

DLN:



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Application for Tax Credits / Refunds

BIR Form No.

1914

January 2001

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

Part I		Background Information	
1 Taxpayer Identification No.	1	<input type="text"/>	2 Home RDO Code
3 Taxpayer's Name	3	<input type="text"/>	
4 Registered Address	4A	<input type="text"/>	
	4A	<input type="text"/>	
	4B	Zip Code	4C Telephone Number

Part II		Details of Tax Credits/Refunds	
5 Tax Type	5	<input type="text"/>	
6 Period Covered (MM/ DD/ YYYY)	6A	From <input type="text"/>	To <input type="text"/>
7 Mode of Claim	7A	<input type="checkbox"/> Tax Refund	7B <input type="checkbox"/> Tax Credit Certificate
8 Claim Amount	8	<input type="text"/>	

Part III		Reason for Filing	
9 Reason for Filing the Claim			
9A	<input type="checkbox"/>	Refunds or Tax Credits of Input Tax	9E <input type="checkbox"/> Expired TRN (Reissuance)
9B	<input type="checkbox"/>	Claim Arising from Special Laws / Tax Treaties	9F <input type="checkbox"/> Overpayment
9C	<input type="checkbox"/>	Claim Arising from Erroneous Payment of Taxes	9G <input type="checkbox"/> Regular Excise Claims
9D	<input type="checkbox"/>	Lost TRN (Replacement)	9H <input type="checkbox"/> Others (please specify) <input type="text"/>

Part IV		Legal Provision	
10 Legal Basis	10	<input type="text"/>	

I declare, under the penalties of perjury, that this application has been made in good faith, verified by me and to the best of my knowledge and belief, is true and correct, and that no refund or tax credit involving the same tax has previously been claimed or received.

Stamp of Receiving Office and Date of Receipt

11 TAXPAYER'S SIGNATURE OVER PRINTED NAME

12 POSITION/TITLE