



**SUPPLY AND DELIVERY OF OFFICE EQUIPMENT FOR THE CTE DEPARTMENT OF MinSU MAIN CAMPUS**

Name of Project

**BAC Resolution Recommending Approval  
Resolution No. 21, s. 2024**

**WHEREAS**, the Mindoro State University (MinSU), through the Bids and Awards Committee (BAC) has advertised in the PhilGEPS and MinSU Website the Request for Quotation (RFQ) for the project **"Supply and Delivery of Office Equipment for the CTE Department of MinSU Main Campus"** with an Approved Budget for the Contract (ABC) amounting to **Ninety-nine Thousand Nine Hundred Ninety Pesos (Php99,990.00)**;

**WHEREAS**, in response to the said advertisement, three (3) suppliers were found in the document request list however, only two (2) suppliers in the name of **IRAYA LIFE ENTERPRISES** and **DUPLICAT NON-SPECIALIZED WHOLESALE TRADING** submitted price quotation before the deadline;

**WHEREAS**, the detailed evaluation of price quotation resulted in the following:

| Approved Budget for the Contract (ABC) | Name of Bidder                             | Price Quotation |
|----------------------------------------|--------------------------------------------|-----------------|
| Php99,990.00                           | Iraya Life Enterprises                     | Php96,990.00    |
|                                        | Duplicat Non-Specialized Wholesale Trading | Php99,800.00    |

**WHEREAS**, the BAC examined and verified the price quotations submitted by the abovementioned suppliers and were found to be complying and responsive; thus, the project be awarded to the supplier in the name of **IRAYA LIFE ENTERPRISES** with the Lowest Calculated Responsive Bid (LCRB);

**NOW, THEREFORE**, the Bids and Awards Committee (BAC) **HEREBY RESOLVED AS IT IS HEREBY RESOLVED**, recommended to the Head of Procuring Entity the approval of this resolution for the abovementioned procurement the awarding of contract for the **"Supply and Delivery of Office Equipment for the CTE Department of MinSU Main Campus"** to **Iraya Life Enterprises** amounting to **Ninety-six Thousand Nine Hundred Ninety Pesos (Php96,990.00)** with official address at Bulusan, Calapan City, Oriental Mindoro as the supplier/bidder with the Lowest Calculated Responsive Bid (LCRB);

**RESOLVED**, at MinSU Main Campus, Alcate, Victoria, Oriental Mindoro, this 11<sup>th</sup> day of March, 2024.

**NEMESIO H. DAVALOS, Ph.D.**  
BAC Chairperson

**ANSELMO R. ULEP, JR.**  
BAC Vice Chairperson

**CIEDELLE P. SALAZAR Ph.D.**  
BAC Member

**ELVI C. ESCAREZ, Ph.D.**  
BAC Member

**MELGAR G. FADRIQUEHAN**  
BAC Member

Approved/Disapproved

**CHRISTIAN ANTHONY C. AGUTAYA Ph.D.**  
OIC, Office of the University President  
Date: \_\_\_\_\_











•Main Campus, Alcate, Victoria •Bongabong Campus, Labasan, Bongabong •Calapan City Campus, Masipit, Calapan City





### Supply and Delivery of Office Equipment for the CTE Department of MinSU Main Campus

**ABC Amount: Php99,990.00**

**NEMESIO H. DAVALOS, Ph.D.**  
BAC Chairperson

| Item No.                                                                     | Unit | ITEM AND DESCRIPTION                                                                                                                                                                     | QTY.  | UNIT PRICE | TOTAL AMOUNT |
|------------------------------------------------------------------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------|--------------|
| 1                                                                            | unit | 2 HP Split-Type Airconditioner                                                                                                                                                           | 2     | 48,495.00  | 96,990.00    |
|                                                                              |      | Indoor Unit Code: TAC 18CSAKEI-ID Outdoor Unit Code: TAC 18CSAKEI-OD Mosqui-Go R32 Auto Restart Auto Protection Dehumidifier Extra Low Noise Low Voltage Start-Up Wide Voltage Operation |       |            |              |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |      |                                                                                                                                                                                          |       |            | 96,990.00    |
|                                                                              |      |                                                                                                                                                                                          | TOTAL | 20         | 96,990.00    |

ces noted above

MARIA SOCORRO C. MENDOZA

Supplier's Signature over Printed Name

160-1221-678-00000

TIN No. of Establishment

09778641725

Contact Number

03.08.2024

Date

1. Quotations and other requirements stated below shall be submitted to the **Bids and Awards Committee (BAC) Office, Mindoro State University -Main Campus, Alcate, Victoria, Oriental Mindoro, Philippines** on the date and time stated in this RFP.
2. Supplier shall submit the following requirements:
  - a. Duly signed original copy of Request for Quotation (RFQ). Prices shall be quoted in Philippine Pesos.
  - b. PhilGEPS Registration
  - c. Valid Mayor's/Business Permit
  - d. Omnibus Sworn Statement
  - e. BIR Certificate of Registration
  - f. Latest Income/Business Tax Return
  - g. TAX Clearance
  - h. DTI Registration/SEC Certificate
  - i. Original Brochures or certificates of the items offered showing its performance characteristics or specifications, if applicable

**Price validity shall be 30 calendar days from the deadline of submission of quotation.**

Upon the decision of the End-User and BAC, the supplier and its concerned premises may be subjected to ocular inspection and approval by the End-User and/or TWG Inspections of the BAC prior to the award.

•Main Campus, Alcate, Victoria      •Bongabong Campus, Labasan, Bongabong      •Calapan City Campus, Masipit, Calapan City



## Omnibus Sworn Statement (Revised)

REPUBLIC OF THE PHILIPPINES )  
CITY/MUNICIPALITY OF CALAPAN CITY, S.

### AFFIDAVIT

I, *Maria Socorro C. Mendoza*, of legal age, *Single, Filipino*, and residing at *Sta. Isabel Calapan City*, after having been duly sworn in accordance with law, do hereby depose and state that:

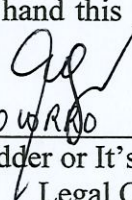
1. I am the sole proprietor of *Iraya Life Enterprises & Iraya Life Events Catering Services* with office address at *Proper 3, Bulusan Calapan City & Calero Calapan City (Branch)*;
2. As the owner and sole proprietor, of *Iraya Life Enterprises & Iraya Life Events Catering Services* I have full power 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 SUPPLY & DELIVERY of OFFICE EQUIPMENT for THE CTE DEPARTMENT of MINSU Main Campus
3. *Iraya Life Enterprises & Iraya Life Events Catering Services*, 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. *Iraya Life Enterprises & Iraya Life Events Catering Services* 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. *Iraya Life Enterprises & Iraya Life Events Catering Services* complies with existing labor laws and standards; and
8. *Iraya Life Enterprises & Iraya Life Events Catering Services* is aware of and has undertaken the following responsibilities as a Bidder in compliance with the Philippines Bidding Documents, which includes:
  - a) Carefully examine 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) Inquire or secure Supplemental/Bid Bulletin(s) issued for the  
SUPPLY & DELIVERY OF OFFICE EQUIPMENT FOR THE CTE  
DEPARTMENT OF MINSU MAIN CAMPUS.

9. *Iraya Life Enterprises & Iraya Life Events Catering Services* 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 or fraud with faithfulness 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 8<sup>th</sup> MARCH 2024 at  
Calapan City, Or. Mindoro, Philippines.

