



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

One-Time Abatement for Micro Taxpayers Application Form

BIR Form No.

2121

June 2026

Fill in all applicable white spaces. Mark all appropriate boxes with an "X"

1 Return Period / Date of Transaction (MM/DD/YYYY)	2 For the ☐ Calendar ☐ Fiscal	3 Year Ended (MM/DD/YYYY)	4 Alphanumeric Tax Code (ATC) ☐ MC350 - Individual ☐ MC351 - Corporate
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Part I - Background Information

5 Taxpayer Identification Number (TIN)	6 RDO Code
7 Taxpayer's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)	
8 Trade Name	
9 Registered Address	
9A ZIP Code	
10 Taxpayer Classification ☐ Individual ☐ Corporation	11 Line of Business
12 Contact Number (Landline/Cellphone No.)	13 Email Address

Part II - Computation

Particulars	Tax Type	Basic Amount Due
14 Delinquent Account		
15 Assessment with Pending Administrative Protest		
16 Tax Cases Disputed the Taxpayer before the Department of Justice and the Courts		
17 Tax Collection Cases Filed with the Courts Against Taxpayers		
18 Pending Compromise Application		
19 Pending Abatement Application		
20 Criminal Violations Not Filed in Courts		
21 Tagged "Accounts Payable or Due to BIR" in the Taxpayer's Books of Account		
22 Only Penalties Due (No basic tax due)		
23 Total Amount Due for Abatement (Sum of Items 14 to 22)		

24 I/We hereby declare, under the penalties of Perjury, that all the information provided by me/us (as taxpayer/authorized representative) in this application form, are true, correct and complete pursuant to the provisions of the National Internal Revenue Code of 1997, as amended, and the revenue regulations issued pursuant thereto. Also, I/we declare and fully understand that I/we will be held criminally, civilly and administratively liable under existing laws, rules and regulations if any of the information/statement I/we submitted/supplied herein is false, misleading, deceptive and inaccurate. Finally, I/we give my consent to the processing of my information as contemplated under Republic Act (RA) No. 10173, or the Data Privacy Act of 2012, for legitimate and lawful purpose, adhering to the principle of proportionality.

For Individual:

For Non-Individual

Taxpayer Name/Authorized Representative**Name of President/VP/Authorized Officer or Representative**

Title/Designation / TIN

Title/Designation / TIN

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 (Indicate Title/Designation and TIN)

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

Remarks:

- ☐ Complete as to documentary requirements
☐ Others _____

Checked/Evaluated by:

Revenue Officer
(Signature Over Printed Name)

Reviewed by:

Assistant Revenue District Officer
(Signature Over Printed Name)

Approved by:

Revenue District Officer
(Signature Over Printed Name)Stamp of Receiving Office and
Date of Receipt
(Revenue Officer's Signature)