



Bureau of Internal Revenue
Revenue Region No. ____
Revenue District Office No. ____/Large Taxpayers Assistance Division/Large Taxpayers District Office
Diskette Acknowledgement Form

Control No. _____

To be filled out by taxpayer

Date of Receipt: _____

TIN: _____
 Taxpayer's Name/Registered Name: _____
 Taxpayer's Address: _____
 Contact Person: _____
 Telephone No.: _____ Cell No.: _____
 Fax No.: _____ E-mail Address: _____

Transaction Type Sales Local Purchases Importation

Period Covered: From _____ **to** _____

MM MM YY

	Number of Diskettes	Number of Files *
<input type="checkbox"/> 1 st Quarter	_____	_____
<input type="checkbox"/> 2 nd Quarter	_____	_____
<input type="checkbox"/> 3 rd Quarter	_____	_____
<input type="checkbox"/> 4 th Quarter	_____	_____

*** ONE TRANSACTION TYPE PER MONTH IS CONSIDERED ONE FILE**

To be filled out by BIR

Condition of the Diskette/s:

	DATE/TIME	SIGNATURE OVER PRINTED NAME OF RESPONSIBLE OFFICER
<input type="checkbox"/> Diskette/s not yet checked	_____	_____
<input type="checkbox"/> Checked/Re-checked diskette/s	_____	_____
Number of Files _____		
<input type="checkbox"/> Replacement		
<input type="checkbox"/> Good (GD)		
<input type="checkbox"/> Defective		
Reason:		
<input type="checkbox"/> Unreadable/Inaccessible (DR)		
<input type="checkbox"/> With irremovable virus (DV)		
<input type="checkbox"/> Invalid file format (DF)		
<input type="checkbox"/> Others, specify _____		

**DEFECTIVE DISKETTES MUST BE REPLACED WITHIN FIVE (5) WORKING DAYS
FROM THE DATE OF RETURN WITH THIS FORM**

Status:

	DATE/TIME	SIGNATURE OVER PRINTED NAME OF RESPONSIBLE OFFICER/TAXPAYER
<input type="checkbox"/> Transmitted/re-transmitted electronically to RDC	_____	_____
<input type="checkbox"/> Not transmitted electronically	_____	_____
<input type="checkbox"/> Returned to taxpayer	_____	_____

Remarks:
