



SUPPLY AND DELIVERY OF OFFICE EQUIPMENT FOR THE UNIVERSITY CLINIC AT MINSU CALAPAN CITY CAMPUS
Name of Project

BAC Resolution Recommending Approval
Resolution No. 155, 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 University Clinic at MinSU Calapan City Campus” with an Approved Budget for the Contract (ABC) amounting to One Hundred Thirty Thousand Pesos (Php130,000.00);

WHEREAS, in response to the said advertisement, six (6) suppliers were found in the document request list; however, five (5) suppliers in the name of PAPERCAT OFFICE SUPPLIES AND EQUIPMENT TRADING, DUPLICAT NON-SPECIALIZED WHOLESALE TRADING, HIRAM’S SUPPLY WHOLESALING, MKRJ MARKETING and IRAYA LIFE ENTERPRISES 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
Php130,000.00	Papercat Office Supplies and Equipment Trading	Php112,000.00
	Duplicat Non-Specialized Wholesale Trading	Php114,000.00
	HIRAM’S Supply Wholesaling	Php121,686.00
	MKRJ Marketing	Php125,000.00
	Iraya Life Enterprises	Php129,600.00

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 PAPERCAT OFFICE SUPPLIES AND EQUIPMENT TRADING 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 University Clinic at MinSU Calapan City Campus” to Papercat Office Supplies and Equipment Trading amounting to One Hundred Twelve Thousand Pesos (Php112,000.00) with official address at Guiho St., Sto. Niño, Calapan City, Oriental Mindoro as the supplier/bidder with Lowest Calculated Responsive Bid (LCRB);

RESOLVED, at MinSU Main Campus, Alcate, Victoria, Oriental Mindoro, this 6th day of August, 2024.

NEMESIO H. DAVALOS, Ph.D.
BAC Chairperson

ANSELMO R. ULEP, JR.
BAC Vice-Chairperson

CIEDELLE P. SALAZAR Ph.D
BAC Member

ELVIC. ESCAREZ, Ph.D.
BAC Member

MELGAR G. FADRIQUELAN
BAC Member

Approved/Disapproved

ENYA MARIE D. APOSTOL, Ph.D.
SUC President III

Date: _____



PhilGEPS

Philippine Government Electronic Procurement System

**Central Portal for
Philippine Government
Procurement Opportunities**

Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number	11030706
Procuring Entity	MINDORO STATE UNIVERSITY
Title	Supply and Delivery of Office Equipment for the University Clinic at MinSU Calapan City Campus
Area of Delivery	Oriental Mindoro

Solicitation Number:	RFQ 2024-140	Status	Closed
Trade Agreement:	Implementing Rules and Regulations	Associated Components	1
Procurement Mode:	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Bid Supplements	0
Classification:	Goods	Document Request List	6
Category:	Airconditioning and Airconditioning Systems	Date Published	09/07/2024
Approved Budget for the Contract:	PHP 130,000.00	Last Updated / Time	09/07/2024 00:00 AM
Delivery Period:	30 Day/s	Closing Date / Time	16/07/2024 17:00 PM
Client Agency:			
Contact Person:	MARK LESTER A MAGPANTAY Head, BAC Secretariat Alcate Victoria Oriental Mindoro Philippines 5205 63-9-154612960 macmagpantay@minsu.edu.ph		

Description

Please quote your lowest price on the items / listed below, subject to the General Condition on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than in the address stated in the last page.

NEMESIO H. DAVALOS, Ph.D.

BAC Chairperson

Note: 1. All entries must be typewritten.

2. Delivery Period within ____ calendar days.

3. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for Equipment, from date of acceptance by the procuring entity.

4. Price validity shall be a period of 30 calendar days.

5. G-EPS Registration Certificate shall be attached upon submission of the Quotation.

6. Bidders shall submit Original Brochures showing certification of the product being offered (optional).

7. Mode of delivery: ☐ Pick-up (Schedule) ☐ Door to Door Delivery

Item No.	Unit	ITEM AND DESCRIPTION	QTY.	UNIT PRICE	TOTAL AMOUNT
1	1000	1000	1000	1000	1000

1 units Split-Type Wall Mounted Inverter Type Air-Conditioning Unit 2

Specifications:

Cooling Capacity: 2.5 HP/21,960 kJ/h

Power input: 1,260 watts

Inclusions: Free Installation

XVX

Created by Annabelle Quinto Madrigal

Date Created , 08/07/2024

The PhilGEPS team is not responsible for any typographical errors or misinformation presented in the system. PhilGEPS only displays information provided for by its clients, and any queries regarding the postings should be directed to the contact person/s of the concerned party.

