

THE REVIEW OF OUTPATIENT PHARMACEUTICAL ACCOUNTING INCOME RECORDING AND VAT COLLECTION: A CASE STUDY OF HEALTH FACILITY ENTITY A

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Abstract: This study aims to review the recording of hospital outpatient pharmaceutical accounting income and the collection of value-added tax (VAT). This is an applied research study. The analysis identifies the existing problems and subsequently proposes solutions to address the challenges faced by the Health Facility Entity A. An observation method is used to identify the issues. The findings show that Hospital A is prone to both overstatements and understatements in recording outpatient pharmaceutical income for Social Security Agency for Health (*BPJS Kesehatan*) patients, as the recorded amounts do not match the actual payments made by BPJS to the hospital. Such discrepancies may affect the calculation of output VAT determined by fiscal authorities. For stakeholders, the results provide a basis for formulating more equitable policies to ensure the sustainability of health facility entities. For the health facility entity, the findings can serve as a reference for tax planning strategies to minimize VAT-related risks on outpatient pharmaceutical products.

Keywords: *Outpatient Pharmaceutical Accounting Income, VAT Collection, Social Security Agency for Health (BPJS Kesehatan)*

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1. Introduction

According to the Minister of Health Decree No. 66/Menkes/II/1987, outpatient care refers to services provided to patients for diagnostic observation, pharmaceutical needs, medical rehabilitation, and other health-related services without requiring an inpatient stay. Outpatients can be categorized into three types: (1) insurance outpatients, whose costs are covered by health insurance companies; (2) general outpatients, who bear their treatment expenses; and (3) Social Security Agency for Health (*BPJS Kesehatan*) outpatients, whose service costs are covered by Social Security Agency for Health (*BPJS Kesehatan*).

The National Health Insurance Program is a government initiative designed to provide financial protection for the Indonesian population in meeting their basic health needs. The program is administered by Social Security Agency for Health (*BPJS Kesehatan*). As of October 2024, Social Security Agency for Health (*BPJS Kesehatan*) data indicate that its participants account for more than 90% of Indonesia's total population. This high coverage rate directly impacts the utilization of Social Security Agency for Health (*BPJS Kesehatan*) facilities. The utilization, which initially averaged 252 thousand visits per day, has increased

to 1.7 million per day. These figures demonstrate that the majority of health service users are Social Security Agency for Health (*BPJS Kesehatan*) patients.

Outpatient payments for Social Security Agency for Health (*BPJS Kesehatan*) patients are determined based on the Indonesia Case Base Groups (INA-CBGs) tariff system. INA-CBGs classify diseases into case-based groups, with each group assigned a fixed tariff. The classification of a patient's illness determines the rate that Social Security Agency for Health (*BPJS Kesehatan*) will reimburse to the healthcare provider. This payment scheme applies to both inpatient and outpatient services for Social Security Agency for Health (*BPJS Kesehatan*) participants.

Health facility entities are required to collect Value-Added Tax (VAT) when registered as Taxable Entrepreneurs (*Pengusaha Kena Pajak – PKP*). Pharmaceutical VAT in health facility entities is divided into two categories: outpatient pharmaceutical VAT and inpatient pharmaceutical VAT. Under Government Regulation No. 49 of 2022, inpatient pharmaceutical VAT is exempt because it is classified as part of the consumables used in inpatient health services. In contrast, outpatient pharmaceutical VAT must be collected, as it is treated as a retail pharmaceutical sale similar to transactions in a pharmacy, and therefore does not qualify for a VAT exemption.

Health Facility Entity A received a Letter of Request for Explanation of Data and/or Information regarding the collection of output VAT on outpatient pharmaceuticals. Following the Letter of Request for Explanation of Data and/or Information process, the tax office assessed the potential output VAT that should be collected, using the outpatient pharmaceutical income recorded in the entity's annual financial statements as the basis. The issue arises because Health Facility Entity A records outpatient pharmaceutical revenue using the selling prices applied to general patients. However, Social Security Agency for Health (*BPJS Kesehatan*) pharmaceutical claim values may be lower or higher than these general patient prices. When the claim value is lower, the difference is recognized as a loss from uncollectible receivables.

