

**Revenue Region No. \_\_\_\_\_, \_\_\_\_\_**

**Revenue District Office No. \_\_\_\_\_**

**Monthly Report of Closed Cases Covered by LA/AN**

**For the Month of \_\_\_\_\_**

LA No.	Date Issued	Name of Taxpayer	TIN	Tax Type	Assessment		Refund		Remarks
					Deficiency Assessments Recommended for Issuance of Assessment Notice	Collections Made Prior to Issuance of PAN/FAN	Amount of refund / tax credit request	Amount for refund/tax credit	
						P		P	

I attest to the accuracy of the information contained herein.

Submitted by:

\_\_\_\_\_  
Revenue District Officer

Noted by:

\_\_\_\_\_  
Regional Director