

# Professional Fee Tax Receipt

Document No.: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Received From: \_\_\_\_\_

Address: \_\_\_\_\_

TIN: \_\_\_\_\_

Nature of Service: \_\_\_\_\_

Period Covered: \_\_\_\_\_

Description	Amount (â,±)
Professional Fee	_____
Withholding Tax (____ %)	(____)
Other Deduction	(____)
<b>Net Amount Received</b>	_____

**Amount in Words:** \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Payee

## Important Notes:

- This receipt is issued as evidence of payment for professional services rendered.
- Client must retain this document for tax and accounting purposes.
- Make sure amounts and details are accurate before finalizing and issuing.
- This document may be subject to verification by tax authorities.