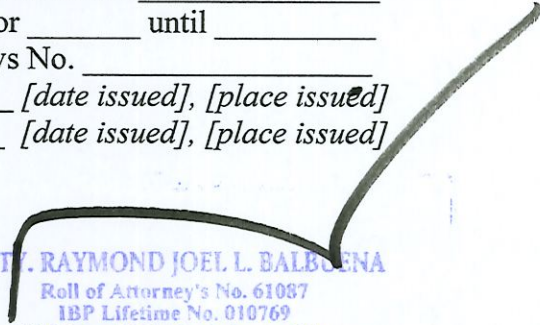
  
MARIA SOURDO C. MENDOZA  
Name of Bidder or It's Authorized Representative  
Legal Capacity  
Affiant

Witness my hand and seal this 8<sup>th</sup> day of MARCH 2024.

**NAME OF NOTARY PUBLIC**

Serial No. of Commission \_\_\_\_\_  
Notary Public for \_\_\_\_\_ until \_\_\_\_\_  
Roll of Attorneys No. \_\_\_\_\_  
PTR No. \_\_\_\_\_ [date issued], [place issued]  
IBP No. \_\_\_\_\_ [date issued], [place issued]

Doc. No. 139  
Page No. 29  
Book No. 121  
Series of 2024

  
ATTY. RAYMOND JOEL L. BALBUENA  
Roll of Attorney's No. 61087  
IBP Lifetime No. 010769  
PTR No. 1218347 - Calapan City  
MCLE Compliance No. VII-0005057  
Notarial Commission until December 31, 2024



Republic of the Philippines  
Department of Budget and Management  
**PROCUREMENT SERVICE**  
**CERTIFICATE OF PHILGEPS REGISTRATION**  
**(Platinum Membership)**

*THIS IS TO CERTIFY THAT*

**IRAYA LIFE ENTERPRISES**

Bulusan Calapan ,  
Calapan City , Oriental Mindoro , Region IV-B , Philippines

*is registered in the **Philippine Government Electronic Procurement System (PhilGEPS)** on 05-Jul-2019 pursuant to Section 8.5.2 of the Revised Implementing Rules and Regulations of Republic Act No. 9184, otherwise known as the Government Procurement Reform Act.*

*This further certifies that **IRAYA LIFE ENTERPRISES** has submitted the required eligibility documents in the PhilGEPS Supplier Registry as listed in Annex A, which document is attached hereto and made an integral part hereof.*

*For the purpose of updating this Certificate, all Class "A" eligibility documents covered by Section 8.5.2 of the Revised Implementing Rules and Regulations of Republic Act No. 9184 supporting the veracity, authenticity and validity of this Certificate shall remain current and updated. The failure by the prospective Bidder to update this Certificate with the current and updated Class "A" eligibility documents shall result in the automatic suspension of its validity until such time that all of the expired Class "A" eligibility documents has been updated.*

*By submitting this Certificate, the Bidder certifies:*

- 1. the authenticity, genuineness, validity, and completeness of the copy of the original eligibility documents submitted;*
- 2. the veracity of the statements and information contained therein;*
- 3. that the Certificate is not a guaranty that the named registrant will be declared eligible without first being determined to be such for that particular bidding, nor is it an evidence that the Bidder has passed the post-qualification stage; and*
- 4. that any finding of concealment, falsification, or misrepresentation of any of the eligibility documents submitted, or the contents thereof shall be a ground for disqualification from further participation in the bidding process, without prejudice to the imposition of appropriate administrative, civil and criminal penalty in accordance with the laws.*

*This Certificate is valid until 25-Aug-2024*

Issued this 23rd day of August 2023.

This is a system generated certificate. No signature is required.



Documentary Stamp Tax Paid Php 30.00  
Certificate Reference No: 20190734627209366855



## REMINDERS <sup>1</sup>

- *The PhilGEPS office shall not determine the eligibility of merchants. The PhilGEPS office's evaluation of the eligibility requirements shall be for the sole purpose of determining the approval or disapproval of the merchant's application for registration.*
- *A merchant's registration and membership in the GOP-OMR is neither contract-specific nor understood to be tantamount to a finding of eligibility. Neither shall the merchant's successful registration in the GOP-OMR be relied upon to claim eligibility for the purpose of participation in any public bidding.*
- *The determination of the eligibility of merchants, whether registered with the GOP-OMR or not, shall remain with the Bids and Awards Committee (BAC). The BAC's determination of validity of the eligibility requirements shall be conclusive to enable the merchant to participate in the public bidding process.*

Certificate Reference No: 20190734627209366855

<sup>1</sup>Refer to Section 4 of the Guidelines for the Use of the Government of the Philippines - Official Merchant's Registry



List of Eligibility Documents

of  
IRAYA LIFE ENTERPRISES  
Bulusan Calapan ,  
Calapan City , Oriental Mindoro , Region IV-B , Philippines

|                             |                                                                                                                                                                                                                 |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DTI Certificate             | DTI Certificate Number : 3394982<br>Issued By / Signatory : Ramon Lopez<br>Registration Date : 05-Jan-2022<br>Expiration Date : 11-Jan-2027                                                                     |
| Mayors Permit               | Expiration Date : 31-Dec-2023<br>Permit Number : 0170000049<br>Place of Issue : Calapan City<br>Issued By / Signatory : Malou F. Morillo<br>Issuance Date : 16-Jan-2023                                         |
| Tax Clearance               | Expiration Date : 19-Jun-2024<br>TCC Number : RR9A-063-06-19-1043-2023-M<br>Issued By / Signatory : LEVINE F. ILAGAN<br>Issuance date : 19-Jun-2023                                                             |
| Audited Financial Statement | Date of Filing : 28-Apr-2023<br>Current Asset : 385,512.49<br>Total Asset : 1,580,508.69<br>Current Liabilities : 886.19<br>Total Liabilities : 0.00<br>Name of Auditor : Elvin P. Vargas<br>BIR RDO Code : 063 |
| PCAB License                | Expiration Date : -<br>Issued By / Signatory :<br>Issuance Date : -<br>License Number :<br>License First Issue Date : -<br>Principal Classification :<br>Category :                                             |





Republic of the Philippines  
CITY OF CALAPAN  
OFFICE OF THE CITY MAYOR

TAUMBAYAN  
MA SUSUNOD

BUSINESS PERMIT

2024

Pursuant to the provision of City Tax Ordinance Number 18, Series of 2011 as amended, otherwise known as the Revised Revenue Code of Calapan, Oriental Mindoro, after payment of taxes and charges, etc. and compliance with existing requirements, permit is here granted to herein taxpayer.

