# CONTRACT AGREEMENT FOR PROCUREMENT OF PRC SUPER ADHESIVE SEALING TAPE

CS-04-2022-26 dated April 22, 2022

THIS	<b>AGREEMENT</b>	made	this	day	of 🛭	PR 2	2 2022	20 b	etween
<b>PROF</b>	ESSIONAL RI	EGULA1	ΓΙΟN	COMMISSIO	ON (h	ereinaf	ter called	"the Entity"	of the
one pa	art and VICFA	NIA TRA	ADIN	G of 8 Armar	ido S	t., Brgy	. Bagbag,	Novaliches,	City of
Quezo	on, (hereinafter	called "t	the S	upplier") of th	e oth	er part;			

WHEREAS, the Entity invited Bids for certain goods and ancillary services, particularly Procurement of PRC Super Adhesive Sealing Tape and has accepted a Bid by the Supplier for the supply of those goods and services in the sum of One Hundred Ninety-One Thousand Three Hundred Seventy-Six Pesos and Fifteen Centavos (Php191,376.15) only. (hereinafter called "the Contract Price").

#### NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

- In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
- The following documents as required by the 2016 revised Implementing Rules 2. and Regulations of Republic Act No. 9184 shall be deemed to form and be read and construed as integral part of this Agreement, viz.:
  - Request for Quotation (RFQ);
    - Terms of Reference (Annex A);
  - Winning bidder's bid, including the Eligibility requirements, Technical and Financial Proposals, and all other documents or statements submitted;

Bid form, including all the documents/statements contained in the Bidder's bidding envelopes, as annexes, and all other documents submitted (e.g., Bidder's response to request for clarifications on the bid), including corrections to the bid, if any, resulting from the Procuring Entity's bid evaluation;

- In consideration of the sum of One Hundred Ninety-One Thousand Three Hundred Seventy-Six Pesos and Fifteen Centavos (Php191,376.15) or such other sums as may be ascertained, Vicfania Trading agrees to provide the goods and services and to remedy defects therein in conformity, in all respects, with the Terms of Reference in accordance with his/her/its Bid.
- 4. The Professional Regulation Commission agrees to pay the above-mentioned sum in accordance with the terms of the Bidding.

IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with the laws of the Republic of the Philippines on the day and year first above written. Roma gradin MA

TEOFILO S. PILANDO, JR.

Chairman

for:

JESSIE C. ALMAREZ

for:

**VICFANIA TRADING** 

PROFESSIONAL REGULATION COMMISSION

SIGNED IN THE PRESENCE OF:

KAREN M. MAGSALIN
Chief, Procurement and Supply Division

Authorized Representative Victania Trading

CERTIFIED AS TO THE AVAILABILITY OF FUNDS:

RASETES E. RAZONABE OIC, Accounting Division

#### **ACKNOWLEDGMENT**

REPUBLIC OF THE PHILIPPINES ) CITYOFMANILA S.S.

APR 2 2 2022

BEFORE ME, a Notary Public for and in the City of Manila, this \_\_\_\_\_ day of \_, personally appeared:

Name of Contracting Parties	Government Issued ID	Date & Place Issued or ID Number		
Professional Regulation Commission				
TEOFILO S. PILANDO, JR.	Personnel ID	P000569		
Vicfania Trading				
JESSIE C. ALMAREZ	Postal 10.	E59180074380		

known to me to be the same persons who executed the foregoing instrument and acknowledged to me that the same is their free and voluntary act and deed and likewise that of the agency/company they represent.

This instrument refers to a Contract for Procurement of PRC Super Adhesive Sealing Tape consisting of three (3) pages including the page on which this Acknowledgment is written, and is signed by the parties and their instrumental witnesses on each and every page hereof.

WITNESS MY HAND AND SEAL on the date and place first above-written.

SUBSCRIFTED AND SWORN TO BEFORE MF DN THIS DAY OF

ATTY ERANIO G CEDILLO NOTARY PUBLIC

IBP. NO. 17653 / 1-3-2022

PTR NO. 1164203 / 1-3-2022 ROLL NO. 31057 / 5-4-1981

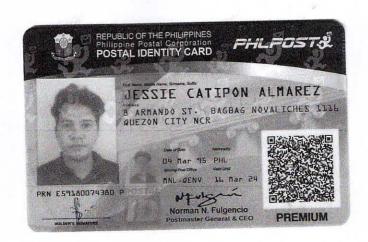
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BOOK NO. SERIES OF

DOC. NO.

PAGE NO







Republic of the Philippines

Professional Regulation Commission P. Paredes St., Sampaloc, Metro Manila Tel. Fax: 5-310-0037 Email: bac@prc.gov.ph



REQUEST FOR QUOTATION
(RFQ) No. 2022 - 10
(Negotiated Procurement – Small Value Procurement)

Date: 64-05-2022

Contact Person: Jessie C. Almarea

Name of Company: Victoria Trading

Address: 8 Armando St., Bigy. Bag bag, Novaliches, Quezon alty

Contact details: 69294575131 102-7105-3270

Dear Sir/Madam:

The Bids and Awards Committee of the Professional Regulation Commission is inviting you to participate in the Negotiated Procurement under Section 53.9 – Small Value Procurement of the 2016 Revised IRR of R.A. No. 9184 for the project: **PROCUREMENT OF PRC SUPER ADHESIVE SEALING TAPE.** 

We are furnishing you herewith a copy of the posted Request for Quotation with Annexes "A-B" for your reference.

For inquiries, you may call the BAC Secretariat at facsimile No. (02) 5-310-0037 or email at <a href="mailto:bac@prc.gov.ph">bac@prc.gov.ph</a>.

Thank you.

Very truly yours,

JOSE Y. CUETO, JR. Commissioner BAC Chairman

#### REGULAR MEMBERS:

JOSEY. CUETO, JR.

MARIA UZAM HERNANDEZ Vice-Chairperson

GISELLE G. DURANA Member

HENRIETTA P. NARVAEZ Member

WILMA T. UNANA

#### ALTERNATE MEMBERS:

OMAIMAH E. GANDAMRA Vice-Chairperson

JANE R. SEVESES Member

MARIDEL G. BANASIG Member

TEODOROV. MENDOZA II

#### PROVISIONAL MEMBERS:

CRISANTO L. DECENA Provisional Member, Non-IT Projects

REGIE O. TORRES Provisional Member, IT Projects

#### SECRETARIAT:

KAREN M. MAGSALIN Secretary

MARGIERY D. DULIN Member

LIEZEL F. BURAGA Member

CHRISTOPHER A. MAYO Member

ELIEZER C. LEYCO Member

JOEL P. IGNACIO Member

ARYIN R. LUNAR



Republic of the Philippines
Professional Regulation Commission
P. Paredes St., Sampaloc, Metro Manila
Tel. Fax: 5-310-0037
Email: bac@prc.gov.ph



#### REGULAR MEMBERS:

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MARGIERY D. DULIN Member

LIEZEL F. BURAGA Member

CHRISTOPHER A. MAYO Member

ELIEZER C. LEYCO Member

# REQUEST FOR QUOTATION (Negotiated Procurement – Small Value Procurement)

The PROFESSIONAL REGULATION COMMISSION (PRC), with address at P. Paredes St., Sampaloc, Manila, through its Bids and Awards Committee (BAC), will undertake a Negotiated Procurement for the Project: Procurement of PRC Super Adhesive Sealing Tape in accordance with Section 53.9 (Small Value Procurement) of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184.

Name of Project :	PROCUREMENT OF PRC SUPER ADHESIVE SEALING TAPE			
Approved Budget for the Contract:	Three Hundred Thirty-Eight Thousand Two Hundred Twenty Pesos (Php338,220.00)			
Location :	Professional Regulation Commission P. Paredes St., Sampaloc, Manila			
Specification :	See attached Annex "A" for the Terms of Reference and Schedule of Delivery, and Annex "B" for Financial Bid.			

