

TAX PAYMENT RECEIPT

Receipt No: _____

Date: _____

TAXPAYER INFORMATION

Name: _____

TIN / SSN: _____

Address: _____

Email/Phone: _____

PAYMENT INFORMATION

Tax Year/Period: _____

Payment Method: _____

Reference No: _____

Payment Date: _____

TAX PAYMENT BREAKDOWN

Tax Description / Category	Assessment Period	Amount Paid
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subtotal: _____

Interest/Penalty: _____

Total Paid: _____

TAXPAYER SIGNATURE

AUTHORIZED RECEIVING OFFICER