P 5,287.50

|                         |               |                      |             |                  |                        |
|-------------------------|---------------|----------------------|-------------|------------------|------------------------|
| TAXPAYER'S NAME         | BUSINESS I.D. | MODE OF PAYMENT      | DATE BILLED | KIND OF BUSINESS | STATUS                 |
| MENDOZA, MA SOCORRO     | 0170000049    | Annually             | 01/12/2024  | ENTERPRISES      | R                      |
| NAME OF BUSINESS        |               | LOCATION OF BUSINESS |             |                  | BUSINESS PERMIT NUMBER |
| IRAYA LIFE ENTERPRISES  |               | BULUSAN              |             |                  |                        |
| KIND OF FEE / TAX       | TAX BASE      | TAX AMOUNT           | SUR/INT     | TOTAL            | PERIOD                 |
| BUSINESS TAX            |               | 2,687.50             | 0.00        | 2,687.50         |                        |
| MAYOR'S PERMIT          |               | 1,650.00             |             | 1,650.00         |                        |
| MAYORS PERMIT FEE       |               | 1,000.00             |             |                  |                        |
| EDUC'L SPECIAL PROGR    |               | 100.00               |             |                  |                        |
| DRAINAGE MAINTENANCE    |               | 100.00               |             |                  |                        |
| SANITARY FEE            |               | 200.00               |             |                  |                        |
| FIRE AND SAFETY INSP    |               | 250.00               |             |                  |                        |
| MEDICAL FEE             |               | 100.00               |             | 100.00           |                        |
| ANNUAL INSPECTION FEE   |               | 200.00               |             | 200.00           |                        |
| BUSINESS STICKER        |               | 300.00               |             | 300.00           |                        |
| SITE INSPECTION FEE     |               | 50.00                |             | 50.00            |                        |
| OCCUPATIONAL FEE        |               | 220.00               |             | 220.00           |                        |
| TAX CLEARANCE           |               | 30.00                |             | 30.00            |                        |
| AAP.&RENEWAL OF BUS.FEE |               | 50.00                |             | 50.00            |                        |
| ENCODER                 |               |                      |             |                  | TOTALS                 |
|                         |               |                      |             |                  | 5,287.50               |

Payment for 1-4

Notes:

1. This Permit will expire on

Dec. 31, 2024

2. This Mayor's Permit, together with the official receipt, shall at all times be displayed or posted for public view in a conspicuous place within the place of business or undertaking.

Check  
Check number \_\_\_\_\_  
Bank \_\_\_\_\_

Cash  
O.R. Number 1231397  
Date 01/12/2024

Payment received by:

ASSESSMENT REVIEWED BY:

RECOMMENDING APPROVAL:

APPROVED BY:

EDUARD L. REYES  
Licensing Officer IV

Officer In-charge of the Permits and License Section  
Office of the City Mayor

MARILOU F. MORILLO  
City Mayor

Non-compliance with the applicable provisions of National Building (PD 1069) Code of Sanitation (PD 856), FIRE Code (RA9514), and other existing laws, issuances, regulations and ordinances shall be valid grounds for the immediate cancellation/revocation of this PERMIT.







OCN: 063RC20230000003982  
Date OCN Generated: October 9, 2023

CERTIFICATE OF REGISTRATION

|                                                                                                           |                                                    |                                       |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------|
| TIN & BRANCH CODE<br>160-221-678-00000                                                                    | NAME OF TAXPAYER<br>MENDOZA, MARIA SOCORRO CASALLA | TIN ISSUANCE DATE<br>December 7, 1999 |
| REGISTERING OFFICE                                                                                        | X Head Office                                      | Branch                                |
| REGISTERED ADDRESS<br>SITIO PROPER 3, BULUSAN 5200 CITY OF CALAPAN (CAPITAL) ORIENTAL MINDORO PHILIPPINES |                                                    |                                       |

| TAX TYPES                         | FORM TYPES | FILING START DATE | FILING FREQUENCY | FILING DUE DATE                                                                                                                                                                                                        |
|-----------------------------------|------------|-------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INDIVIDUAL INCOME TAX             | 1701Q      | February 15, 2017 | QUARTERLY        | 1st Quarter-on or before MAY 15<br>2nd Quarter-on or before AUGUST 15 3rd Quarter-on or before November 15                                                                                                             |
| INDIVIDUAL INCOME TAX             | 1701       | February 15, 2017 | ANNUALLY         | On or before April 15 of each year covering income for the preceding taxable year.                                                                                                                                     |
| REGISTRATION FEE                  | 0605       | January 18, 2017  | ANNUALLY         | On or before the last day of January.                                                                                                                                                                                  |
| VALUE ADDED TAX                   | 2550Q      | October 7, 2021   | QUARTERLY        | Not later than the 25th day following the close of each taxable quarter.                                                                                                                                               |
| WITHHOLDING TAX - EXPANDED/OTHERS | 0619E      | October 7, 2021   | MONTHLY          | On or before the 10th day of the month following the month in which withholding was made.                                                                                                                              |
| WITHHOLDING TAX - EXPANDED/OTHERS | 1601EQ     | October 7, 2021   | QUARTERLY        | Not later than the last day of the month following the close of the quarter during which withholding was made.                                                                                                         |
| WITHHOLDING TAX - EXPANDED/OTHERS | 1604E      | January 1, 2022   | ANNUALLY         | On or before March 1 of the year following the calendar year in which the income payments subject to expanded withholding taxes or exempt from withholding tax were paid or accrued.                                   |
| WITHHOLDING TAX - COMPENSATION    | 1604CF     | April 16, 2019    | ANNUALLY         | On or before January 31 of the year following the calendar year in which compensation payment and other income payments subject to ginal withholding taxes were paid or accrued.                                       |
| WITHHOLDING TAX - COMPENSATION    | 1601C      | April 16, 2019    | MONTHLY          | On or before the 10th day of the month following the month when the withholding was made except for taxes withheld for December which shall be filed and paid/remitted on or before January 15 of the succeeding year. |





CERTIFICATE OF REGISTRATION

|                                                                                                           |                                                    |                                       |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------|
| TIN & BRANCH CODE<br>160-221-678-00000                                                                    | NAME OF TAXPAYER<br>MENDOZA, MARIA SOCORRO CASALLA | TIN ISSUANCE DATE<br>December 7, 1999 |
| REGISTERING OFFICE                                                                                        | X Head Office                                      | Branch                                |
| REGISTERED ADDRESS<br>SITIO PROPER 3, BULUSAN 5200 CITY OF CALAPAN (CAPITAL) ORIENTAL MINDORO PHILIPPINES |                                                    |                                       |

|                              |                                                                                                                                                |                                               |                   |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------|
| TAXPAYER TYPE/S              |                                                                                                                                                | SINGLE PROPRIETORSHIP ONLY (RESIDENT CITIZEN) |                   |
|                              |                                                                                                                                                |                                               |                   |
| BUSINESS INFORMATION DETAILS |                                                                                                                                                |                                               |                   |
|                              |                                                                                                                                                | CATEGORY                                      | REGISTRATION DATE |
| TRADE NAME 1                 | IRAYA LIFE ENTERPRISES                                                                                                                         |                                               | January 18, 2017  |
| (PSIC)                       | 47610-RETAIL SALE OF BOOKS, NEWSPAPERS AND STATIONERY IN SPECIALIZED STORES                                                                    | Primary                                       |                   |
| Line of Business             | RETAIL SALE OF CULTURAL AND RECREATION GOODS IN SPECIALIZED STORES                                                                             |                                               |                   |
| (PSIC)                       | 47529-RETAIL SALE OF CONSTRUCTION SUPPLIES, N.E.C.                                                                                             | Secondary                                     |                   |
| Line of Business             | RETAIL SALE OF OTHER HOUSEHOLD EQUIPMENT IN SPECIALIZED STORES                                                                                 |                                               |                   |
| (PSIC)                       | 47412-RETAIL SALE OF COMPUTER PERIPHERAL EQUIPMENT                                                                                             | Secondary                                     |                   |
| Line of Business             | RETAIL SALE OF COMPUTER PERIPHERAL EQUIPMENT                                                                                                   |                                               |                   |
| (PSIC)                       | 47631-RETAIL SALE OF SPORTING GOODS AND ATHLETIC SUPPLIES                                                                                      | Secondary                                     |                   |
| Line of Business             | RETAIL SALE OF SPORTING GOODS AND ATHLETIC SUPPLIES                                                                                            |                                               |                   |
| (PSIC)                       | 47599-RETAIL SALE OF ELECTRICAL HOUSEHOLD APPLIANCES, FURNITURE, LIGHTING EQUIPMENT AND OTHER HOUSEHOLD ARTICLES IN SPECIALIZED STORES, N.E.C. | Secondary                                     |                   |
| Line of Business             | RETAIL SALE OF ELECTRICAL HOUSEHOLD APPLIANCES, FURNITURE, LIGHTING EQUIPMENT AND OTHER HOUSEHOLD ARTICLES IN SPECIALIZED STORES, N.E.C.       |                                               |                   |
| (PSIC)                       | 47719-RETAIL SALE OF OTHER CLOTHING, FOOTWEAR AND LEATHER ARTICLES IN SPECIALIZED STORES, N. E.C.                                              | Secondary                                     |                   |
| Line of Business             | RETAIL SALE OF CLOTHING, FOOTWEAR AND LEATHER ARTICLES IN SPECIALIZED STORES                                                                   |                                               |                   |





