



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Monthly Value-Added Tax Declaration

BIR Form No.

2550M

October 2002 (ENCS)

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

1 ▶ For the Month of (MM/YYYY) ▶	2 Amended Return ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No	3 Number of sheets attached
----------------------------------	---	-----------------------------

Part I Background Information

4 TIN	5 RDO Code	6 Line of Business
7 Taxpayer's Name (For Individual) Last Name, First Name, Middle Name/(For Non-individual) Registered Name	8 Telephone Number	
9 Registered Address	10 Zip Code	
11 Are you availing of tax relief under Special Law or International Tax Treaty? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify		

Part II Computation of Tax

Transaction/ Industry Classification	ATC	Gross Sales/Receipts For the Month	Tax Due For the Month
12	12A	12B	12C
13	13A	13B	13C
14	14A	14B	14C
15	15A	15B	15C
16	16A	16B	16C
17 Total	17A	17B	
18 Less: Input Taxes			
18A Transitional/Presumptive Input Tax			18A
18B Carried Over from Previous Return Period			18B
18C On Taxable Goods/Services			18C
18D Total Available Input Taxes (Sum of Items 18A, 18B & 18C)			18D
18E Less: Any Refund/TCC Claimed			18E
18F Net Creditable Input Tax (Item 18D less Item 18E)			18F
19 VAT Payable (Excess Input Tax) (Item 17B less Item 18F)			19
20 Less: Tax Credits/Payments			
20A Advance Payments			20A
20B Creditable Value-added tax Withheld			20B
20C VAT Paid in Return Previously Filed, if this is an amended return			20C
20D Total Tax Credits/Payments (Sum of Items 20A to 20C)			20D
21 Tax Payable/(Overpayment) (Item 19 less Item 20D)			21
22 Add: Penalties	22A	Interest	22B
Surcharge		Compromise	22C
			22D
23 Total Amount Payable/(Overpayment) (Sum of Items 21 & 22D)			23

I declare, under the penalties of perjury, that this return has been made in good faith, verified by me, and to the best of my 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.

24	25
President/Vice President/Authorized Representative/Tax Agent (Signature Over Printed Name)	Treasurer/Asst. Treasurer/Authorized Representative (Signature Over Printed Name)
Title/Position of Signatory	Title/Position of Signatory
TIN of Tax Agent (if applicable)	Tax Agent Accreditation No./Date of Accreditation (if applicable)

Part III Details of Payment

Particulars	Drawee Bank/ Agency	Number	Date			Amount	Stamp of Receiving Office and Date of Receipt
			MM	DD	YYYY		
26 Cash/Bank Debit Memo						26	
27 Check	27A	27B	27C	27D		27D	
28 Tax Debit Memo	28A	28B	28C	28D		28D	
29 Others	29A	29B	29C	29D		29D	

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