Bidders who are legally, technically, and financially capable may submit their accomplished open quotation/proposal (Annex "B") personally, by mail/courier, through facsimile No. (02) 5-310-0037 or via email at bac@prc.gov.ph, duly signed by the owner or his duly authorized representative using the "PRC Official Forms" provided herein on or before 9:00 in the morning of April 8, 2022 at the BAC Office, 4th Floor, PRC Annex Building, P. Paredes St. Sampaloc, Manila, at which time, the quotation/proposal will be evaluated at the BAC Conference Room, 4th Floor, PRC Annex Building on April 8, 2022, at 10:00 in the morning. Bidders/representatives who may wish to attend the opening of bids must submit a letter of intent to the BAC Secretariat's email address.

#### TERMS AND CONDITIONS:

- Bidders shall provide correct and accurate information required in this form.
- The bidder shall submit their proposal through their duly authorized representative using the provided OFFICIAL FORMS (Annex "A" & "B").
- 3. Price quotation/s must be valid for a period of Thirty (30) calendar days from the date of the submission of the quotation.
- 4. Price quotation/s to be denominated in the Philippine peso shall include all taxes, duties and/or levies payable.
- 5. All quotations exceeding the Approved Budget for the Contract shall be automatically rejected.



Republic of the Philippines
Professional Regulation Commission
P. Paredes St., Sampaloc, Metro Manila
Tel. Fax: 5-310-0037
Email: bac@prc.gov.ph



**REGULAR MEMBERS:** 

JOSEY. CUETO, JR.

MARIA UZA MHERNANDEZ Vice-Charperson

GISELLE G. DURANA Member

HENRIETTA P. NARVAEZ Member

WILMA T. UNANA Member

**ALTERNATE MEMBERS:** 

OMAIMAH E. GANDAMRA Vice-Chairperson

JANE R. SEVESES Member

MARIDEL G. BANASIG Member

TEODORO . MENDOZA II

PROVISIONAL MEMBERS:

CRISANTO L. DECENA Provisional Member, Non-IT Projects

REGIE O. TORRES
Provisional Member, IT Projects

SECRETARIAT:

KAREN M. MAGSALIN Secretary

MARGIERY D. DULIN

LIEZEL F. BURAGA Member

CHRISTOPHER A. MAYO Member

ELIEZER C. LEYCO Member 8. Payment shall be made within 15-30 days upon receipt of the Statement of Account/Billing Statement, on a bank-to-bank basis

In addition to the quotation/proposal, copies of the following eligibility requirements (or its equivalent/ or if applicable) are required to be submitted:

1. Valid Mayor's / Business Permit

(In exceptional cases where the LGU concerned has not yet released the Mayor's Permit, Bidders, in lieu of the valid Mayor's Permit may submit a substantial proof of renewal of Mayor's Permit, such as Official Receipt of payment)

2. PhilGEPS Registration Number

3. Latest Income/Business Tax Return (for ABCs above P500,000.00)

4. Omnibus Sworn Statement
(Unnotarized Omnibus Sworn Statement may be accepted in compliance with the GPPB Resolution No. 09-2020, dated 7 May 2020, subject to compliance therewith after award of contract but before payment.)

5. Duly notarized Secretary's Certificate (for partnership, corporation, cooperative, or joint venture) / Authorization to sign as representative (if sole proprietorship).

For Individual (only the BIR Certificate of Registration shall be submitted in lieu of DTI Registration and Mayor's Permit)

For procurement requiring Mayor's Permit and PhilGEPS Registration Number, Certificate of Platinum membership may be submitted in lieu of the said documents.

PRC assumes no responsibility whatsoever to compensate or indemnify proponents for any expenses incurred in the preparation of the proposal.

PRC reserves the right to accept or reject any or all quotations, and to impose additional terms and conditions as it may deem proper.

For inquiries, you may contact the BAC Secretariat at facsimile No. (02) 5-310-0037 or email at <a href="mailto:bac@prc.gov.ph">bac@prc.gov.ph</a>.

Very truly yours,

JOSEY. CUETO, JR. Commissioner



Republic of the Philippines

Professional Regulation Commission P. Paredes St., Sampaloc, Metro Manila Tel. Fax: 5-310-0037 Email: bac@prc.gov.ph



ANNEX "A"

#### **REGULAR MEMBERS:**

JOSEY. CUETO, JR.

MARIA UZA MHERNANDEZ Vice-Charperson

GISELLE G. DURANA

HENRIETTA P. NARVAEZ Member

WILMA T. UNANA Member

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CHRISTOPHER A. MAYO Member

ELIEZER C. LEYCO Member

# TERMS OF REFERENCE (TOR)

#### PROCUREMENT OF PRC SUPER ADHESIVE SEALING TAPE

(Through Negotiated Procurement Pursuant to Section 53.9 of the 2016 Revised Implementing Rules and Regulations of R.A. 9184)

#### I. Approved Budget for the Contract

The supplier shall bid for the item described in this Terms of Reference, which shall not exceed the Approved Budget for the Contract (ABC) in the amount of Three Hundred Thirty-Eight Thousand Two Hundred Twenty Pesos (Php338,220.00) inclusive of all applicable bank and government charges.

#### II. Specification

QTY	Technical Specifications and Schedule of Requirement
5,637 rolls	DESCRIPTION:  ➤ Width: 48mm (±1mm)  ➤ Length: 50 meters  ➤ With high adhesion and breaking strength  ➤ For Confidential Packaging Use with Black Print:  PROFESSIONAL REGULATION COMMISSION  "CONFIDENTIAL"
	DO NOT ACCEPT IF THE SEAL IS BROKEN  DELIVERY PERIOD:  1st Delivery: 3,000 rolls – within twenty (20) calendar days from the receipt of approved sample.  2nd Delivery: 2,637 rolls – within twenty (20) calendar days from the receipt of Notice to Deliver.

ACKNOWLEDGMENT AND COMPLIANCE WITH THE TERMS OF REFERENCE FOR THE PROCUREMENT OF PRC SUPER ADHESIVE SEALING TAPE

DEGUE 4. AM AMER OWNER / VICE ANIA TRADING SIGNATURE OVER PRINTED NAME

OF AUTHORIZED REPRESENTATIVE,
DESIGNATION AND PRINTED NAME OF COMPANY



Republic of the Philippines

Professional Regulation Commission P. Paredes St., Sampaloc, Metro Manila Tel. Fax: 5-310-0037 Email: bac@prc.gov.ph



ANNEX "B"

#### REGULAR MEMBERS:

JOSEY, CUETO, JR.

MARIA UZA MHERNANDEZ Vice-Chairperson

GISELLE G. DURANA

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CHRISTOPHER A. MAYO Member

ELIEZER C. LEYCO Member

# PRICE QUOTATION SHEET FINANCIAL BID

Having read, examined and accepted the Terms of Reference on the subject Request for Quotation (RFQ), I/We submit our quotation/s for the item/s as follows:

Total Bid Price for the Project: (Inclusive of all taxes and bank charges)
PROCUREMENT OF PRC SUPER ADHESIVE SEALING TAPE

In Figures: 191, 376. N
In Words: One Hundred Ninety One Thousand Three Hundred  Seventy Six and 15/100 Only
*THE BID/QUOTED PRICE SHALL NOT EXCEED THE APPROVED BUDGET FO THE CONTRACT INCLUSIVE OF VAT.
Bidder's authorized signature over printed name
Designation: bwwey-
Name of Company: Victoria Trading
Address: 8 Armando St., Bray. Baglag. Novalidies, Quezon City
Contact No: 09 294575131 / 02-7755-3230