CERTIFICATE OF REGISTRATION

|                                                                                                           |                                                    |                                       |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------|
| TIN & BRANCH CODE<br>160-221-678-00000                                                                    | NAME OF TAXPAYER<br>MENDOZA, MARIA SOCORRO CASALLA | TIN ISSUANCE DATE<br>December 7, 1999 |
| REGISTERING OFFICE                                                                                        | X Head Office                                      | Branch                                |
| REGISTERED ADDRESS<br>SITIO PROPER 3, BULUSAN 5200 CITY OF CALAPAN (CAPITAL) ORIENTAL MINDORO PHILIPPINES |                                                    |                                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| REMINDERS:<br><div>1. An annual registration fee shall be paid upon registration and every year thereafter on or before the last day of January, using BIR Form No. 0605.</div> <div>2. Filing of required tax return/s to conform with the above tax types, whether with or without business operation, to avoid penalties.</div> <div>3. For new business registrants, application for registration of manual Books of Accounts (B/As) shall be before the deadline for filing of the initial quarterly income tax return or annual income tax return whichever comes earlier, from the date of registration. Registration of new set of manual B/As shall be before its use.</div> <div>4. Immediately inform the district office in case of transfer/cessation of business and other changes in registration information by filing BIR Form No. 1905.</div> <div>5. For Self-Employed Individuals (SEI) whose gross sales and/or receipts and other non-operating income does not exceed P3,000,000 and who opted to avail of the 8% Income tax rate, the tax type Percentage Tax (PT) shall not be reflected in the Certificate of Registration (COR). However, at the start of each taxable year, such SEI shall be automatically subjected to graduated income tax rates and required to file quarterly percentage tax return (BIR Form No. 2551Q) and option to replace the COR to reflect "PT", unless qualified and opted to avail of the 8% Income tax rate annually.</div> |                                                                                                                                                                                                                                                                         |
| RDO DRY SEAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <div>I hereby certify that the above named person is registered as indicated above, under the provision of the National Internal Revenue Code, as amended.</div> <div>EMELITA R. ABO</div> <div>REVENUE DISTRICT OFFICER</div> <div>(Signature over Printed Name)</div> |


THIS CERTIFICATE MUST BE EXHIBITED CONSPICUOUSLY IN THE PLACE OF BUSINESS.



Home » Merchants » Transactions » Details » PIN Authentication » Receipt

## Receipt

### BUREAU OF INTERNAL REVENUE ORUS DOCUMENTARY STAMP TAX

 You have **SUCCESSFULLY** paid Documentary Stamp Tax to **BUREAU OF INTERNAL REVENUE ORUS** with the following details:

|                      |                            |
|----------------------|----------------------------|
| ARN                  | DSU2310063210499           |
| Registered Name      | MARIA SOCORRO MENDOZA      |
| Form Type            | 0605                       |
| Tax Type             | DS                         |
| Return Period        | 10-09-23 10:26:36          |
| Email Address        | dmariasocorro@yahoo.com    |
| TIN                  | 160221678                  |
| Branch Code          | 00000                      |
| Amount Due           | PHP 30.00                  |
| <b>TOTAL AMOUNT</b>  | <b>PHP 30.00</b>           |
| Reference Number     | 5348-10092023-515983       |
| <b>Date and Time</b> | <b>2023-10-09 10:27:39</b> |
| Confirmation No.     | 00010092023102738839       |
| Transaction No.      | Zo20231009102738515983     |



TP copy

For BIR BCS  
Use Only Item



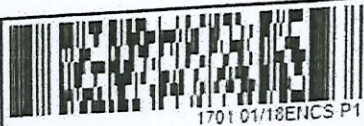
Republic of the Philippines  
Department of Finance  
Bureau of Internal Revenue

BIR Form No  
**1701**

January 2018 (ENCS)  
Page 1

## Annual Income Tax Return

Individuals (including MIXED Income Earner), Estates and Trusts  
Enter all required information in CAPITAL LETTERS using BLACK ink. Mark all applicable boxes  
with an "X". Two copies MUST be filed with the BIR and one held by the Tax Filer



1 Month ☒ 12 For the Year (YYYY) 2022 2 Amended Return? ☐ Yes ☒ No 3 Short Period Return? ☐ Yes ☒ No

### PART I - BACKGROUND INFORMATION OF TAXPAYER/FILER

|                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------|
| 4 Taxpayer Identification Number (TIN)                                                                                                                                                    | <u>160 - 221 - 678 - 000</u>                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5 RDO Code                                      | <u>1063</u>                                                                               |
| 6 Taxpayer Type                                                                                                                                                                           | <input checked="" type="checkbox"/> Single Proprietor <input type="checkbox"/> Professional <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Compensation Earner                                                                                                                                                                                                                                                      |                                                 |                                                                                           |
| 7 Alphabetic Tax Code (ATC)                                                                                                                                                               | <input checked="" type="checkbox"/> II012 Business Income-Graduated IT Rates <input type="checkbox"/> II014 Income from Profession-Graduated IT Rates <input type="checkbox"/> II013 Mixed Income-Graduated IT Rates<br><input type="checkbox"/> II011 Compensation Income <input type="checkbox"/> II015 Business Income-8% IT Rate <input type="checkbox"/> II017 Income from Profession-8% IT Rate <input type="checkbox"/> II016 Mixed Income-8% IT Rate |                                                 |                                                                                           |
| 8 Taxpayer's Name (Last Name, First Name, Middle Name)/ESTATE OF (First Name, Middle Name, Last Name)/TRUST FAO (First Name, Middle Name, Last Name)                                      | <u>MENDOZA, MARIA SOCORRO</u>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                                                           |
| 9 Registered Address (indicate complete address. If the registered address is different from the current address, get to the RDO to update registered address by using BIR Form No. 1905) | <u>BULUSAN, CALAPAN CITY, ORIENTAL MINDORO</u>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                                           |
|                                                                                                                                                                                           | 9A                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ZIP Code                                        | <u>5200</u>                                                                               |
| 10 Date of Birth (MM/DD/YYYY)                                                                                                                                                             | 11 Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                 |                                                                                           |
| <u>09/25/1971</u>                                                                                                                                                                         | <u>msjvisaya1c2019@gmail.com</u>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                 |                                                                                           |
| 12 Citizenship                                                                                                                                                                            | 13 Claiming Foreign Tax Credits?                                                                                                                                                                                                                                                                                                                                                                                                                             | 14 Foreign Tax Number, if applicable            |                                                                                           |
| <u>FILIPINO</u>                                                                                                                                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                                                                           |
| 15 Contact Number (Landline/Cellphone No.)                                                                                                                                                | 16 Civil Status (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                                           |
| <u>0</u>                                                                                                                                                                                  | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widow/er                                                                                                                                                                                                                                                                                                     |                                                 |                                                                                           |
| 17 If married, spouse has income?                                                                                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                          | 18 Filing Status                                | <input type="checkbox"/> Joint Filing <input checked="" type="checkbox"/> Separate Filing |
| 19 Income EXEMPT from Income Tax?                                                                                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                          | 20 Income subject to SPECIAL/PREFERENTIAL RATE? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                       |
| [If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)] [If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)]                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                                           |
| 21A Method of Deduction (choose one)                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                                           |
| <input checked="" type="checkbox"/> Graduated Rates <input type="checkbox"/> Itemized Deduction <input type="checkbox"/> Optional Standard Deduction (OSD)                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                                           |
| [Choose Method of Deduction in Item 21A] [Sec. 34(A-J), NIRC] [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]]                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                                           |
| 21 Tax Rate* (choose one)                                                                                                                                                                 | <input type="checkbox"/> 8% in lieu of Graduated Rates under Sec. 24(A) & Percentage Tax under Sec. 116 of NIRC                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                                           |
| [available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)]                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                                           |