To prevent similar findings in the future, Health Facility Entity A requires effective tax planning. Prior studies have shown that, based on cost–benefit analysis, the efficiency gains from tax planning outweigh the costs incurred (Liu et al., 2023). Effective tax planning can also enhance a company's reputation when applying for loans from financial institutions (Zhou et al., 2023). Furthermore, it reflects sound corporate management practices (Kiabel & Cletus, 2014) and can reduce the risk of agency costs (Athira & Lukose, 2023).

Tax planning has been covered in earlier studies. According to Eberhartinger & Samuel (2025), a determining factor for corporate tax planning activities is monitoring incentives. According to Folsom et al. (2025), tax planning can be done by strengthening executive-level internal governance. According to Krieg & Li (2025), one tax strategy could be portfolio diversification. Liu et al. (2023) explain that Financial Manager Incentives affect the quality of tax planning. In several previous studies, there has been no discussion of tax planning strategies using accounting records. Previous research has also not discussed using observation methods to analyze problems and continue to find the right solution. Based on the gap research, this study discusses the accounting of pharmaceutical income for outpatient Social Security Agency for Health (*BPJS Kesehatan*) patients and its effect on taxation based on real cases in the field.

This study examines in depth the challenges faced by Health Facility Entity A to obtain optimal tax planning solutions. The results are expected to contribute to both policymakers and healthcare facility entities. For policymakers, the results can serve as a basis for formulating

more equitable VAT collection policies on outpatient services for Social Security Agency for Health (*BPJS Kesehatan*) patients. They may also serve as a reference for developing appropriate accounting standards for recognizing outpatient pharmaceutical revenue. Furthermore, this research is expected to support tax reform initiatives for healthcare facilities, enabling them to remain sustainable and continue contributing to public health improvement. Previous studies have shown that tax reform in China has stimulated corporate investment (Zheng et al., 2023) ;(Kong & Ji, 2024), while companies have leveraged tax burden efficiencies resulting from tax reform to develop new products (He et al., 2023). For healthcare providers, the results of this study can serve as a reference for developing tax planning strategies aimed at minimizing VAT-related risks on outpatient pharmaceutical products.

2. Research Method

This study is classified as applied research. According to Nazir (1988), applied research is a careful, systematic, and continuous investigation of a problem aimed at producing solutions for specific purposes. The research focuses on issues related to the recording of outpatient pharmaceutical income and the collection of VAT in Health Facility Entity A. The analysis identifies the existing problems and subsequently proposes solutions to address the challenges faced by the Health Facility Entity A.

This study uses observation method to identify issues. Observation is a data collection technique that involves closely monitoring human behavior, work processes and issues that are currently being faced (Sugiyono, 2018). This study observes the problems that occur in Health Facility Entity A related to the completion of the Letter of Request for Explanation of Data and/or Information regarding the collection of output VAT on outpatient pharmaceuticals.

3. Result and Discussion

3.1. Result

The discussion begins with an examination of the current accounting practices for recording outpatient pharmaceutical revenue at Health Facility Entity A. A simulation was conducted to illustrate the accounting entries and to calculate the potential underpayment that may occur when output VAT is determined based on the selling price of pharmaceuticals to general patients, as assumed by fiscal authorities. In the simulation, the selling price of outpatient pharmaceuticals for general patients is set at IDR 100,000, with an input VAT value of IDR 9,900. The applicable VAT rate is 11%.

Table 1. Accounting Recording of Outpatient Pharmaceutical Income for Social Security Agency for Health (*BPJS Kesehatan*) Patients at Hospital A

Date	Description	Debit (IDR)	Credit (IDR)
xx/xx/xxxx	<i>BPJS</i> receivables	111,000	
	Outpatient pharmaceutical revenue		111,000
	Output VAT		11,000

Table 1 illustrates the accounting record of outpatient pharmaceutical revenue at Health Facility Entity A. In this record, Social Security Agency for Health (*BPJS Kesehatan*) receivables are recognized at IDR 111,000, comprising outpatient pharmaceutical revenue of IDR 100,000 and output VAT of IDR 11,000.

Table 2. Calculation of Underpaid VAT When the Selling Price of Outpatient Pharmaceuticals Recognized as the Selling Price of Pharmaceuticals to General Patients

Description	Total (IDR)
Output VAT	11,000
Input VAT	9,900
Underpaid VAT at the end of the month	1,100

Table 2 shows the calculation of underpaid VAT based on fiscal assumptions. When the sales value is recorded using the selling price of outpatient pharmaceuticals for general patients, the output VAT is IDR 11,000. Assuming an input VAT of IDR 9,900, the resulting underpaid VAT at the end of the month is IDR 1,100.