#### Republic of the Philippines

#### **Quezon City**

Metro Manila

**BUSINESS PERMITS AND LICENSING DEPARTMENT** 

Telephone NO.: 988-4242 Loc. 8174/8282

#### PERMIT TO OPERATE



Mayors Permit No. <b>18-006424</b>	Type of Application RENEWAL	Official Receipt No. B-2022-000-155-0003635	ount Paid , <b>854.40</b>				
Date Issued 03/11/2022	Date Expires MARCH 11, 2023	Period Covered 1-4 2022					
		Owner's Name ALMAREZ, JESSIE C.		W Ollings with the			
		Business Name VICFANIA TRADING		35 <sup>20</sup>			
		Business Address #8 ARMANDO ST. BAGBAG 5					
King	d of Business		Requirements ************************************				
WHOLESALER		Ancillary Clearance	Clearance No.	Validity			
* PACKAGING MATERIALS		Locational Certificate (CPDO)	FOR COMPLIANCE	FOR COMPLIANCE			
		Fire Safety Inspection Certificate (BFP)	FOR COMPLIANCE	FOR COMPLIANCE			
	The transfer of the second sec	Sanitary Permit (CHD)	Mary Water Street Street	A STATE OF THE STA			
Programme and the state of the Name	Advisory and the Company of the Comp	Barangay Clearance (BC)	10 VI				
		Tourism Accreditation	NOT REQUIRED	NOT REQUIRED			
	TO STATE OF THE ST	Traffic Clearance (CPOG)	NOT REQUIRED	NOT REQUIRED			
	Was Valley	Environmental Clearance					
Area of Establishment	Total No. of Employees	Occupational Permit of employees (BPLD)		110 m = 100 m			
10.00 SQM	Male; 1 Female: 1	Business Type: Sole Proprietorship	SSS No.:	TIN:			

\*\* COND. 1, 2 & 16 \*\* TO COMPLY WITH ANCILLARY REMARKS AND FINDINGS AS SENT VIA EMAIL DURING EVALUATION OF PERMIT APPLICATION BY REGULATORY DEPARTMENTS/OFFICES WITHIN 30 DAYS. THIS PERMIT IS VALID ONE (1) YEAR FROM DATE OF ISSUE PURSUANT TO CITY ORDINANCE NO. SP-3013, S-2021, SUBJECT TO PROVISIONS OF APPLICABLE LAWS, ORDINANCES, RULES AND REGULATIONS PERTINENT TO THE CONDUCT OF BUSINESS. FAILURE TO COMPLY SHALL REVOKE/CANCEL THIS PERMIT.

#### Remarks:

- NON-TRANSFERABLE AND VALID ONLY WITH CORRESPONDING OFFICIAL RECEIPTS SHOWING PAYMENT OF PERMIT FEES AND CITY TAXES, ERASURE/ALTERATIONS WILL INVALIDATE THIS PERMIT.
- FAILURE TO RENEW THIS BUSINESS PERMIT/LICENSE WITHIN THE PRESCRIBED PERIOD SHALL SUBJECT THE TAXPAYER
   TO A TWENTY-FIVE PERCENT (25%) SURCHARGE OF THE PERMIT FEE.
- THIS PERMIT SHALL BE POSTED CONSPICUOUSLY AT THE PLACE OF BUSINESS AND SHALL BE PRESENTED AND/OR SURRENDERED TO CONCERNED AUTHORITIES UPON DEMAND.
- SURRENDER THIS PERMIT WITHIN 20 DAYS UPON CLOSURE OF BUSINESS TO AVOID PENALTY
- SUBJECT TO COMPLIANCE TO ORDINANCES RELATED TO CONDUCT OF BUSINESS.

**DISCLAIMER:** This is only an e-copy of the business permit. When required, business owners must present the original Mayor's Permit or a QC BPLD Authenticated copy of this file. This can be posted in your establishment pending the release of the original permit.



Printed by:

ANY ERASURE/ALTERATION WILL INVALIDATE THIS PERMIT

For and by the Authority of the City Mayor:

MA. JOSEFINA G. BELMONTE

MA. MARGARITA T. SANTOS

City Government Department Head III



My PhilGEPS

My Organization

My Profile

Opportunities

Directory

About PhilGEPS

Organization Profile | Document Library | Ongoing/Completed Project | Consultant | Activity | Product/Service Listing

Friday, April 1, 2022 02:01 PM

View Organization Information Sub-Organization List Organization Contact List View Certificate View History Bank Account

#### **VICFANIA TRADING**

8 Armando St., Brgy. Bagbag. Novaliches, Quezon City

Quezon City

Metro Manila

NCR

Philippines

1116

Organization Member Type:

Supplier

Organization Number:

266988

Registration Date:

08-Apr-2019

Registration Type:

Red

Form of Organization:

Single Proprietorship

Organization Type:

Trading

**Business Category:** 

Packaging Supplies and Materials

**Business Tax Identification Number:** 

483-477-770-000

DTI Certificate Number:

05354830

DTI Registration Date:

08-May-2018

Capitalization:

Php 100,000.00

Agency Registration:

No

Blacklisted:

Updated By:

Jessie Catipon Almarez

Date Last Updated:

06-Mar-2020

BIR Form No. 1701 January 2018 (ENCS) Page 2	Annual Inco		arner), Estates		s		1701 01/18ENCS P2
The same of the sa		LMAREZ	COO TANK				
	PART IV - B	ackgroun	d Information o	f Spouse			
1 Spouse's Taxpayer Ident	dification Number (TIN)		[	2 RD	) Code		D
3 Filer's Spouse Type	☐ Single Proprietor		☐ Professional		☐ Com	pensation Eamer	
4 Alphanumeric Tax Code		Rates O	11014 Income from Profe	ssion-Graduated			noome-Graduated IT Rates
O H011 Compensation Inco			H017 Income from Profe			O IJO16 Mixed k	ncome-8% (T Rate
5 Spouse's Name (Last Na	ame, First Name, Middle Name)					-	
				_			
6 Contact Number			7 Citizensh	ip	T .		
8 Claiming Foreign Tax Cr	redits? O Yes O No	9 F	oreign tax number (if	applicable)			
10 Income EXEMPT from		O No	11 Income subject	to SPECIAL	PREFEREN	ITIAL RATE?	O Yes O No
	nsolidation of ALL activities per Tax Regim		[If yes, fill out	also consolie	iation of Al	LL activities per	Tax Regime (Part X)]
12 Tax Rate* (Choose (choose one)	duated Rates Method of Deduction in Item 12A) In tieu of Graduated Rates under Sec. 24(A) & if gross sales/receipts and other non-operatin	O ite [Sec. 3: Percentage T	ax under Sec. 116 of	O Optional [40% of Gross NIRC	Sales/Reco	eduction (OSD) elpts/Revenues/Fo	ees [Sec. 34(L), NIRC]]
	PAF	RT V - Con	nputation of Ta	K			
On Items 1 and 2, enter the	ensation income and tax Withheld (Attach A required information for each of your employe and Total tax Withheld for the Taxpayer and o	er/s and mark ( n Item 3B, for	(X) wether the information				Item 3A, enter the own; 50 or more round up)
1 O Taxpayer		1 01					
O Spouse			b. Employer	s TIN			
2 Taxpayer							
O Spouse			b. Employer	s TIN			
(Continuation of Table Abo	ove)		c. Compe	sation Incom	e	d. T	ax Withheld
1				0.00			0.00
2 Gross Compensation	Income and Total Tax Withheld for		1	0.00	•		
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	Income and Total Tax Withheld for ichedule 2 Item 4B and Part VII Item 5B)			0.00			0.00
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round up)	Particulars						Spouse
4 Gross Compensation Inco	ome (From Part V Schedule 1 Item 3Ac/3Bc)	***************************************	r A. Tax	0.00			0.00
5 Less: Non-Taxable / Exer			-	0.00			0.00
6 Taxable Compensation In	ncome (Item 4 Lass Item 5)			0.00		<u> </u>	0.00
7 Tax Due-Compensation	Income (Item 6 x applicable Income Tax Rat	e)	Г	0.00			0.00
THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	ness income (if graduated rates, fill in item	s 8 to 24; H 85	% flat income tax rat	e, fill in item:	25 to 30)		
3.A - For Graduated Incomes Sales/revenues/receipts			-				
	lowances and Discounts			1,470,616.00		-	0.00
	ceipts/Fees (Item 8 Less Item 9)		1	1,470,616.00		-	0.00
11 Less: Cost of Sales/Sen	Aces (applicable only if availing Itemized D	eductions)		1,132,374.00			0.00
12 Gross income/(Loss) fro	m Operation (Item 10 less Item 11)		1	338,242.00			0.00
Less: Deductions Allowable							
13 Ordinary Allowable Item	ized Deductions (From Part V Schedule 4 Item	n 18)	1	65,148.00			0.00
14 <u>6)</u>	red Deductions (From Part V Schedule 4 Item	3 and/or item		0.00			0.00
15 Allowable for Net Operation 8 and/or item 13)	ting Loss Carry Over (NOLCO) (From Part V.)	Schedule 6		0.00			0.00
	Deductions (Sum of Items 13 to 15)	3.		65,148.00			0.00
OR				me m stage			
17 Optional Standard Dedu	ction (OSD) (40% of Item 10)			0.00			0.00
18 Net Income/(Loss) ( <u>Iff Ite</u>	mized: Item 12 Less Item 16; If OSD; Item 10	Less Item		273,094.00			0.00
Add: Other Non-Operating I							
19				0.00		Г	0.00
20 Amount Received/Share	in Income by a Partner from General Profess	innel	I	0.00		Ī	0.00
Partnership (GPP)		-Criai		0.00			0.00
22 Total Other Non-Operati	ng Income (Sum of Items 19 to 21)		I	0.00			0.00
2.3 Taxable Income-Busines	ss (Sum of Items 18 and 22)		273,094.00		L	0.00	