### PART II - TOTAL TAX PAYABLE (Do NOT Enter Centavos, 49 Centavos or Less drop down: 50 or more round up)

| Particular                                                                                                              | A. Taxpayer/Filer | B. Spouse   |
|-------------------------------------------------------------------------------------------------------------------------|-------------------|-------------|
| 22 Tax Due (From Part VI Item 5)                                                                                        | <u>0.00</u>       | <u>0.00</u> |
| 23 Less: Total Tax Credits/Payments (From Part VII Item 10)                                                             | <u>13,517.00</u>  | <u>0.00</u> |
| 24 Tax Payable/(Overpayment) (Item 22 Less Item 23)                                                                     | <u>-13,517.00</u> | <u>0.00</u> |
| 25 Less: Portion of Tax Payable Allowed for 2nd Installment to be paid on or before October 15 (50% or less of Item 22) | <u>0.00</u>       | <u>0.00</u> |
| 26 Amount of Tax payable/(Overpayment) (Item 24 Less Item 25)                                                           | <u>-13,517.00</u> | <u>0.00</u> |
| Add: Penalties                                                                                                          |                   |             |
| 27 Interest                                                                                                             | <u>0.00</u>       | <u>0.00</u> |
| 28 Surcharge                                                                                                            | <u>0.00</u>       | <u>0.00</u> |
| 29 Compromise                                                                                                           | <u>0.00</u>       | <u>0.00</u> |
| 30 Total Penalties (Sum of Items 27 to 29)                                                                              | <u>0.00</u>       | <u>0.00</u> |
| 31 Total Amount Payable/(Overpayment) (Sum of Items 26 and 30)                                                          | <u>-13,517.00</u> | <u>0.00</u> |
| 32 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30)                                                      | <u>-13,517.00</u> | <u>0.00</u> |

If overpayment, mark one (1) box only (Once the choice is made, the same is irrevocable)  
☐ To be refunded ☐ To be issued a Tax Credit 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 true 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 the processing of my information as contemplated under the Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If signed by an Authorized Representative, indicate TIN and attach authorization letter)

MARIA SOCORRO C. MENDOZA

Printed Name and Signature of Taxpayer/Authorized Representative

33 Number of Attachments 00

### PART III - DETAILS OF PAYMENT

| Particulars               | Drawee Bank/Agency | Number | Date (MM/DD/YYYY) | Amount |
|---------------------------|--------------------|--------|-------------------|--------|
| 34 Cash/Bank Debit Memo   |                    |        |                   |        |
| 35 Check                  |                    |        |                   |        |
| 36 Tax Debit Memo         |                    |        |                   |        |
| 37 Others (specify below) |                    |        |                   |        |

BUREAU OF INTERNAL REVENUE  
RDO No. 03 Calapan City

Machine Validation/Revenue Official Receipt Details (If not filed with an Authorized Agent Bank)

Stamp of Receiving Office/AAB and Date of Receipt  
(RO's Signature/Bank Stamp/Initials)

RECEIVED  
28 APR 2023

NOTE \*The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)

JOJO M. BARRIENTOS  
OIC, Chief Collection Section  
TIN: 215-204,811,000



Taxpayer/Filer's Last Name  
MENDOZA

**PART IV - Background Information of Spouse**

1 Spouse's Taxpayer Identification Number (TIN) \_\_\_\_\_ 2 RDO Code \_\_\_\_\_

3 Filer's Spouse Type ☐ Single Proprietor ☐ Professional ☐ Compensation Earner

4 Alphanumeric Tax Code (ATC) ☐ II012 Business Income-Graduated IT Rates ☐ II014 Income from Profession-Graduated IT Rates ☐ II013 Mixed Income-Graduated IT Rates  
☐ II011 Compensation Income ☐ II015 Business Income-8% IT Rate ☐ II017 Income from Profession-8% IT Rate ☐ II016 Mixed Income-8% IT Rate

5 Spouse's Name (Last Name, First Name, Middle Name) \_\_\_\_\_

6 Contact Number \_\_\_\_\_ 7 Citizenship \_\_\_\_\_

8 Claiming Foreign Tax Credits? ☐ Yes ☐ No 9 Foreign tax number (if applicable) \_\_\_\_\_

10 Income EXEMPT from Income Tax? ☐ Yes ☐ No 11 Income subject to SPECIAL/PREFERENTIAL RATE? ☐ Yes ☐ No  
 [If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)] [If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)]

12 Tax Rate\* (Choose Method of Deduction in Item 12A)  
☐ Graduated Rates ☐ Itemized Deduction ☐ Optional Standard Deduction (OSD)  
 (choose one) [Sec. 34(A-J), NIRC] [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]]  
☐ 8% in lieu of Graduated Rates under Sec. 24(A) & Percentage Tax under Sec. 116 of NIRC  
 [available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)]

12A Method of Deduction (choose one)

**PART V - Computation of Tax**

**Schedule 1 - Gross Compensation Income and tax Withheld (Attach Additional Sheet/s, if necessary)**  
 On Items 1 and 2, enter the required information for each of your employer/s and mark (X) whether the information is for the Taxpayer or the Spouse. On Item 3A, enter the Total Gross Compensation and Total tax Withheld for the Taxpayer and on Item 3B, for the Spouse. (DO NOT enter Centavos; 49 Centavos or less drop down; 50 or more round up)

|    | a. Name of Employer                                                                                               | b. Employer's TIN | c. Compensation Income | d. Tax Withheld |
|----|-------------------------------------------------------------------------------------------------------------------|-------------------|------------------------|-----------------|
| 1  | <input type="checkbox"/> Taxpayer _____                                                                           |                   |                        |                 |
|    | <input type="checkbox"/> Spouse _____                                                                             |                   |                        |                 |
| 2  | <input type="checkbox"/> Taxpayer _____                                                                           |                   |                        |                 |
|    | <input type="checkbox"/> Spouse _____                                                                             |                   |                        |                 |
| 3A | Gross Compensation Income and Total Tax Withheld for TAXPAYER (To Part V Schedule 2 Item 4A and Part VII Item 5A) |                   | 0.00                   | 0.00            |
| 3B | Gross Compensation Income and Total Tax Withheld for SPOUSE (To Part V Schedule 2 Item 4B and Part VII Item 5B)   |                   | 0.00                   | 0.00            |