© 2004-2024 DBM Procurement Service. All rights reserved.

[Help](#) | [Contact Us](#) | [Sitemap](#)

REQUEST FOR QUOTATION

Supply and Delivery of Office Equipment for the University Clinic at MinSU Calapan City Campus

PR No.: 2024-114

RFQ No. 2024- 140

ABC Amount: Php 130,000.00

Company Name: **Papercat Office Supplies and Equipment Trading**

Address: Guiho St., Sto. Niño, Calapan City

Please quote your lowest price on the items / listed below, subject to the General Condition on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than _____ in the address stated in the last page.

NEMESIO H. DAVALOS, Ph.D.

BAC Chairperson

Note:

1. All entries must be typewritten.
2. Delivery Period within ____ calendar days.
3. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for Equipment, from date of acceptance by the procuring entity.
4. Price validity shall be a period of 30 calendar days.
5. G-EPS Registration Certificate shall be attached upon submission of the Quotation.
6. Bidders shall submit Original Brochures showing certification of the product being offered (optional).
7. Mode of delivery: [☐] Pick-up (Schedule) [☐] Door to Door Delivery

Item No.	Unit	ITEM AND DESCRIPTION	QTY.	UNIT PRICE	TOTAL AMOUNT
1	unit	Split-Type Wall Mounted Inverter Type AirConditioning Unit	2	56,000.00	112,000.00
		Specifications:			
		Cooling Capacity: 2.5 HP/21,960 kJ/h			
		Power input: 1,260 watts			
		Inclusions: Free Installation			
XX					
			TOTAL		112,000.00

After having carefully read and accepted your General Condition, I / We quote you on the item at prices noted above

Mary Frances Dominique DG. Castro

Supplier's Signature over Printed Name

497-143-353-000

TIN No. of Establishment

0908 874 3789

Contact Number

July 16, 2024

Date _____

General Conditions

3. 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.
4. 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.

MSU-BAC-FR-05.01

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



Ocular Inspection

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.

Award

The supplier that submitted the lowest calculated responsive quotation, and passed the inspection conducted by the End-User and BAC prior to the event, if any, shall be awarded the contract.

Evaluation of Quotations

Quotations shall be compared and evaluated on the basis of the following criteria:

4. Completeness of Submission
5. Compliance with Item & Description Requirements
6. Price

Instructions

5. Supplier shall be responsible for the source(s) of its goods/services/equipment, and which shall be in accordance with the schedule and specifications of the RFQ or contract. Failure of the supplier to comply with this provision shall be ground for cancellation of the award or purchase order issued to the supplier.
6. Supplier that accepted an award, purchase order, or contract but failed to deliver the required goods/services/equipment within the time called for in the award, purchase order, or contract shall be disqualified from participating in MinSU or any of MinSU campuses future procurement activities. This is without prejudice to the imposition of other sanctions prescribed under R.A. 9184 and its IRR-A against the supplier.
7. All duties, excise, and other taxes and revenue charges shall be paid by the supplier.
8. All transactions are subject to withholding of credible Government Taxes per revenue regulation(s) of the Bureau of Internal Revenue

Liquidation Damages

A penalty of one-tenth of one percent (0.001) of the total value of the undelivered goods/services/equipment shall be charged as liquidated damages for every day of delay of the delivery of the purchased goods/services/equipment.

Warranty

Supplier warrants that all goods/services/equipment to be provided are of acceptable industry standard.

Payment

Payment shall be made only upon a certification by the Head of the Procuring Entity to the effect that the GOODS have been rendered or delivered in accordance with the terms of this Contract and have been duly inspected and accepted.