3.2. Discussion

The accounting practice for outpatient pharmaceutical income at Health Facility Entity A is considered ideal if all outpatients of Hospital A are general patients or if all insurance patients, including *BPJS* members, are fully reimbursed according to the hospital's outpatient pharmaceutical rates by the respective insurance companies. However, the practice becomes less ideal when *BPJS* patients are not fully reimbursed for their outpatient pharmaceuticals by *BPJS*. In such cases, outpatient pharmaceutical income should be recorded based on the amount paid by *BPJS* to avoid overstating income. Overstated income can affect the estimated VAT underpayment calculated by the fiscal authorities.

In the discussion section, this study simulates the accounting recording and calculation of underpaid VAT when the price of outpatient pharmaceuticals is recorded based on the *BPJS* claim value. The simulation is divided into three parts. The first part simulates the accounting recording and calculation of underpaid VAT when the *BPJS* outpatient pharmaceutical claim value is higher than the outpatient pharmaceutical price for general patients, namely IDR 110,000. The second part simulates the accounting recording and calculation of underpaid VAT when the *BPJS* claim value is lower than the outpatient pharmaceutical price for general patients, namely IDR 90,000. The third part simulates the accounting recording and calculation of underpaid VAT when the *BPJS* outpatient pharmaceutical claim value is not paid.

Simulation of Accounting Recording and Calculation of Underpaid VAT when the Claim Value of *BPJS* Outpatient Pharmaceuticals is Higher than the Price of Outpatient Pharmaceuticals to General Patients

Table 3. Accounting Recording when the Claim Value of *BPJS* Outpatient Pharmaceuticals is Higher than the Price of Outpatient Pharmaceuticals to General Patients

Date	Description	Debit (IDR)	Credit (IDR)
xx/xx/xxxx	BPJS receivables	122,100	
	Outpatient pharmaceutical revenue		110,000
	Output VAT		12,100

Simulation of accounting recording when the claim value of *BPJS* outpatient pharmaceuticals is higher than the price of outpatient pharmaceuticals to general patients is presented in Table 3. As shown in the table, *BPJS* receivables are recorded at IDR 122,100, which consists of outpatient pharmaceutical revenue of IDR 110,000 and output VAT of IDR 12,100.

Table 4. Calculation of Underpaid VAT when the Claim Value of *BPJS* Outpatient Pharmaceuticals is Higher than the Price of Outpatient Pharmaceuticals to General Patients

Description	Total (IDR)
Output VAT	12,100
Input VAT	9,900
Underpaid VAT at the end of the month	2,200

Table 4 shows the calculation of VAT underpaid when outpatient pharmaceuticals paid by *BPJS* are above the price of general outpatient pharmacies. The value of outpatient pharmaceutical claims paid by *BPJS* is assumed to be IDR 110,000, so that the output VAT is IDR 12,100. The underpaid VAT at the end of the month, assuming the input VAT is IDR 9,900, is IDR 2,200.

Simulation of Accounting Recording and Calculation of Underpaid VAT when the Claim Value of *BPJS* Outpatient Pharmaceuticals is Lower than the Price of Outpatient Pharmaceuticals to General Patients

Table 5. Accounting Recording when the Claim Value of *BPJS* Outpatient Pharmaceuticals is Lower than the Price of Outpatient Pharmaceuticals to General Patients

Date	Description	Debit (IDR)	Credit (IDR)
xx/xx/xxxx	<i>BPJS</i> receivables	99,900	
	Outpatient pharmaceutical revenue		90,000
	Output VAT		9,900

The simulation of accounting recording when the claim value of *BPJS* outpatient pharmaceuticals is lower than the price of outpatient pharmaceuticals to general patients is shown in Table 5. The table depicts that *BPJS* receivables are recorded at IDR 99,900, which consists of outpatient pharmaceutical income of IDR 90,000 and output VAT of IDR 9,900.