**Schedule 2 - Taxable Compensation Income** (DO NOT enter Centavos; 49 Centavos or less drop down; 50 or more round up)

| Particulars                                                         | A. Taxpayer/Filer | B. Spouse |
|---------------------------------------------------------------------|-------------------|-----------|
| 4 Gross Compensation Income (From Part V Schedule 1 Item 3A/3B/c)   | 0.00              | 0.00      |
| 5 Less: Non-Taxable / Exempt Compensation                           | 0.00              | 0.00      |
| 6 Taxable Compensation Income (Item 4 Less Item 5)                  | 0.00              | 0.00      |
| 7 Tax Due-Compensation Income (Item 6 x applicable Income Tax Rate) | 0.00              | 0.00      |

**Schedule 3 - Taxable Business Income (If graduated rates, fill in items 8 to 24; if 8% flat income tax rate, fill in items 25 to 30)**

**3.A - For Graduated Income Tax Rates**

|                                                                                                                                      |              |      |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------|------|
| 8 Sales/revenues/receipts/fees                                                                                                       | 1,152,243.00 | 0.00 |
| 9 Less: Sales Returns, Allowances and Discounts                                                                                      | 0.00         | 0.00 |
| 10 Net Sales/Revenues/Receipts/fees (Item 8 Less Item 9)                                                                             | 1,152,243.00 | 0.00 |
| 11 Less: Cost of Sales/Services (applicable only if availing Itemized Deductions)                                                    | 724,280.00   | 0.00 |
| 12 Gross Income/(Loss) from Operation (Item 10 less Item 11)                                                                         | 427,963.00   | 0.00 |
| Less: Deductions Allowable under Existing Laws                                                                                       |              |      |
| 13 Ordinary Allowable Itemized Deductions (From Part V Schedule 4 Item 18)                                                           | 231,515.00   | 0.00 |
| 14 Special Allowable Itemized Deductions (From Part V Schedule 5 Item 3 and/or Item 6)                                               | 0.00         | 0.00 |
| 15 Allowable for Net Operating Loss Carry Over (NOLCO) (From Part V Schedule 6 Item 8 and/or Item 13)                                | 0.00         | 0.00 |
| 16 Total Allowable Itemized Deductions (Sum of Items 13 to 15)                                                                       | 231,515.00   | 0.00 |
| OR                                                                                                                                   |              |      |
| 17 Optional Standard Deduction (OSD) (40% of Item 10)                                                                                | 0.00         | 0.00 |
| 18 Net Income/(Loss) (If Itemized, Item 12 Less Item 16. If OSD, Item 10 Less Item 17)                                               | 196,448.00   | 0.00 |
| Add: Other Non-Operating Income (specify below)                                                                                      |              |      |
| 19 _____                                                                                                                             | 0.00         | 0.00 |
| 20 _____                                                                                                                             | 0.00         | 0.00 |
| 21 Amount Received/Share in Income by a Partner from General Professional Partnership (GPP)                                          | 0.00         | 0.00 |
| 22 Total Other Non-Operating Income (Sum of Items 19 to 21)                                                                          | 0.00         | 0.00 |
| 23 Taxable Income-Business (Sum of Items 18 and 22)                                                                                  | 196,448.00   | 0.00 |
| 24 Total Taxable Income - Compensation & Business (Sum of Items 6 and 23)                                                            | 196,448.00   | 0.00 |
| 25 Total Tax Due-Compensation and Business Income (under graduated rates) (Item 24 x applicable income tax rate) (To Part VI Item 1) | 0.00         | 0.00 |



No  
01

2018 (ENCS)  
Page 3

# Annual Income Tax Return

Individuals (including MIXED Income Earner), Estates and Trusts



Taxpayer/Filer's Last Name

MENDOZA

(DO NOT enter Centavos. 49 Centavos or less drop down, 50 or more round up)

160 221 078 000

## 3.B - For 8% Flat Income Tax Rate

| Particulars                                                                                                                                                                                                       | A. Taxpayer/Filer | B. Spouse |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------|
| 26 Sales/Revenues/Receipts/Fees (net of sales returns, allowances and discounts)                                                                                                                                  | 0 00              | 0 00      |
| Add Other Non-Operating Income (specify below)                                                                                                                                                                    | 0 00              | 0 00      |
| 27                                                                                                                                                                                                                | 0 00              | 0 00      |
| 28 Total Income (Sum of Items 26 and 27)                                                                                                                                                                          | 0 00              | 0 00      |
| Less Allowable reduction from gross sales/receipts and other non-operating income of purely self-employed individuals and/or professionals in the amount of P250,000 (not applicable if with compensation income) | 0 00              | 0 00      |
| 29                                                                                                                                                                                                                | 0 00              | 0 00      |
| 30 Taxable Income/(Loss) (Item 28 Less Item 29)                                                                                                                                                                   | 0 00              | 0 00      |
| 31 Tax Due-Business Income (Item 30 x 8% Flat Income Tax Rate)                                                                                                                                                    | 0 00              | 0 00      |
| 32 Total Tax Due-Compensation & Business Income (under flat rate)(Sum of Items 7 and 31) (To Part VI Item 1)                                                                                                      | 0 00              | 0 00      |

## Schedule 4 - Ordinary Allowable Itemized Deductions (attach additional sheet/s, if necessary)

| 1 Amortizations                                                                                                             | 0 00       | 0 00 |
|-----------------------------------------------------------------------------------------------------------------------------|------------|------|
| 2 Bad Debts                                                                                                                 | 0 00       | 0 00 |
| 3 Charitable and Other Contributions                                                                                        | 0 00       | 0 00 |
| 4 Depletion                                                                                                                 | 0 00       | 0 00 |
| 5 Depreciation                                                                                                              | 0 00       | 0 00 |
| 6 Entertainment, Amusement and Recreation                                                                                   | 0 00       | 0 00 |
| 7 Fringe Benefits                                                                                                           | 0 00       | 0 00 |
| 8 Interest                                                                                                                  | 0 00       | 0 00 |
| 9 Losses                                                                                                                    | 0 00       | 0 00 |
| 10 Pension Trusts                                                                                                           | 0 00       | 0 00 |
| 11 Rental                                                                                                                   | 0 00       | 0 00 |
| 12 Research and Development                                                                                                 | 104,000 00 | 0 00 |
| 13 Salaries, Wages and Allowances                                                                                           | 0 00       | 0 00 |
| 14 SSS, GSIS, Philhealth, HDMF and Other Contributions                                                                      | 23,922 00  | 0 00 |
| 15 Taxes and Licenses                                                                                                       | 33,470 00  | 0 00 |
| 16 Transportation and Travel                                                                                                |            |      |
| 17 Others (Deductions Subject to Withholding Tax and Other Expenses) (specify below. Add additional sheet(s), if necessary) |            |      |
| a Janitorial and Messengerial Services                                                                                      | 0 00       | 0 00 |
| b Professional Fees                                                                                                         | 24,000 00  | 0 00 |
| c Security Services                                                                                                         | 0 00       | 0 00 |
| d SEE FINANCIAL STATEMENTS                                                                                                  | 46,123 00  | 0 00 |
| 18 Total Ordinary Allowable Itemized Deductions (Sum of Items 1 to 17d) (To part V Schedule 3 A Item 13)                    | 231,515 00 | 0 00 |