Email: universitypresident@minsu.edu.ph
Website: www.minsu.edu.ph
Mobile: +63 977 846 72 28



Supply and Delivery of Office Equipment for the University Clinic at MinSU Calapan City Campus

PR No.: 2024-114

RFQ No. 2024-140

ABC Amount: Php130,000.00

Company Name : DUPLICAT NON-SPECIALIZED WHOLESALE TRADING
Address : STO. NINO CALAPAN CITY

Please quote your lowest price on the items / listed below, subject to the General Condition on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than _____ in the address stated in the last page.

NEMESIO H. DAVALOS, Ph.D.

BAC Chairperson	
-----------------	--

Note:

1. All entries must be typewritten.
2. Delivery Period within ____ calendar days.
3. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for Equipment, from date of acceptance by the procuring entity.
4. Price validity shall be a period of 30 calendar days.
5. G-EPS Registration Certificate shall be attached upon submission of the Quotation.
6. Bidders shall submit Original Brochures showing certification of the product being offered (optional).
7. Mode of delivery: [☐] Pick-up (Schedule) [☐] Door to Door Delivery

[illegible]

After having carefully read and accepted your General Condition, I / We quote you on the item at prices noted above

STEPHEN MAGBANUA

Supplier's Signature over Printed Name

262-488-795-000

TIN No. of Establishment

0927-4283705

Contact Number

07-16-2024

Date _____

General Conditions

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.

Ocular Inspection

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.

Award

The supplier that submitted the lowest calculated responsive quotation, and passed the inspection conducted by the End-User and BAC prior to the event, if any, shall be awarded the contract.

MSU-BAC-FR-05.01

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



Evaluation of Quotations

Quotations shall be compared and evaluated on the basis of the following criteria:

1. Completeness of Submission
2. Compliance with Item & Description Requirements
3. Price

Instructions

1. Supplier shall be responsible for the source(s) of its goods/services/equipment, and which shall be in accordance with the schedule and specifications of the RFQ or contract. Failure of the supplier to comply with this provision shall be ground for cancellation of the award or purchase order issued to the supplier.
2. Supplier that accepted an award, purchase order, or contract but failed to deliver the required goods/services/equipment within the time called for in the award, purchase order, or contract shall be disqualified from participating in MinSU or any of MinSU campuses future procurement activities. This is without prejudice to the imposition of other sanctions prescribed under R.A. 9184 and its IRR-A against the supplier.
3. All duties, excise, and other taxes and revenue charges shall be paid by the supplier.
4. All transactions are subject to withholding of credible Government Taxes per revenue regulation(s) of the Bureau of Internal Revenue

Liquidation Damages

A penalty of one-tenth of one percent (0.001) of the total value of the undelivered goods/services/equipment shall be charged as liquidated damages for every day of delay of the delivery of the purchased goods/services/equipment.

Warranty

Supplier warrants that all goods/services/equipment to be provided are of acceptable industry standard.

Payment

Payment shall be made only upon a certification by the Head of the Procuring Entity to the effect that the GOODS have been rendered or delivered in accordance with the terms of this Contract and have been duly inspected and accepted.

MSU-BAC-FR-05.01



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



Evaluation of Quotations

Quotations shall be compared and evaluated on the basis of the following criteria:

1. Completeness of Submission
2. Compliance with Item & Description Requirements
3. Price

Instructions

1. Supplier shall be responsible for the source(s) of its goods/services/equipment, and which shall be in accordance with the schedule and specifications of the RFQ or contract. Failure of the supplier to comply with this provision shall be ground for cancellation of the award or purchase order issued to the supplier.
2. Supplier that accepted an award, purchase order, or contract but failed to deliver the required goods/services/equipment within the time called for in the award, purchase order, or contract shall be disqualified from participating in MinSU or any of MinSU campuses future procurement activities. This is without prejudice to the imposition of other sanctions prescribed under R.A. 9184 and its IRR-A against the supplier.
3. All duties, excise, and other taxes and revenue charges shall be paid by the supplier.
4. All transactions are subject to withholding of credible Government Taxes per revenue regulation(s) of the Bureau of Internal Revenue

Liquidation Damages

A penalty of one-tenth of one percent (0.001) of the total value of the undelivered goods/services/equipment shall be charged as liquidated damages for every day of delay of the delivery of the purchased goods/services/equipment.

Warranty

Supplier warrants that all goods/services/equipment to be provided are of acceptable industry standard.

