

Tax Refund Appeal / Reconsideration Form

Personal Information

Full Name

Taxpayer Identification Number (TIN)

Address

Contact Number

Email Address

Refund Details

Tax Period (Year/Quarter)

Amount Claimed for Refund

Type of Tax

Select

If Other, please specify

Grounds for Refund/Reconsideration

State briefly the grounds for your appeal and facts of the case

Documentary Requirements

List the attached documents in support of your appeal (e.g., withholding certificates, tax returns, tax payment

receipts)

Declaration

I declare, under the penalties of law, that the foregoing information is true and correct to the best of my knowledge.

Signature Over Printed Name

Date

Important Notes

- Ensure that all applicable fields are completely and accurately filled out.
- Attach clear copies of all supporting documents to avoid delays in processing.
- Submission of false information is subject to penalties under law.
- The processing timeline may vary depending on the completeness of documentation and the complexity of the case.
- Retain a copy of this form and all attachments for your records.