



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

For BIR Use Only: BCS/Item:

BIR Form No.
2550Q
April 2024 (ENCS)
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Quarterly Value-Added Tax (VAT) Return

Enter all required information in CAPITAL LETTERS using BLACK ink. Mark all applicable boxes with an "X". Two copies MUST be filed with the BIR and one held by the Taxpayer.



2550Q 04/24ENCS P1

1 For the Calendar Fiscal 2 Year Ended(MM/YYYY) December 3 Quarter 1st 2nd 3rd 4th

4 Return Period (MM/DD/YYYY) From To 5 Amended Return? Yes No 6 Short Period Return? Yes No

Part I - Background Information

7 Taxpayer Identification Number (TIN) 8 RDO Code

9 Taxpayer's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

10 Registered Address (Indicate complete address. If branch, indicate the branch address. If the registered address is different from the current address, go to the RDO to update registered address by using BIR Form No. 1905)

10A Zip Code

11 Contact Number(Landline/Cellphone No.) 12 Email Address

13 Taxpayer Classification Micro Small Medium Large

14 Are you availing of tax relief under Special Law or International Tax Treaty? Yes No 14A. If yes, please specify

PART II-Total Tax Payable

15 Net VAT Payable(Excess Input Tax) (From Part IV, Item 61)	71,038.73
Less: Tax Credits/Payments	
16 Creditable VAT Withheld (From Part V- Schedule 3, Column D)	0.00
17 Advance VAT Payments (From Part V- Schedule 4)	0.00
18 VAT paid in return previously filed, if this is an amended return	0.00
19 Other Credits/Payment (Specify) <input type="text" value="TWO MONTHS ADVANCE PAYMENT"/> <input type="button" value="Add more"/>	59,607.04
20 Total Tax Credits/Payment (Sum of Items 16 to 19)	59,607.04
21 Tax Still Payable/(Excess Credits) (Item 15 Less Item 20)	11,431.69
Add: Penalties	
22 Surcharge	0.00
23 Interest	0.00
24 Compromise	0.00
25 Total Penalties (Sum of Items 22 to 24)	0.00
26 Total Amount Payable(Excess Credits) (Sum of Items 21 and 25)	11,431.69

I/We declare under the penalties of perjury that this return, and all its attachments, have 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 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. (If Authorized Representative, attach authorization letter and indicate TIN)

For Individual: _____ For Non-Individual: _____
Signature over Printed Name of Taxpayer/Authorized Representative/Tax Agent (Indicate Title/Designation and TIN) Signature over Printed Name of President/Vice President/ Authorized Officer or Representative/Tax Agent (Indicate Title/Designation and TIN)

Tax Agent Accreditation No./ Attorney's Roll No.(if applicable) _____ Date of Issue (MM/DD/YYYY) _____ Date of Expiry (MM/DD/YYYY) _____

Part III - Details of Payment

Particulars	Drawee Bank/ Agency	Number	Date(MM/DD/YYYY)	Amount
33 Cash/Bank Debit Memo				
34 Check				
35 Tax Debit Memo				
36 Others (specify below)				

Machine Validation/Revenue Official [Redacted] 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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