Table 6. Calculation of Underpaid VAT when *BPJS* Outpatient Pharmaceuticals Claim Value is Lower than the Price of Outpatient Pharmaceuticals to General Patients

Description	Total (IDR)
Output VAT	9,900
Input VAT	9,900
Underpaid VAT at the end of the month	-

Table 6 presents the calculation of underpaid VAT when the payment for outpatient pharmaceutical services by *BPJS* exceeds the price charged to general outpatients. It is assumed that the value of outpatient pharmaceutical claims paid by *BPJS* is IDR 90,000, resulting in an output VAT of IDR 9,900. Consequently, the underpaid VAT at the end of the month, assuming an input VAT of IDR 9,900, is IDR 0.

Simulation of Accounting Recording and Calculation of Underpaid VAT when the Value of Outpatient Pharmaceutical Claim Is Not Paid by *BPJS*

Table 7. Accounting Recording when the Value of *BPJS* Outpatient Pharmaceutical Claim Is Not Paid by *BPJS*

Date	Description	Debit (IDR)	Credit (IDR)
xx/xx/xxxx	BPJS receivables	-	
	Outpatient pharmaceutical revenue		-
	Output VAT		-

Table 7 presents the accounting records for outpatient pharmaceutical income when claims are not paid by *BPJS*. The table indicates that *BPJS* receivables are recorded as IDR 0, comprising outpatient pharmaceutical income of IDR 0 and output VAT of IDR 0.

Table 8. Calculation of Underpaid VAT when the Value of *BPJS* Outpatient Pharmaceuticals Claim Is Not Paid by *BPJS*

Description	Debit (IDR)
Output VAT	-
Input VAT	9,900
Underpaid VAT at the end of the month	9,900

Table 8 presents the calculation of underpaid VAT when outpatient pharmaceutical claims are not paid by *BPJS*. In this case, the output VAT is recorded as IDR 0. When this output VAT of IDR 0 is offset against the input VAT of IDR 9,900, the result is an overpaid VAT of IDR 9,900.

Difference in Underpaid VAT When Output VAT is Recognized Based on the Claim Value Paid by *BPJS* and When Output VAT is Recognized Based on the Price of General Patient Outpatient Pharmaceuticals

Table 9. Difference in Underpaid VAT When Output VAT is Recognized Based on the Claim Value Paid by *BPJS* and When Output VAT is Recognized Based on the Price of General Patient Outpatient Pharmaceuticals

DESCRIPTION	VAT Underpaid/Overpaid	Difference in Underpaid VAT Recognized Based on the General Patient Outpatient Pharmaceutical Price
Output VAT recognized based on the general patient outpatient pharmaceutical prices	1,100	
Output VAT recognized based on <i>BPJS</i> claim value when <i>BPJS</i> outpatient pharmaceutical claim value is higher than the outpatient pharmaceutical price to general patients	2,200	1,100
Output VAT recognized based on the claim value of <i>BPJS</i> when the claim value of <i>BPJS</i> outpatient pharmaceuticals is lower	-	- 1,100

than the price of outpatient pharmaceuticals to general patients		
Output VAT recognized based on <i>BPJS</i> claim value when the outpatient pharmaceutical claim value is not paid by <i>BPJS</i> (claim failed)	- 9,900	- 11,000

Based on the data presented in Table 9, it can be concluded that it is essential for Health Facility Entity A to record *BPJS* outpatient pharmaceutical revenue following the claim value paid by *BPJS*. Accounting records and output VAT calculations based on fiscal assumptions may result in too low underpaid VAT if the *BPJS* claim value exceeds the price of general outpatient pharmaceuticals. Conversely, the same approach may lead to overpaid VAT if the *BPJS* claim value is lower than the price of general outpatient pharmaceuticals or if the claim is not paid by *BPJS*.

Based on these findings, it is crucial for Health Facility Entity A to carefully manage accounting recording as part of an effective tax planning strategy. One approach is to improve the accounting of outpatient pharmaceutical sales for *BPJS* patients. Previous research indicates that taxpayers' tax-aggressive behavior is influenced by the accounting records presented in their financial statements (Borrotti et al., 2023). Accurate accounting records also impact the assessment of consistency between the Periodic Tax Return and the Annual Tax Return, which is conducted by fiscal authorities to evaluate the risk of tax errors among examined taxpayers (Setiadi et al., 2024).

Good accounting records also have broader impacts on the company. Previous research has shown that accounting influences companies' strategic decisions (Almasyhari et al., 2025). Additionally, Hong et al. (2024) report that a company's access to credit facilities is affected by its accounting practices.