Tracepayer International Number (TIN)   ES - RT7 - PT0 - S00   \$ RD0 Code   [C09]	For BIH . BCS/ Use Only Item:			(Dep	lic of the Philippi artment of Financ u of Internal Reve	20			
PART I - BACKGROUND INFORMATION OF TAXPAYER/FILER    Tacopyer   Incomplex intermitation Number (PIN)   ERS   FIPT   FIPS   FIDS   S RDD Code   Total   Compensation Earner   Appharmanic Tax Code (ATC)   © 2012 Nations have Constanted IT Read   Still Nation to Professional   Total   Total   Compensation Earner   Appharmanic Tax Code (ATC)   © 2012 Nations have Constanted IT Read   Still Nation to Professional   Total   Total   Compensation Earner   Appharmanic Tax Code (ATC)   © 2012 Nations have Constanted IT Read   Still Nation to Professional   Total   Still Nation Constanted IT Read   Still Nation Still Nation Nation   Still Nation Nation Constanted IT Read   Still Nation Nation Nation   Still Nation Nation Constanted IT Read   Still Nation Nation Nation   Still Nation Nation Constanted IT Read   Still Nation Nation Nation   Still Nation Nation Constanted IT Read   Still Nation Natio	1701 January 2018 (ENCS)	Individuals Enter all required in	(including MIX	ED Income E	arner), Estates g BLACK ink. Mark a	and Trust	xes		1701 01/18ENC
Tappayer Inpo	1 Month 12 Fo		The Total of the Control of the Cont					d Retum?	O Yes ⊚
Tacspay Type Single Proprietor Professional Estate Trust Compensation Estate  Alphanumote Tax Code (ATC) Sit Balanes become Annual of Titles (10 boors for Profession Annual of Titles (10 bit State Income No. 11 bit State Income Annual of Titles (10 bit State Income No. 11 bit State Income Annual of Titles (10 bit State Income Annual O								I men i	
Aphanumenton Trac Code (ATC)   © 3012 Believes Insures-Constanced IT Read   0 (811 Basine Insure State   0 (811 Basine Insure Insur									Fames
Did 1 Compared to Notice   Did 1 Seaves become \$41. If Res   Did 1 Seave									
Toppyor's Name (Last Name, First Name, Middle Name)/ESTATE OF (First Name, Middle Name). Last Name)/TIAD(EXCENSE CATTROM)  Registered Address produce concisies eighter a few spittered siddress in different from the current siddress, get to the RCO to spote registered exdens by using BIR Form No. 1909)  [FARSHANDOST BACKERS NOVALUCHES CC]    11					Standard and a second transfer of the				
PART II - TOTAL TAX PAYABLE (to Not the united of Postuction in time 21A)   Particular	B Taxpayer's Name (Last I	Name, First Name, Mi	liddle Name)/ESTATE	OF (First Name,	Middle Name, Last N	lame)/TRUST F	AO: (First Nam	ne, Middle Nam	e, Last Name)
10 Date of Birth (MMADDYYYY)   11 Emmal Address			the registered address is di	Herent from the current	eddress, got to the RDO	to update registered	d address by using	BIR Form No. 1905	i)
Collamentry   13 Claiming Persion Tax Credits?   14 Foreign Tax Number, if applicables	Γ				ŀ	9A ZI	P Code		n118
Filtren   O Yes   No   16   Chief Status (if applicable)		mm		gmail.com					
15 Contact Number (Landline/Celiphone No.)   16 Firely Status (if applicable)   Single   Married   Legally Separated   Widowler			1	A STATE OF THE STA		14 Foreign	n Tax Number	, if applicable	
17   If merried, spouse has income?   Yes   No   18   Filling Status   Joint Filing   Separate Filling     9   Income EXEMPT from Income Tax?   Yes   No   20   Income subject to SPECIAL/PREFERENTIAL RATE?   Yes   No     16   If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)     17   If x Rate*   (Choose Method of Deduction in Item 21A)     18   Graduated Rates   (Choose Method of Deduction in Item 21A)     18   Graduated Rates   (Choose Method of Deduction in Item 21A)     19   Separate Filling   Separate Filling   Separate Filling     19   Separate Filling   Separate Filling   Separate Filling   Separate Filling   Separate Filling     19   Separate Filling   Separate Fil		ndline/Cellphone No.)		16 Civil State		Legally Sepan	ated O Wido	w/er	-
(Fire yea, fill out also consolidation of ALL activities per Tax Regime (Part X)]  (Graduated Rates)  (Choose Method of Deduction (Inton 21A)  (Choose Method of Deduction in Item 21A)  (State of Craduated Rates under Sec. 24(A) & Percentings Tax under Sec. 11 of MIRC)  (Sec. 34(A-J), NIRC)  (Sec. 34(A-J), N	7 If married, spouse ha	as income?	O Yes				San		arate Filing
21 Tax Rate* (Choose Method of Deduction in Itam 21A)  Sivin iseu of Graduated Rates under Sec. 24(A) & Percentage Tax under Sec. 116 of NIRC [serialbole if gross selestreceipts and other non-operating income do not exceed Three million pesco (P3M)]  PART II - TOTAL TAX PAYABLE (ps NOT Stark Certificate) and the control of the control			_		The second secon				
22 Tex Due (From Part VI Item 5) 32 Less: Total Tax Credita/Payments (From Part VII Item 10) 42 Tex Payable/(Overpayment) (Item 22 Less Itam 23) 43 Tex Payable/(Overpayment) (Item 22 Less Itam 23) 44 Tax Payable/(Overpayment) (Item 24 Less Itam 23) 45 Cess: Portion of Tax Payable Allowed for 2nd Installment to be paid on or before 50 Celober 15 (50% or less of Item 22) 50 Celober 15 (50% or less of Item 22) 64 Anount of Tax Payable/(Overpayment) (Item 24 Less Item 25) 64 Celober 15 (50% or less of Item 22) 64 Anount of Tax payable/(Overpayment) (Item 24 Less Item 25) 65 Add: Penalties 27 Interest 60 Cool	[avallabk	PART II - T	TOTAL TAX PA		Enter Centavos; 49 Centa	vos or Less drop d	and the second of the second of	THE RESERVE TO THE PERSON NAMED IN	Spouse
A Tax Payable/(Overpayment) (Item 22 Less Item 23)  Less: Portion of Tax Payable Allowed for 2nd Installment to be paid on or before Coclober 15 (Sof Sor Iess of Item 22)  Add: Penalties 27 Interest  Coclober 15 (Sof Sor Iess of Item 22)  Add: Penalties 27 Interest  Coclober 15 (Sof Sof Iess of Item 22)  Add: Penalties 27 Interest  Coclober 15 (Sof Sof Iess of Item 22)  Add: Penalties 27 Interest  Coclober 15 (Sof Sof Iess of Item 22)  Add: Penalties 27 Interest  Coclober 15 (Sof Sof Iess of Item 22)  Add: Penalties 27 Interest  Coclober 15 (Sof Sof Iess of Item 22)  Add: Penalties 27 Interest  Coclober 15 (Sof Sof Iess of Item 26)  Add: Penalties (Sum of Items 27 to 29)  Coclober 15 (Sof Item 22)  Coclober 15 (So	22 Tax Due (From Part VI	Item 5)							0.00
Sess: Portion of Tax Payable Allowed for 2nd Installment to be paid on or before October 15 (50% or less of Item 22) Add: Penalties 27 Interest  Compression of Tax Payable (Overpayment) (Item 24 Less Item 25)  Add: Penalties 27 Interest  Compression of Items 27 to 29)  Total Penalties (Sum of Items 27 to 29)  Total Penalties (Sum of Items 27 to 29)  Total Penalties (Sum of Items 27 to 29)  Total Amount Payablei(Overpayment) (Sum of Items 26 and 30)  Zaggregate Amount Payablei(Overpayment) (Sum of Items 26 and 30)  Verpayment, mark one (1) box only. (Once the choice is made, the same is inrevocable)  To be refunded  To be issued a Tax Septic (Total CC)  To be refunded  To be issued a Tax Septic (Total CC)  To be refunded  To be issued a Tax Septic (Total CC)  To be refunded  To be issued an Tax Septic (Total CC)  To be refunded  To be issued an Tax Septic (Total CC)  To be refunded  To be issued an Tax Septic (Total CC)  To be carried over as a tax credit for next year/quarter  Tededare under the penalties of perjury that this refunding and all its attachments, heve been made in good faith, verified by me, and to the best of my knowledge and belief, are see and correct, pursuant to the provisions of the Nalsoral Internal Revenue Code, as amended, and the requisitions issued under authority thereof. Further, I give my consent to a processing of my information as contemplated unperfiber "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If signed by an Authorized processing of my information and Signalture of Taxpeyer/Authorized Representative  Printed Name and Signalture of Taxpeyer/Authorized Representative  Printed Name and Signalture of Taxpeyer/Authorized Representative  Particulars  Drawee Bank/Agency  Number  Particulars  Drawee Bank/Agency  Number  Accessing of my Information and Signalture of Taxpeyer/Authorized Agent Bank)  Sturp of Receiving Official Receipt Data of Recei					1			Γ.,	
Add: Penalties 27 Interest 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.				id on or before	L				
28 Surcharge 29 Compromise 0 Total Penalties (Sum of Items 27 to 29) 1 Total Amount Payable/(Overpayment) (Sum of Items 26 and 30) 2 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30) 4,819.00 0 Total Penalties (Sum of Items 27 to 29) 1 Total Amount Payable/(Overpayment) (Sum of Items 26 and 30) 2 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30) 7 Obe retunded O To be issued a Tax/Sedit Certificate (TCC) To be carried over as a tax credit for next year/quarter 1 declare under the penalties of perjury that this return land all its attachments, have been made in good faith, verified by me, and to the best of my knowledge and belief, are use and correct, pursuant to the provisions of the Najoral Internet Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to e processing of my information as contemplated unjoinflier Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If signed by an Authorized expresentative, indicate TIN and attach authorization latter)  Particulars  Particulars  Drawee Bank/Agency Number  Data (MW/DD/YYYY) Amount  33 Number of Attachments  The Particulars Drawee Bank/Agency Number  Data (MW/DD/YYYY) Amount  Stemp of Receiving Offisial Receipt Data (Ross) RC's Signature/Bank Yolea's initial) RC's Signature/Bank Yolea's initial) RC's Signature/Bank Yolea's initial)					F	4,619.00			0.00