## Schedule 5 - Special Allowable Itemized Deductions (attach additional sheet/s, if necessary)

| 5.A - Taxpayer/Filer                                                                                                  | Description | Legal Basis | Amount |
|-----------------------------------------------------------------------------------------------------------------------|-------------|-------------|--------|
| 1                                                                                                                     |             |             | 0 00   |
| 2                                                                                                                     |             |             | 0 00   |
| 3 Total Special Allowable Itemized Deductions-Taxpayer/Filer (Sum of Items 1 and 2) (To part V Schedule 3 A Item 14A) |             |             | 0 00   |
| 5.B - Spouse                                                                                                          |             |             |        |
| 4                                                                                                                     |             |             | 0 00   |
| 5                                                                                                                     |             |             | 0 00   |
| 6 Total Special Allowable Itemized Deductions-Spouse (Sum of Items 4 and 5) (To part V Schedule 3 A Item 14B)         |             |             | 0 00   |

## Schedule 6 - Computation of Net Operating Loss carry Over (NOLCO)

| 6.A - Computation of NOLCO                                                                           |                              | A. Taxpayer/Filer                |                  | B. Spouse                     |                                                   |
|------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------|------------------|-------------------------------|---------------------------------------------------|
| Description                                                                                          |                              |                                  |                  |                               |                                                   |
| 1 Gross Income                                                                                       |                              | 0 00                             |                  | 0 00                          |                                                   |
| 2 Less Ordinary Allowable Itemized Deductions                                                        |                              | 0 00                             |                  | 0 00                          |                                                   |
| 3 Net Operating Loss (Item 1 Less Item 2) (To Schedule 6 A 1 Item 7A and/or Schedule 6 A 2 Item 12A) |                              | 0 00                             |                  | 0 00                          |                                                   |
| 6.A.1 - Taxpayer/Filer's Detailed Computation of Available NOLCO                                     |                              |                                  |                  |                               |                                                   |
| Year Incurred                                                                                        | Net Operating Loss A. Amount | B. NOLCO Applied Previous Year/s | C. NOLCO Expired | D. NOLCO Applied Current Year | E. Net Operating Loss (Unapplied) [(E)=A-(B+C+D)] |
| 4                                                                                                    | 0 00                         | 0 00                             | 0 00             | 0 00                          | 0 00                                              |
| 5                                                                                                    | 0 00                         | 0 00                             | 0 00             | 0 00                          | 0 00                                              |
| 6                                                                                                    | 0 00                         | 0 00                             | 0 00             | 0 00                          | 0 00                                              |
| 7                                                                                                    | 0 00                         | 0 00                             | 0 00             | 0 00                          | 0 00                                              |
| 8 Total NOLCO - taxpayer/Filer (Sum of Items 4D to 7D) (To Part V Schedule 3 A Item 15A)             |                              |                                  |                  | 0 00                          |                                                   |





|    |     |     |     |                                       |
|----|-----|-----|-----|---------------------------------------|
| 60 | 221 | 578 | 000 | Taxpayer/Filer's Last Name<br>MENDOZA |
|----|-----|-----|-----|---------------------------------------|

(Continuation of Schedule 6)

6.A.2 - Spouse's Detailed Computation of Available NOLCO

| Year Incurred                                                                      | Net Operating Loss<br>A Amount | B NOLCO Applied<br>Previous Year/s | C NOLCO Expired | D NOLCO Applied<br>Current Year | E Net Operating Loss<br>(Unapplied)<br>[(E)=A-(B+C+D)] |
|------------------------------------------------------------------------------------|--------------------------------|------------------------------------|-----------------|---------------------------------|--------------------------------------------------------|
| 09                                                                                 | 0.00                           | 0.00                               | 0.00            | 0.00                            | 0.00                                                   |
| 10                                                                                 | 0.00                           | 0.00                               | 0.00            | 0.00                            | 0.00                                                   |
| 11                                                                                 | 0.00                           | 0.00                               | 0.00            | 0.00                            | 0.00                                                   |
| 12                                                                                 | 0.00                           | 0.00                               | 0.00            | 0.00                            | 0.00                                                   |
| 13 Total NOLCO - Spouse (Sum of Items 9D to 12D) (To Part V Schedule 3 A Item 15B) |                                |                                    |                 | 0.00                            |                                                        |

PART VI - Summary of Income Tax Due

|                                                                                |      |      |
|--------------------------------------------------------------------------------|------|------|
| 1 Regular Rate-Income Tax Due (From Part V, Either Item 25 or Item 32)         | 0.00 | 0.00 |
| 2 Special Rate-Income Tax Due (From Part X Item 17B/17F)                       | 0.00 | 0.00 |
| 3 Less: Share of Other Government Agency, if remitted directly to the Agency   | 0.00 | 0.00 |
| 4 Net Special Rate-Income Tax Due/Share of National Govt. (Item 2 Less Item 3) | 0.00 | 0.00 |
| 5 Total Income Tax Due (Sum of Items 1 & 4) (To Part II Item 22)               | 0.00 | 0.00 |

PART VII - Tax Credits/Payments (attach proof)

|                                                                                       |           |      |
|---------------------------------------------------------------------------------------|-----------|------|
| 1 Prior Year's Excess Credits                                                         | 0.00      | 0.00 |
| 2 Tax Payments for the First Three (3) Quarters                                       | 0.00      | 0.00 |
| 3 Creditable Tax Withheld for the First Three (3) Quarters                            | 8,482.00  | 0.00 |
| 4 Creditable Tax Withheld per BIR Form No. 2307 for the 4th Quarter                   | 5,035.00  | 0.00 |
| 5 Creditable Tax Withheld per BIR Form No. 2316 (From Part V Schedule 1 Item 3Aa/3Bg) | 0.00      | 0.00 |
| 6 Tax Paid in Return Previously Filed, if this is an Amended Return                   | 0.00      | 0.00 |
| 7 Foreign Tax Credits, if applicable                                                  | 0.00      | 0.00 |
| 8 Special Tax Credits, if applicable (To Part VIII Item 6)                            | 0.00      | 0.00 |
| 9 Other Tax Credits/Payments (specify)                                                | 0.00      | 0.00 |
| 10 Total Tax Credits/Payments (Sum of Items 1 to 9) (To Part II Item 23)              | 13,517.00 | 0.00 |

PART VIII - Tax Relief Availment

VIII.A - Special Rate

|                                                                                                                            |      |      |
|----------------------------------------------------------------------------------------------------------------------------|------|------|
| 1 Regular Income Tax Otherwise Due (Part X Item 16B and/or Item 16F X applicable regular income tax rate)                  | 0.00 | 0.00 |
| 2 Tax Relief on Special Allowable Itemized Deductions (Part X Item 7B and/or Item 7F X applicable regular income tax rate) | 0.00 | 0.00 |
| 3 Sub-Total - Tax Relief (Sum of Items 1 and 2)                                                                            | 0.00 | 0.00 |
| 4 Less: Income Tax Due (From Part X Item 17B and/or Item 17F)                                                              | 0.00 | 0.00 |
| 5 Tax Relief Availment Before Special Tax Credit (Item 3 Less Item 4)                                                      | 0.00 | 0.00 |
| 6 Add: Special Tax Credit, if any (From Part VII Item 8)                                                                   | 0.00 | 0.00 |
| 7 Total Tax Relief Availment-SPECIAL (Sum of Items 5 and 6)                                                                | 0.00 | 0.00 |

