



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
BUREAU OF INTERNAL REVENUE  
RETIREMENT BENEFIT PLAN

BIR FORM No.17.60

INFORMATION SHEET

NAME OF EMPLOYER \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_

(Principal Place of Business)

Indicate information by checking the appropriate box or boxes below or by filling up the blanks:

1. Name and type of plan		2. Accounting Period of Plan	
A. Pension <input type="checkbox"/>	B. Profit Sharing <input type="checkbox"/>	<input type="checkbox"/> Calendar	
C. Stock Bonus <input type="checkbox"/>	D. Gratuity <input type="checkbox"/>	<input type="checkbox"/> Fiscal	
3. Date of Effectivity: _____		<input type="checkbox"/> Month	
4. Check the category that best describes the groups covered by the plan:			
A. All Employees <input type="checkbox"/> B. Hourly Rate Employees <input type="checkbox"/> C. Salaried Employees <input type="checkbox"/> D. Others (Specify) _____			
5. Type of Business: _____			
6. Is the plan a result of a collective bargaining agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Parties making contribution to the plan:			
A. Employer (s) <input type="checkbox"/>	B. Participants <input type="checkbox"/>	C. Union (Out of General funds) <input type="checkbox"/>	D. Others (Specify) _____
8. Official name or Plan Administrator: _____			
9. Administrator of the Plan is:			
A. Joint Employer-Employee Board of Trustee <input type="checkbox"/> B. Others (Specify) <input type="checkbox"/>			
10. Individual Names and Address of person constituting the administrator under the act, as identified 8 above:	Official Position with respect to the Plan	Relationship, if any to employer or Employee Organization (See Instructions)	Any other offices: positions, or employment held
(1)	(2)	(3)	(4)

The Administrator of a plan is defined as the person or person or persons designated by the terms of the plan or the collective bargaining agreement with a responsibility for the ultimate control, disposition, or management of the money received or contributed.

11. Are any of the plan benefits funded or provided through the medium of a trust or other separately maintained fund?

Yes  No if Yes, list classes of benefits provided directly by trust:

12. enter the amount contributed to the plan during the period covered by this report:

A. Employees P \_\_\_\_\_ B. Employer P \_\_\_\_\_

C. Others P \_\_\_\_\_

13. State the number of employees covered by the plan during the year up to the filling of this Information Sheet.

14. this item is to be completed only for the benefits provided from a trust fund:

A. Attach a statement of the actuarial assumptions used in determining the contributions. A copy of the latest actuarial report which includes a list may be submitted in lieu of the foregoing:

(1) Statement of Actuarial Assumptions certified by an independent consulting actuary.

Yes  No

(2) Actuarial report certified by an independent consulting actuary  Yes  No

B. Amount of the following of \_\_\_\_\_

(1) Normal Cost \_\_\_\_\_

(2) Past Service Liability \_\_\_\_\_

(3) Amount in the Fund \_\_\_\_\_

(4) Covered Payroll \_\_\_\_\_

C. State Number of Employees Covered:

(1) Retired \_\_\_\_\_

(2) Active \_\_\_\_\_

15. Submit the following documents:

A. Copies of the plan, trust agreement, or other instrument under which the plan was established and is operated.

Certified Correct:

\_\_\_\_\_  
Name of Employer

By:

\_\_\_\_\_  
Authorized Representative