29 Compromise 0 Total Penalties (Sum of Items 27 to 29) 1 Total Amount Psyable/(Overpayment) (Sum of Items 26 and 30) 2 Aggregate Amount Psyable/(Overpayment) (Sum of Items 26 and 30) 2 Aggregate Amount Psyable/(Overpayment) (Sum of Items 26 and 30) 3 Aggregate Amount Psyable/(Overpayment) (Sum of Items 26 and 30) 4,619.00  2 Aggregate Amount Psyable/(Overpayment) (Sum of Items 26 and 30) 4,619.00  2 Aggregate Amount Psyable/(Overpayment) (Sum of Items 26 and 30) 4,619.00  2 Aggregate Amount Psyable/(Overpayment) (Sum of Items 26 and 30) 4,619.00  3 To be carried over as a tax credit for next year/quarter  1 declare under the penalties of perjury that this resurt land all its attachments, have been made in good faith, verified by me, and to the bast of my knowledge and beitef, are set and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to a processing of my information as contemplated under fine "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If signed by an Authorized pyresentative, indicate TIN and attach authorization legity.  Phinted Name and Signatuse of Taxpayer(Authorized Representative  PART III - DETAILS OF PAYMENT  Particulars  PART III - DETAILS OF PAYMENT  Particulars  Particulars  Particulars  Drawee Bank/Agency  Number  Data (MM/DD/YYYY)  Amount  Again Validation/Revenue Official Receipt Details (if not filled with an Authorized Agent Bank)  Stamp of Receiving Omysty/As Particular of	Add: Penalties 27 in	terest			T	0.00		1	0.00
O Total Penalties (Sum of Items 27 to 29)  1 Total Amount Payable/(Overpayment) (Sum of Items 26 and 30)  2 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30)  2 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30)  Overpayment, mark one (1) box only. (Once the choice is made, the same is irrevocable)  O To be refunded  O To be issued a Tay, Specific Certificate (TCC)  Tedare under the penalties of penjury that this return and all its attachments, have been made in good faith, verified by me, and to the best of my knowledge and beiler, are use and correct, pursuant to the provisions of the Najions Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to se processing of my information as contemplated under internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to se processing of my information as contemplated under internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to se processing of my information as contemplated under internal Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If signed by an Authorized presentative, indicate TIN and attach authorization letter)  Printed Name and Signature of Taxpayer/Authorized Representative  PART III - DETAILS OF PAYMENT  Particulars  Particulars  Drawee Bank/Agency  Number  Date (MM/DD/YYYY)  Amount  Amount  Stamp of Receiving Official Receipt Orfice of Register, Indicate Tinushan Authorized Agent Bank)  Stamp of Receiving Official Receipt Orfice of Register, Indicate Tinushan Authorized Agent Bank)	lane.				r	0.00		. [	
1 Total Amount Payable/(Overpayment) (Sum of Items 26 and 30) 2 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30) 3 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30) 4,619.00  Overpayment, mark one (1) box only. (Once the choice is made, the same is irrevocable) To be refunded To be issued a TaxxSpedit Certificate (TCC) To be carried over as a tax credit for next year/quarter  I declare under the pensities of perjury that this refurr, land all its attachments, have been made in good faith, verified by me, and to the best of my knowledge and beiler, are use and correct, pursuant to the provisions of the Naliorfal Internat Revenue Code, as amended, and the regulations issued under authority and other best of my knowledge and beiler, are sept and correct, pursuant to the provisions of the Naliorfal Internat Revenue Code, as amended, and the regulations issued under authority flavor, Further, I give my consent to expresentative, indicate TIN and attach authorization letter)  Printed Name and Signature of Taxpayer/Authorized Representative  PART III - DETAILS OF PAYMENT  Particulars  Others (specify below)  Stamp of Receiving Official/Abfrency Date of Receiving Official Receipt Date of Receipt D					1				
2 Aggregate Amount Payable/(Overpayment) (Sum of Items 28 and 30)  overpayment, mark one (1) box only. (Once the choice is made, the same is irrevocable)  To be refunded  To be issued a Tax Scedit Certificate (TCC)  To be carried over as a tax credit for next year/quarter  I declare under the penalties of perjury that this return, and all its attachments, have been made in good faith, verified by me, and to the best of my knowledge and belief, are see and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to a processing of my information as contemplated uniformly the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If signed by an Authorized epresentative, indicate TIN and attach authorization letter)  Printed Name and Signatule of Taxpayer/Authorized Representative  PART III - DETAILS OF PAYMENT  Particulars  Drawee Bank/Agency  Number  Data (MM/DD/YYYY)  Amount  Amount  Stamp of Receiving Official Receipt Details (If not filled with an Authorized Agent Bank)  Stamp of Receiving Official Receipt Data Receipt Details (If not filled with an Authorized Agent Bank)		A Committee of the Comm	om of Itame 26 and 30					1	The second second second
overpayment, mark one (1) box only. (Once the choice is made, the same is irrevocable) O To be refunded O To be issued a Tax Scedit Certificate (TCC) O To be carried over as a tax credit for next year/quarter  I declare under the penalties of perjury that this refurr and all its attachments, have been made in good faith, verified by me, and to the best of my knowledge and belief, are use and correct, pursuant to the provisions of the Najorial Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to expressentative processing of my information as contemplated under authorized representative.  Printed Name and Signature of Taxpayer/Authorized Representative  Particulars O Drawee Bank/Agency Number  Particulars C Cash/Bank Debit Memo  5 Check 6 Tax Debit Memo Others (specify below)  achine Validation/Revenue Official Receipt Details (if not filled with an Authorized Agent Bank)  Stamp of Receiving Official Receipt Details (if not filled with an Authorized Agent Bank)				*		4,013.00	4,6	19.00	
Tectare under the penalties of perjury that this return, and all its attachments, have been made in good faith, verified by me, and to the best of my knowledge and belief, are use and correct, pursuant to the provisions of the Nalional Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to epresentative, information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If signed by an Authorized epresentative, indicate TIN and attach authorization letter)  Printed Name and Signature of Taxpayer/Authorizad Representative  PART III - DETAILS OF PAYMENT  Particulars  Particulars  Drawee Bank/Agency  Number  Date (MM/DD/YYYY)  Amount  Amount  Stamp of Receiving Omst/Authorizad Representative Representative Particulars  Others (specify below)  Stamp of Receiving Omst/Authorizad Representative RC's Signature/Bank Teller's inuital)  Stamp of Receiving Omst/Authorizad Representative RC's Signature/Bank Teller's inuital)	overpayment, mark one (	1) box only. (Once the	e choice is made, the	same is irrevocab	vie)				
Printed Name and Signature of Taxpayer/Authorized Representative  PART III - DETAILS OF PAYMENT  Particulars Drawee Bank/Agency Number Date (MM/DD/YYYY) Amount  4 Cash/Bank Debit Memo  5 Check  6 Tax Debit Memo  7 Others (specify below)  schine Validation/Revenue Official Receipt Details (if not filed with an Authorized Agent Bank)  Stamp of Receiving Official Receipt Details (if not filed with an Authorized Agent Bank)	O To be refunded		1 \	A STATE OF THE PARTY OF THE PAR	CONTROL OF THE PARTY OF THE PAR				
Printed Name and Signature of Taxpayer/Authorized Representative  PART III - DETAILS OF PAYMENT  Particulars Drawee Bank/Agency Number Date (MM/DD/YYYY) Amount  Cash/Bank Debit Memo  Check  Tax Debit Memo  Others (specify below)  Stamp of Receiving Oms/s/AdS-aget Details (if not filled with an Authorized Agent Bank)  Stamp of Receiving Oms/s/AdS-aget Details (if not filled with an Authorized Agent Bank)	I declare under the penal ue and correct, pursuant to be processing of my inform depresentative, indicate TIN	ties of perjury that this the provisions of the ation as contemplated and attach authorize	is return, and all its att e National Internal Re d under the "Data Pri- ation letter)	achments, have b venue Code, as a vecy Act of 2012 (	een made in good fai mended, and the regul R.A. No. 10173) for k	th, verified by n liations issued egitimate and la	ne, and to the b under authority wful purposes.	est of my know thereof. Further (If signed by an	ledge and belief, an r, I give my consent a Authorized
PART III - DETAILS OF PAYMENT  Particulars Drawee Bank/Agency Number Date (MM/DD/YYYY) Amount  Cash/Bank Debit Memo  Cothock  Tax Debit Memo  Others (specify below)  Stamp of Receiving Official Receipt Details (if not filed with an Authorized Agent Bank)  Stamp of Receiving Official Receipt Details (if not filed with an Authorized Agent Bank)			and the same and the same of the same	and the same of th		1	33 1	lumber of Attac	hments 00
Particulars Drawee Bank/Agency Number Date (MM/DD/YYYY) Amount  4 Cash/Bank Debit Memo  5 Check  6 Tax Debit Memo  7 Others (specify below)  achine Validation/Revenue Official Receipt Details (if not filed with an Authorized Agent Bank)  Stamp of Receiving Official Receipt Details (if not filed with an Authorized Agent Bank)  COLORS		Printed Name and Si	The second secon	The state of the s		NT			
6 Tax Debit Memo 7 Others (specify below)  achine Validation/Revenue Official Receipt Details (if not filed with an Authorized Agent Bank)  Stamp of Receiving Official Receipt Details (if not filed with an Authorized Agent Bank)  Stamp of Receiving Official Receipt Details (if not filed with an Authorized Agent Bank)	4 Cash/Bank Debit Mer			The state of the s			n	Ar	nount
achine Validation/Revenue Official Receipt Details (If not filed with an Authorized Agent Bank)  Stamp of Receiving Official Receipt Details (If not filed with an Authorized Agent Bank)  RO's Signature/Bank Feller's initial	6 Tax Debit Memo	1			-  -		-/		
Aco Nos DE			ails (If not filed with a	Authorized Agen	t Bank) Stamp	of Receiving O	nge/AAD entr	ate of Repelor	
OTE: "The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)    RECENTIAL STATES   1   1   1   1   1   1   1   1   1					INO 8 S	4		A CONC	
WK CODE NITIAL 2021 TIES	OTE: "The BIR Data Priva	cy Policy is in the BIR	R website (www.bir.go	v.ph)		10.5	TEST	77	500
	2.				A Sala	N.	CODENTI	200	1029 7

