

BIR
FORM NO. **0401**
REVISED: _____

REPUBLIKA NG PILIPINAS
KAGAWARAN NG PANANALAPI
KAWANIHAN NG RENTAS INTERNAS
REVENUE REGION No. _____

RETURN PERIOD: 2018	FINAL ASSESSMENT NOTICE	ASSESSMENT NOTICE NO.:
TAXPAYER IDENTIFICATION NUMBER: 000-000-000-000		DATE ISSUED:
NAME: ABC CORPORATION		BUSINESS TRADE NAME (IF DIFFERENT FROM NAME OF TAXPAYER)
ADDRESS: 123 Makati Avenue, Makati City		
PLEASE BE INFORMED THAT YOUR INTERNAL TAX LIABILITY (for deficiency)/CREDIT/REFUND (for refundable) HAS BEEN COMPUTED AS FOLLOWS:		
CHECK KIND OF TAX: <input type="checkbox"/> INCOME <input type="checkbox"/> CAPITAL GAINS <input type="checkbox"/> WITHHOLDING <input type="checkbox"/> DOC. STAMPS <input type="checkbox"/> VAT <input type="checkbox"/> FRINGE BENEFIT <input type="checkbox"/> PERCENTAGE <input type="checkbox"/> REGISTRATION FEE <input type="checkbox"/> ESTATE <input type="checkbox"/> OTHERS _____	PARTICULARS	AMOUNT
	1. TAX DUE	P
	2. ADD: 25% Surcharge 12% Interest Compromise Penalty	1,000.00
	3. TOTAL AMOUNT PAYABLE	P 1,000.00
IMPORTANT IF YOU ARE AMENDABLE, PAY THE TOTAL AMOUNT PAYABLE ON OR BEFORE NOVEMBER 30, 2021 TO ANY AUTHORIZED AGENT BANK USING PAYMENT FORM (BIR FORM NO. 0605). IF YOU DISAGREE WITH THIS ASSESSMENT, FILE YOUR PROTEST IN WRITING (WITH FACTUAL & LEGAL BASES) TO THE AUTHORIZED BIR OFFICIAL WITHIN THIRTY (30) DAYS FROM RECEIPT HEREOF. OTHERWISE, THE SAME BECOMES FINAL AND UNAPPEALABLE PURSUANT TO THE PERTINENT PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED. FAILURE TO PAY THIS ASSESSMENT ON TIME WILL FURTHER SUBJECT THE TOTAL AMOUNT DUE TO ADDITIONAL PENALTIES FOR LATE PAYMENT.		COMMISSIONER OF INTERNAL REVENUE BY: _____ NAME AND SIGNATURE OF AUTHORIZED REVENUE OFFICIAL

*Please see attached Formal Letter of Demand for the factual and legal bases of assessment.

ACKNOWLEDGEMENT OF RECEIPT

(To be accomplished by recipient)

Date of Receipt

Printed Name, with Position/Designation/
If Made on Behalf of the Taxpayer Named
in the Notice, indicate Relationship

Signature of Person Acknowledging Receipt

Printed Name and Position of
Barangay Official

Signature of Barangay Official

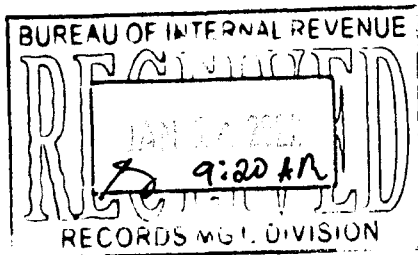
Signature Over Printed Name of Witness

Signature Over Printed Name of Witness

(To be accomplished by the server)

Please check: No person found in the taxpayer's registered or known address
 Party refused to receive the Final Assessment Notice (FAN)

I hereby certify that the original copy of this Final Assessment Notice (FAN) was duly served by me, same having been received by _____ on the date mentioned above.



Signature Over Printed Name of the Revenue
Officer Who Served the FAN