Input Tax to be Carried to Next Period
Subtotal (B)									Php						Php	Php

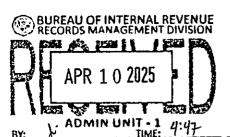
Total Claimable Input Tax (sum of subtotal A and B)

Php

Notes: 1. Aggregate totals for the "amount of purchases" and "input tax" of A should correspond to the total purchases and input tax per VAT return/s during the period of claim.

- 2. Aggregate totals for input tax of A and B should correspond to the total amount of claimable input tax for the period of claim.
- 3. The amortized/ripened portion of input tax for purchases of capital goods from prior periods deferred upon evaluation/review if previous claim for VAT credit/refund will be supported with the the copy of the memorandum report including working papers, if any, duly authenticated/certified by the the custodian of the record maintained by the processing/reviewing office.
- 4. Importation of capital goods starting January 1, 2022 are no longer required to be segragated.
- 5. For purposes of determining the risk level of the claim, input VAT from amortized capital goods shall not be considered.





FOR CLAIMS FOR VAT CREDIT/REFUND
PURSUANT TO SECTION 112(B) OF THE TAX CODE, AS AMENDED
(RETIREMENT, CESSATION OF BUSINESS, OR CONVERSION TO NON-VAT)

- 1. Three (3) original copies of the duly accomplished application for Tax Credit/Refund (BIR Form No. 1914)
- 2. Tax Clearance issued by the Revenue District Office (RDO)/Large Taxpayers Audit Division (LTAD) due to retirement from or cessation of business, or shift of registration from VAT to non-VAT
- 3. Original copy of Notarized Secretary's Certificate for corporate claimant/Special Power of Attorney for individual & ROHQ claimant/Partnership Resolution or similar notarized documents for partnership stating (1) the authorized representative/s to file, sign documents on behalf of the claimant and/or follow-up VAT refund claims together with the photocopy of at least one (1) valid government-issued ID with three (3) specimen signatures of authorized representative/s and (2) authorizing the employee of the corporate claimant, partnership or sole proprietorship, as the case may be, to certify the invoices/receipts in support of sales and purchases together with the photocopy of the business/company ID with three (3) specimen signatures of the said employee of the taxpayer-claimant
- 4. For corporate claimants, Certificate of Dissolution from the Securities and Exchange Commission (SEC)
- 5. Photocopies of VAT returns covering the periods where the excess input taxes emerged
- 6. Schedule and copies of Sales Invoices (SIs) and/or Official Receipts (ORs) duly certified by the authorized signatory by the taxpayer-claimant covering the taxable periods of claim
- 7. Schedule and copies of SIs and/or ORs supporting the input tax claim on local purchases duly-certified by the authorized signatory of the taxpayer-claimant
- 8. Schedule of importations and original copy of VAT Payment Certification issued by the Revenue Accounting Division of the Bureau of Customs
- 9. List of ending inventory of goods, supplies, including capital goods, if applicable

CHECKED BY:		ACKNOWLEDGED BY:	
Signature Over Printed Name	Date	Claimant's Authorized Representative	Date