1701 January 2018 (ENCS) Page 3 TIN H65 F17 F70 FX 3.B - For 8% Flat Income 26 Sales/Revenues/Receip	Individuals (includ	al Income Ta ing MIXED Income Ea	rner), Estates and	Trusts		Krish
Page 3 TIN [463   477   570   50 3.B - For 8% Flat Income 26 Sales/Revenues/Receip				Trusts	MAN PA	1701.01119514
TIN   463  477  770  00  3.B - For 8% Flat Income  26 Sales/Revenues/Receip	×	TexnaverFlore				
A83 A77 F70 DX 3.B - For 8% Flat Income 26 Sales/Revenues/Receip	w	TaxpaverFlors				TOT OTTOCACS P.
3.B - For 8% Flat Income 26 Sales/Revenues/Receip	00	SI MAREZ	ast Name			
26 Sales/Revenues/Receip	CONTRACTOR OF THE PERSON NAMED IN	PUMAREZ		-		
	Yax Rate Particulars		A. Taxpaye		os; 45 Canteros or less	B. Spouse
		alle control and discounted	A. raxpaye	0.00	F	0.00
		allowances and discounts)		0.00		
Add: Other Non-Operating In	ncome (specify below)			0.00		0.00
27   28 Total Income (Sum of Its			-	0.00		0.00
		od other non-oneration income	1	0.00		mod 17.75 v.
29 of purely self-employed in	on from gross sales/receipts a individuals and/or professional impensation income)	is in the amount of P250,000		0.00		0.00
(not applicable if with con	mpensation income)		_	0.00	_	0.00
30 Taxable Income/(Loss) (	mem 26 Luiss (fem 24) ome (Item 30 x 8% Flat Incom	Tou Costal		0.00	-	000
	W. C. O. W. W. C. C. S. C.					
32 7 and 31) (To Part VI Her	sation & Business Income	(under flat rate)(Sum of Items		0.00		0.00
		latinah saldilinaal ahaatin if ass	parend			
	result itemized Deductions (	attach additional sheet/s, if nex		0.00		9.00
1 Amortizations				0.00	-	0.00
2 Bad Debts	ability of any			19,532.00	-	0.00
3 Charitable and Other Co 4 Depletion	MINDUSONS			0.00		0.00
				0.00	-	0.00
5 Depreciation	and and December			7.598.00	-	0.00
6 Entertainment, Amusem	ers and Recredition			0.00	-	0.00
7 Fringe Benefits 8 Interest				0.00	-	0.00
-				0.00	-	0.00
9 Losses 10 Pension Trusts				0.00	-	0.00
11 Rental			-	0.00	-	0.00
12 Research and Developm	nent			0.00	Ė	0.00
13 Salaries, Wages and All				0.00		0.00
	HDMF and Other Contribution			0.00		0.00
15 Taxes and Licenses				1,232.00		0.00
16 Transportation and Trave	el .			6,788.00		0.00
Publication and Publication an		her Expenses) [specify below;	Artif oridificant sheet(s)	# nacesarv1		
Janitorial and Messel		ties Expenses) (shootly below,	ACC GOODONG SACRES,	0.00		0.00
b Professional Fees	ngenal services		1	0.00	,	0.00
C Security Services			-	0.00	-	000
d [				0.00	-	0.00
Total Codinacy Allowed	we itemized Deductions (Sum	of Ilems 1 to 17d) (To part V	1		,	
18 Schedule 3 A item 13)		or name i to 11 by Linearing	1	65,148.00	1	0.00
Schedule 6 - Special Allows	bie Itemized Deductions (a	ttach additional sheet/s, if nece	ssary)			
6.A - Taxpeyer/Filer	Description	n	Logal Basis			Amount
1						6.00
2						0.00
3 Total Special Allowable Ite	mized Deductions-Taxpayeri	Filer (Sum of Items 1 and 2)	To part V Schedule 3.A.It	em 14A)		. 0.00
5.B - Spouse						
4						0.00
5						0.00
		Sum of Items 4 and 5) (To part	V Schedule 3,A Item 148	<u>n</u>	Г	6.00
	of Net Operating Loss carry	Over (NOLCO)		1000	(In Edward State	
6.A - Computation of NOL						
1 Gross Income	Description		A. Taxpaye	nFlior 0.00		B. Spouse
	humbrod Dodustines			0.00	_	0.00
Z Less: Ordinery Allowable II Net Operating Loss (Item):	turnizad Deductions 1 Less Item 2) (To Schedule 6	A 1 Item 74 and/or	1	1.707.70	1	
Schedule 8.A.Z Item 12A)	The section of	No. 17 P. N. N.	1	0.00		0.00
6.A.1 - Taxpayer/Filer's De	tailed Computation of Avail	able NOLCO				
Net Opera	ling Loss	B. NOLCO Applicad	C NOI CO F	D. I	NOLCO Applicad	E. Net Operating Loss
Year Incurred	A. Amount	Previous Yearts	C. NOLCO Expired		Current Year	(Unapplied) {(E)=A-(B+C+O)}
4	0.00	6.00	0.6	8 [	0.00	0.00
5	0.00	0.00	0.0	· -	0.00	0.00
			F- 110 -64			A
6	0.00	0.00	1 86	0	0.00	0.00
7	0.00	0.00	0.0	6	0.00	0.00
7			15A)		0.00	