The results of this study indicate that regulation can encourage companies to be more prudent in maintaining accounting records. This finding is consistent with the report of El-Helaly & Al-Dah (2022) that formal regulation promotes greater caution in accounting practices. Such prudence should also be emphasized by company owners to reduce agency costs, as creative accounting may be employed by agents for personal interest (Chen & Ye, 2025). Similarly, Farooq et al. (2022) state that agents often tend to conceal poor company performance.

The recommendation presented in the previous paragraph represents an ideal concept that hospitals should implement. However, in practice, several obstacles hinder its application. First, the certainty of Social Security Agency for Health (*BPJS Kesehatan*) outpatient pharmaceutical claim values is often delayed due to the required claim verification process. Second, Social Security Agency for Health (*BPJS Kesehatan*) outpatient pharmaceutical claims are bundled with health service claims, creating difficulties in separating pharmaceutical claim values from service claim values. Third, the accounting standards for recording outpatient pharmaceutical sales for *BPJS* patients have not yet been specifically regulated.

4. Conclusion

Accuracy in recording outpatient pharmaceutical income for *BPJS* patients, as well as the corresponding output VAT to be collected by health facilities, is crucial. Output VAT should be calculated based on the value of outpatient pharmaceutical claims paid by *BPJS*. In the case of *BPJS* patients, the final consumer is the insurer, namely *BPJS*. Accordingly, output VAT

should be determined in line with the value of outpatient pharmaceuticals reimbursed by Social Security Agency for Health (*BPJS Kesehatan*).

The accounting treatment of outpatient pharmaceutical receivables not paid by BPJS should be reflected as a reduction in outpatient pharmaceutical income rather than as an expense for uncollectible receivables. Recording them as uncollectible losses would not reduce the output VAT that must be collected by the health facility entity. Recognizing them as a reduction in income provides a fairer approach for hospitals in calculating underpaid VAT.

To ensure the correct calculation of VAT underpayment on *BPJS* patients' outpatient pharmaceuticals and the accurate recording of pharmaceutical income that cannot be billed to *BPJS*, health facilities face several obstacles. First, the certainty of outpatient pharmaceutical claim values paid by *BPJS* cannot be obtained on time. Second, outpatient pharmaceutical claims are not separated from outpatient health service claims, creating difficulties in distinguishing their values. Third, there is currently no accounting standard that specifically regulates the recording of outpatient pharmaceutical income for *BPJS* patients.

The results of this study provide valuable contributions to stakeholders and health facility entities serving *BPJS* patients. This research offers technical recommendations for Social Security Agency for Health (*BPJS Kesehatan*), the Directorate General of Taxes, the Indonesian Institute of Accountants, and health facility entities in developing more equitable and ideal conditions for all parties involved.

Based on the research findings, this study offers two recommendations for *BPJS*. First, *BPJS* should separate the value of outpatient pharmaceutical claims from outpatient health service claims to enable health facility entities to more accurately determine the pharmaceutical revenue paid by *BPJS*. Second, *BPJS* should provide certainty regarding pharmaceutical claim values no later than the end of each month, allowing health facility entities to promptly calculate and record the actual outpatient pharmaceutical income reimbursed by *BPJS*.

For the Directorate General of Taxes, this study offers three recommendations. First, it is suggested that VAT exemption facilities be considered for outpatient pharmaceuticals covered by *BPJS*, given that INA-CBGs tariffs are paid as bundled service packages rather than as separate components. Second, VAT on outpatient pharmaceutical output for *BPJS* patients should be determined based on the value actually paid by *BPJS*. Such a policy would ensure fairness for both health service providers and the Directorate General of Taxes.

In addition to Social Security Agency for Health (*BPJS Kesehatan*) and the Directorate General of Taxes, this study also provides recommendations for the Indonesian Institute of Accountants. The institute is advised to consider developing accounting standards related to the recognition of outpatient pharmaceutical income for *BPJS* patients to ensure uniformity in accounting records across health facility entities. As noted by Dimitropoulos (2025), accounting standards are crucial because they directly influence the quality of financial statements produced by an entity.

The final recommendation is directed to health facility entities that provide outpatient services for *BPJS* patients. These providers should exercise greater caution in recording outpatient pharmaceutical income, as it may be used for fiscal purposes as the basis for calculating output VAT. Outpatient pharmaceutical income for *BPJS* patients should be recorded under the actual claim values paid by *BPJS*.

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