VIII.B - Exempt

|                                                                                                                            |      |      |
|----------------------------------------------------------------------------------------------------------------------------|------|------|
| 8 Regular Income Tax Otherwise Due (Part X Item 16A and/or Item 16E X applicable regular income tax rate)                  | 0.00 | 0.00 |
| 9 Tax Relief on Special Allowable Itemized Deductions (Part X Item 7A and/or Item 7E X applicable regular income tax rate) | 0.00 | 0.00 |
| 10 Total Tax Relief Availment-EXEMPT (Sum of Items 8 and 9)                                                                | 0.00 | 0.00 |

PART IX - Reconciliation of Net Income per Books Against Taxable Income (Attach additional sheet/s, if necessary)

| Particulars                                                   | A. Taxpayer/Filer | B. Spouse |
|---------------------------------------------------------------|-------------------|-----------|
| 1 Net Income/(Loss) per Books                                 | 196,448.00        | 0.00      |
| Add: Non-Deductible Expenses/Taxable Other Income             |                   |           |
| 2                                                             | 0.00              | 0.00      |
| 3                                                             | 0.00              | 0.00      |
| 4                                                             | 0.00              | 0.00      |
| 5 Total (Sum of Items 1 to 4)                                 | 196,448.00        | 0.00      |
| Less: A) Non-Taxable Income and Income Subjected to Final Tax |                   |           |
| 6                                                             | 0.00              | 0.00      |
| 7                                                             | 0.00              | 0.00      |
| B) Special/Other Allowable Deductions                         |                   |           |
| 8                                                             | 0.00              | 0.00      |
| 9                                                             | 0.00              | 0.00      |
| 10 Total (Sum of Items 6 to 9)                                | 0.00              | 0.00      |
| 11 Net Taxable Income/(Loss) (Item 5 Less Item 10)            | 196,448.00        | 0.00      |



**Tax Return Receipt Confirmation**

1 message

ebirforms-noreply@bir.gov.ph <ebirforms-noreply@bir.gov.ph>  
To: msjvisaya.fc2019@gmail.com

Thu, Apr 13, 2023 at 10:04 AM

This confirms receipt of your submission with the following details subject to validation by BIR:

File name: 160221678000-1701v2018-122022.xml

Date received by BIR: 13 April 2023

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Penalties may be imposed for any violation of the provisions of the NIRC and issuances thereof.

**FOR RETURNS WITH TAX PAYABLE:**

Please pay through any of the following ePayment Channels:

**Land Bank of the Philippines Link.BizPortal**

- LBP ATM Cards
- Bancnet ATM/Debit Cards
- PCHC PayGate or PESONeT (RCBC, Robinsons Bank, UnionBank, PSBank, BPI, Asia United Bank)

**DBP PayTax Online**

- Credit Cards (MasterCard/Visa)
- Bancnet ATM/Debit Cards

**Unionbank of the Philippines**

- Unionbank Online (for Unionbank Individual and Corporate Account Holders)
- UPAY via InstaPay (For Individual Non-Unionbank Account Holders)

**Taxpayer Agent/ Tax Software Provider-TSP**

- (Gcash/PayMaya/MyEG)

This is a system-generated email. Please do not reply.

**Bureau of Internal Revenue**

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=====

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BUREAU OF INTERNAL REVENUE  
HQ No. 63 Calapan City

RECEIVED  
28 APR 2023

JOJO M. BARRIENTOS  
OIC, Chief Collection Section  
TIN: 715-214-111





REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
**BUREAU OF INTERNAL REVENUE**  
REVENUE REGION NO. 9A - CaBaMiRo  
CITY OF STO. TOMAS, BATANGAS

TCBP NO. RR9A-063-06-19-1043-2023-M

# TAX CLEARANCE CERTIFICATE

(Pursuant to Executive Order No. 398)

**MENDOZA, MARIA SOCORRO CASALLA**

(IRAYA LIFE ENTERPRISES)

Name of Taxpayer

**SITIO PROPER 3, BULUSAN, CITY OF CALAPAN (CAPITAL), ORIENTAL MINDORO**

Address

**160-221-678-00000**

Taxpayer Identification Number

This is to certify that the above mentioned taxpayer is eligible for issuance of this Tax Clearance Certificate having satisfied all the criteria set forth by the BIR as of the date of this certification pursuant to Revenue Regulations No. 8-2016, as amended.

Tax liabilities recorded after the aforesaid dates or outside the jurisdiction of this Office are not covered by this tax clearance.

Issued this 19th day of June, 2023.

NOTE: THIS CERTIFICATE SHALL BE VALID AND EFFECTIVE FROM DATE OF ISSUE UNTIL JUNE 19, 2024 ONLY OR UNTIL REVOKED FOR VIOLATION OF THE CRITERIA SPECIFIED UNDER REVENUE REGULATIONS NO. 8-2016, AS AMENDED AND REVENUE MEMORANDUM ORDER NO. 46-2018, WHICHEVER COMES EARLIER. THIS SHALL NOT BE USED ON SALES/TRANSFER OF REAL PROPERTIES. CERTIFICATION FEE OF P100 WAS PAID ON JUNE 14, 2023 UNDER EFPS PAYMENT TRANSACTION NO. 235204712. ANY ERASURE MADE ON THIS TCC SHALL RENDER IT NULL AND VOID.



*Ilagan*  
**LEVINE B. ILAGAN**  
Chief, Collection Division  
06/14/2023



**WARNING:** Counterfeiting is punishable by law. For authenticity, please visit BIR website [www.bir.gov.ph/index.php/tax-clearance/released-tax-clearance.html](http://www.bir.gov.ph/index.php/tax-clearance/released-tax-clearance.html). Tax Clearance Certificate (for bidding purposes) not listed/posted herein will be deemed to have originated from an illegal source.





This certifies that

**IRAYA LIFE ENTERPRISES**

(BARANGAY)

BULUSAN, CITY OF CALAPAN (CAPITAL) ORIENTAL MINDORO - REGION IV-B (MIMAROPA)

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

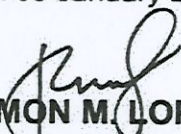
**MARIA SOCORRO CASALLA MENDOZA**

is valid from 11 January 2022 to 11 January 2027 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

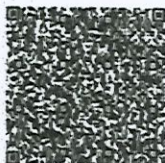
**Certificate of Business Name Registration**

and issue the same on 05 January 2022 in the Philippines.

  
**RAMON M. LOPEZ**  
Secretary

**Business Name No. 3394982**

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



CGYH873612971616

Documentary Stamp Tax Paid Php 30.00



Supply and Delivery of Office Equipment for the CTE Department of Minsu Main Campus  
Alcate, Victoria, Oriental Mindoro  
Project Name and Location

**Contract Duration:**

[illegible]

**CHRISTIAN ANTHONY C. AGUTAYA, Ph.D.**  
 OIC, Office of the University President



## PURCHASE REQUEST

**Fund Cluster:**[illegible]

**Purpose:**

to be used by the faculty and students of the CTE for their ventilation.

Signature :

Requested by:

Recommending Approval:

Certified Allotment  
Available:

Approved by:

Printed Name :

APRIL M. BAGON-FAELDAN, Ph.D.

**NEMESIO H. DAVALOS, Ph.D.**

ROVELYN P. ROXAS

CHRISTIAN ANTHONY C. AGUTAYA, Ph.D.

Designation :

OIC-Dean, College of Teacher Education

VP for Academic Affairs

Budget Officer III

OIC - Office of the University President