BIR Form No. 1701 January 2018 (ENCS) Page 4	Annual Inc		mer), Estates and	Trusts		1701 01/18ENCS
	000	ALMAREZ				
AND DESCRIPTION OF THE PERSON NAMED IN		FULL				
(Continuation of Schedule	d Computation of Available NOLCO	-				
		Television .				E. Net Operating Loss
Year Incurred	erating Lose B. NO A. Amount Pre	LCO Applicad vious Year/s	C. NOLCO Expired		OLCO Applicad Current Year	((E)=A-(B+C+D))
09	0.00	0.00	0,60		0.00	0.00
10	6.60	0.00	0.00		5.90	0.00
11	0.00	0.00	0.00		0.00	0.00
12	0.00	0.00	0.00		0.00	0.00
	e (Sum of Items 9D to 12D) (To Part V Sch	redule 3.A Item 158	1)		0.00	
			of Income Tax Due			
				1.619.00		0.00
	ox Due (From Part V, Either Item 25 or Item	1 32)		0.00	-	0.00
The state of the s	x Due (From Part X Item 17B/17F)		3400 400	0.00	-	0.00
	wemment Agency, if remitted directly to the		1		1	0.00
4 Net Special Rate-Income	e Tax Due/Share of National Govt. (Item 2	Less Item 3)		0,00		
5 Total Income Tax Due (S	Sum of Items 1 & 4) (To Part II Item 22)			6,619.00	les e	0.00
	PART	VII - Tex Credits/	Payments (attach proof)			
1 Prior Year's Excess Cr	edita			0.00		0.00
2 Tax Payments for the F	First Three (3) Quarters			0,00		0.00
	id for the First Three (3) Quarters			0.00	_	0.00
	id per BIR Form No. 2307 for the 4th Quar			0.00	-	0.00
	id per BIR Form No. 2316 (From Part V Sc			0.00	_	000
3Ad/38d)					,	0.00
	wously Filed, if this is an Amended Return			0.00	1	
7 Foreign Tax Credits, If	applicable			0.00	1	0.00
8 Special Tax Credits, if	applicable (To Part Viti Item 6)			0.00	-	6.00
9 Other Tax Credits/Pays		0.00		0.00		
10 Total Tax Credits/Paym	nents (Sum of Items 1 to 9) (To Part II Item	123)		0.00		0.00
		PART VIII - Tax i	Relief Availment			
VIII.A - Special Rate						
Regular Income Tax Oth	erwise Due (Part X Item 168 and/or Item )	16F X applicable		0.00		-0.00
Tow Belled on Special All	owable Itemized Deductions (Part X Item?	O and be lines 75				77.77
2 X applicable regular incor		D BROWN HOW IF		0.00		0.00
3 Sub-Total - Tax Reset (S				0.00		0.00
	From Part X Item 178 and/or Item 17F)			0.00		0.00
	fore Special Tex Credit (Item 3 Less Item 4			0.00	-	0.00
		"	11111	0.00	-	0.00
	if any (From Part VII Item 8) nt-SPECIAL (Sum of Items 5 and 6)			0.00	_	0.00
VIII.B - Exempt	ni-SPECIAL (Sum or items 5 and 6)		The same of	0.00		0.00
Panyler Income Tay Of	therwise Due (Parl X Item 16A and/or Item	THE V applicable				
regular income tax rate)		TOC X approache		0.00	1	0.00
Tax Relief on Special A	Viowable Itemized Deductions (Part X Item	7A and/or Item 7E		0.00	_	9,00
X applicable regular inco	ome tax rate)			and the same		
10 Total Tax Relief Availm	ent-EXEMPT (Sum of Items 8 and 9)			0.00		0.00
	PART IX - Reconciliation of Net Income	per Books Against			theat/s, if necessar	
	Particulars		A. Taxpayer			B. Spouse
Net Income/(Loss) per Bo	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		273	,094.00		0.00
Add: Non-Deductible Expen	ses/Taxable Other Income					
2				0.00		0.00
3				0.00		0,00
		0.00		0.00		
Total (Sum of Items 1 to	4)		277	094.00		0.00
	ne and Income Subjected to Final Tax					
3	The same of the same			0.00		0.00
	The second secon			0.00	-	0.00
B) Special/Other Allow	vable Decluctions					
B) Special Other Allow				0.00		0.00
				0.00	1	0.00
				0.00		
10 Total (Sum of Itams 6 to	The state of the s			0.00	1	0.00
1 Net Taxable Income/(L	.oss) (Item 5 Less Item 10)		27.	3,064.00		0.00

