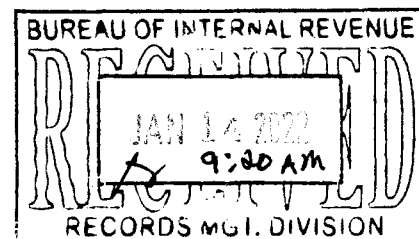


\_\_\_\_\_  
(Date)

FLD-RR-RDO-2018-eLANo.-ANSeries

**FORMAL LETTER OF DEMAND**  
**Part II**

ABC Corporation  
123 Makati Avenue  
Makati City  
TIN: 000-000-000-000



Sir/Madam:

Please be informed that in addition to the deficiency tax(es) assessed as contained in "Part I" of this notice, it was disclosed that the following violations have been committed, which under existing laws, rules and regulations, are subject to applicable penalties as indicated in the matrix below. However, in lieu of instituting criminal action that may lead to the imposition of these penalties upon conviction, this Office is amenable to settle the same extra-judicially, subject to condition that you shall pay the assessed deficiency tax(es) under Part I of this notice and the compromise penalty in the amount of **P1,000.00** pursuant to the prescribed penalties under Revenue Memorandum Order No. 7-2015, in relation to Section 7(C) and 204(B) of the Tax Code, as amended. Details of which are as follows:

<u>Nature of Violation</u>	<u>Applicable Penalties Upon Conviction Aside from Administrative Penalties</u>	<u>Compromise Penalty (RMO 7-2015)</u>
<ul style="list-style-type: none"> <li>▪ Failure to pay Registration Fee</li> </ul>	Section 275 - Punishable by a fine of not more than One Thousand Pesos (P 10,000.00) or suffer imprisonment of not more than six (6) months	P 1,000.00
<b>Total</b>		<b><u>P 1,000.00</u></b>

If you are amenable, please pay the above suggested compromise amount on or before November 30, 2021 (as stated in the enclosed assessment notice) using the BIR Payment Form No. 0605, through the duly Authorized Agent Bank (AAB) in which your company is enrolled and where it pays its internal revenue taxes. Afterwards, submit proof of payment thereof to the Assessment Division, This Region, located at \_\_\_\_\_, otherwise, this case shall be referred to Legal

Division of this Region for institution of criminal action, pursuant to Paragraph III (5) of the aforesaid RMO.

Very truly yours,

**COMMISSIONER OF INTERNAL REVENUE**

By:

\_\_\_\_\_  
(Signature Over Printed Name of the  
Regional Director)

**Acknowledgement of Receipt of Notice:**

\_\_\_\_\_  
(Signature over Printed Name, with  
Position/Designation/if Made on Behalf of  
the Taxpayer Named in the Notice, indicate  
Relationship to the Taxpayer)

\_\_\_\_\_  
(Date of Receipt of Notice)

Contact details: \_\_\_\_\_

