



BIR Form No. 0621-EA May 2019	<h2 style="margin: 0;">Acceptance Payment Form</h2> <h3 style="margin: 0;">Estate Tax Amnesty</h3> <p style="margin: 0;">For Taxable Year 2017 and Prior Years Pursuant to Republic Act No. 11213</p> <p style="font-size: small; margin: 0;">Enter all required information in CAPITAL LETTERS using BLACK ink. Mark all applicable boxes with an "X".</p>	<p style="font-size: x-small; margin: 0;">0621-EA 05/19 P1</p>
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1 Date Filed (MM/DD/YYYY)	2 Tax Type Code MC	3 Tax Type Description Estate Tax Amnesty	4 ATC MC 320
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Part I – Taxpayer Information

5 Taxpayer Identification Number (TIN) of the ESTATE	6 RDO Code	7 Date of Death (MM/DD/YYYY)
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8 Taxpayer's Name (ESTATE of Last Name, First Name, Middle Name)

ESTATE OF

9 Residence of the Decedent at the time of Death

9A ZIP Code

10 Name of Executor / Administrator (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

11 Contact Number	12 Basis of Payment	Tax Amnesty Program	13 Type of Payment	Full Payment
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14 Email Address

Part II – Computation of Estate Tax Amnesty

15 Estate Tax Due (from BIR Form No. 2118-EA)

16 Minimum Amnesty Amount

17 Amount Payable

I/We declare under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and Tax Amnesty Act (R.A. No. 11213), and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. <i>If signed by an Authorized Representative, attach Special Power of Attorney</i>	For Payment of Estate Tax Amnesty ENDORSED BY: _____ (Signature over Printed Name) Revenue District Officer
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Signature over Printed Name of Executor/Administrator (Indicate Title/Designation and TIN)	_____ (Signature over Printed Name) Revenue District Officer
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PART III – DETAILS OF PAYMENT

Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount
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18 Cash				
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19 Check				
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Machine Validation/Revenue Official Receipt Details (if not filed with an Authorized Agent Bank)	Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)
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*NOTE: The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)

R.G. Manabat & Co.
 TAX