#### **Omnibus Sworn Statement (Revised)**

REPUBLIC OF THE PHILIPPINES )
CITY/MUNICIPALITY OF QUEZQUISCUTS

#### **AFFIDAVIT**

I, Jessie Almarez, of legal age, Single, Filipino, and residing at 8 Armando St., Brgy. Bagbag, Novaliches, Quezon City after having been duly sworn in accordance with law, do hereby depose and state that:

- 1. I am the sole proprietor or authorized representative of Vicfania Trading with office address at 8 Armando St., Brgy. Bagbag, Novaliches, Quezon City;
- As the owner and sole proprietor, or authorized representative of Vicfania Trading, I have full power and authority
  to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the
  ensuing contract for PROCUREMENT OF PRC SUPER ADHESIVE SEALING TAPE of the PROFESSIONAL REGULATION
  COMMISSION as shown in the attached duly notarized Special Power of Attorney;
- 3. Vicfania Trading is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board, by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting;
- 4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;
- 5. Vicfania Trading is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;
- 6. The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;
- 7. Vicfania Trading complies with existing labor laws and standards; and
- 8. Vicfania Trading is aware of and has undertaken the responsibilities as a Bidder in compliance with the Philippine Bidding Documents, which includes:
  - Carefully examining all of the Bidding Documents;
  - b. Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;
  - c. Making an estimate of the facilities available and needed for the contract to be bid, if any; and
  - d. Inquiring or securing Supplemental/Bid Bulletin(s) issued for the PROCUREMENT OF PRC SUPER ADHESIVE SEALING TAPE.
- 9. Vicfania Trading did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.

10. In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.

IN WITNESS WHEREOF, I have hereunto set my hand this 5th day of April, 2022 at Quezon City, Philippines.

JESSIE C. ALMAREZ

Affiant

TIN 10 NO. 487-47770 - 000

**SUBSCRIBED AND SWORN** to before me this 5<sup>th</sup> day of April 2022 at Quezon City, Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identify as defined in the 2004 Rules of Notarial Practice (A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her TIN ID, with his/her photograph and signature appearing thereon, with no. 483-477770-000 issued on March 23, 2021 at Quezon City.

Witness my hand and seal this 5th day of April 2022.

PRINCE COMPLANT PUBLIC

PART DENOTATION OF CEDILIO

PART DENOTATION OF COMMISSION 3 / 1 3 - 2022

PRINCE NO. NO. COMMISSION 3 / 1 - 3 - 2022

PRINCE NO. NO. COMPLANT DESCRIPTION OF COMPLANT DESCRIPT

 Doc. No.
 278

 Page No.
 57

 Book No.
 17

 Series of
 1000



#### This certifies that

# VICEANIA TRADING

(NATIONAL)

is a business name registered in this office pursuant to the provisions of Act 3883, as amended by Act 4147 and Republic Act No. 863, and in compliance with the applicable rules and regulations prescribed by the Department of Trade and Industry.

This certificate issued to

# JESSIE CATIPON ALMAREZ

is valid from 08 May 2018 to 08 May 2023 subject to continuing compliance with the above-mentioned laws and all applicable laws of the Philippines, unless voluntarily cancelled

In testimony whereof, I hereby sign this

# **Certificate of Business Name Registration**

and issue the same on 18 January 2022 in the Philippines.

RAMON M LOPEZ

Secretary

# **Business Name No. 3443678**

This certificate is not a license to engage in any kind of business and valid only at the scope indicated herein.

ZYYS258813029701

# REPUBLIKA NG PILIPINAS KAGAWARAN NG PANANALAPI KAWANIHAN NG MATAS INTERNAS REVEAU DISTRICT NO.7 028

BIR : Form No. 2303

Revised July 1997

3RC0000941053 OCN

#### **CERTIFICATE OF REGISTRATION**

REGISTRATION DATE NAME 483-477-770-000 ALMAREZ, JESSIE CATIPON 4/12/2016 REGISTERED ADDRESS 8 ARMANDO ST BAGBAG QUEZON CITY REGISTERED ACTIVITY(IES) TAX TYPE INCOME TAX~ REGISTRATION FEE VALUE - ADDED TAX TRADE NAME LINE OF BUSINESS / INDUSTRY VICFANIA TRADING 5190 OTHER WHOLESALING \*PT to VAT June 27, 2019 REMINDERS: FILING OF REQUIRED TAX RETURN/S TO CONFORM WITH ABOVE TAX TYPE/S WITH OR WITHOUT OPERATION TO AVOID PENALTIES

THE PERSON NAMED IN COLUMN	INCOME TAX			THE PARTY OF THE P	THE RESIDENCE OF THE PROPERTY			
			0619E - Every 10th day of the following month	ACCOUNTS SHALL BE REGISTERED BEFORE THE DEADLIN				
PARTIE TO	701Q summe c	ON PERMIT	1702Q	1601EQ - Last day of the month following the end of the quarter				
1st Qtr	NAY 15	1st Qtr	MAY 30	1604E - Annual Information Return - March 01	RETURN.			
2nd Qtr	AUG 15	2nd Otr	AUG 29	WITHHOLDING TAX - COMPENSATION	INCHES THE RESERVED FOR THE RESERVED FROM THE STATE OF THE BOWN AND THE STATE OF TH			
3rd Qtr	NOV 15	3rd Qtr	NOV 29	1601-C-10th day of the following month and the state of the following month and the state of the	RENEWAL OF ANNUAL REGISTRATION FEE ON OR BEFORE			
1701	APR 15	1702	APR 15	1604-CF - Annual Information Return-January 31	JANUARY 31 USING BIR FORM 0605			
STREET, STREET	VPSER BUREAUTO	CHITEDIAL DE	PARTIE BUILDING OF	THE COURT OF THE STATE OF THE S	TOTAL DIRECTLY BUTTON CONTROL OF THE PROPERTY			
THE THE PARTY OF	2550M - 20th day of the following month			HE WALL MEVENUE MUNICAL OF INTERNAL PERCENTAGE TAX FAL REVENUE MUNICAL OF HYTHEIR R	IMMEDIATELY INFORM THIS DISTRICT OFFICE IN CASE OF			
2550M				2551Q - Every 25th day after the close of each quarter	TRANSFERICESSATION OF REGISTRATION AND OTHER			
25500 - Every 25th day after the close of the dr					CONCERNS BY FILING FORM 1905.			



I HEREBY CERTIFY THAT THE ABOVE NAMED PERSON IS REGISTERED AS INDICATED ABOVE, UNDER THE PROVISION OF THE NATIONAL INTERNAL REVENUE CODE, AS AMENDED.

LETICIA C. ARABIT

NENITA D. MENTIZA Asst. Revenue District Officer

REVENUE DISTRICT OFFICER (signature over printed name)

JUN 2 7 2019