Payment

Payment shall be made only upon a certification by the Head of the Procuring Entity to the effect that the GOODS have been rendered or delivered in accordance with the terms of this Contract and have been duly inspected and accepted.

MSU-BAC-FR-05.01

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



Mindoro State University
Victoria, Oriental Mindoro 5205 Philippines

Email: universitypresident@minsu.edu.ph
Website: www.minsu.edu.ph
Mobile: +63 977 846 72 28

REQUEST FOR QUOTATION

Supply and Delivery of Office Equipment for the University Clinic at MinSU Calapan City Campus

PR No.: 2024-114
RFQ No. 2024-140
ABC Amount: Php130,000.00

Company Name : MKRJ MARKETING
Address : SAN AGUSTIN 1, NAUJAN ORIENTAL MINDORO

Please quote your lowest price on the items / listed below, subject to the General Condition on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than _____ in the address stated in the last page.

 NEMESIO H. DAVALOS, Ph.D.

BAC Chairperson

- Note: 1. All entries must be typewritten.
2. Delivery Period within _____ calendar days.
3. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for Equipment, from date of acceptance by the procuring entity.
4. Price validity shall be a period of 30 calendar days.
5. G-EPS Registration Certificate shall be attached upon submission of the Quotation.
6. Bidders shall submit Original Brochures showing certification of the product being offered (optional).
7. Mode of delivery: ☐ Pick-up (Schedule) ☐ Door to Door Delivery

Item No.	Unit	ITEM AND DESCRIPTION	QTY.	UNIT PRICE	TOTAL AMOUNT
1	units	Split-Type Wall Mounted Inverter Type Air Conditioning Unit	2	62,500.00	125,000.00
		Specifications:			
		Cooling Capacity: 2.5 HP/21,960 kJ/h			
		Power input: 1,260 watts			
		Inclusions: Free Installation			
XX					
			TOTAL		125,000.00 Php

After having carefully read and accepted your General Condition, I / We quote you on the item at prices noted above

 MARICEL K. RECTO
Supplier's Signature over Printed Name

 299-108-912-000
TIN No. of Establishment
 0936 9516747
Contact Number

 07/12/2024
Date

General Conditions

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.

Ocular Inspection

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.

Award

The supplier that submitted the lowest calculated responsive quotation, and passed the inspection conducted by the End-User and BAC prior to the event, if any, shall be awarded the contract.



Mindoro State University
Victoria, Oriental Mindoro 5205 Philippines

Email: universitypresident@minsu.edu.ph
Website: www.minsu.edu.ph
Mobile: +63 977 846 72 28

Evaluation of Quotations

Quotations shall be compared and evaluated on the basis of the following criteria:

1. Completeness of Submission
2. Compliance with Item & Description Requirements
3. Price

Instructions

1. Supplier shall be responsible for the source(s) of its goods/services/equipment, and which shall be in accordance with the schedule and specifications of the RFQ or contract. Failure of the supplier to comply with this provision shall be ground for cancellation of the award or purchase order issued to the supplier.
2. Supplier that accepted an award, purchase order, or contract but failed to deliver the required goods/services/equipment within the time called for in the award, purchase order, or contract shall be disqualified from participating in MinSU or any of MinSU campuses future procurement activities. This is without prejudice to the imposition of other sanctions prescribed under R.A. 9184 and its IRR-A against the supplier.
3. All duties, excise, and other taxes and revenue charges shall be paid by the supplier.
4. All transactions are subject to withholding of credible Government Taxes per revenue regulation(s) of the Bureau of Internal Revenue Liquidation Damages

A penalty of one-tenth of one percent (0.001) of the total value of the undelivered goods/services/equipment shall be charged as liquidated damages for every day of delay of the delivery of the purchased goods/services/equipment.

Warranty

Supplier warrants that all goods/services/equipment to be provided are of acceptable industry standard.

Payment

Payment shall be made only upon a certification by the Head of the Procuring Entity to the effect that the GOODS have been rendered or delivered in accordance with the terms of this Contract and have been duly inspected and accepted.

REQUEST FOR QUOTATION

Supply and Delivery of Office Equipment for the University Clinic at MinSU Calapan City Campus

PR No.: 2024-114

RFQ No. 2024-140

ABC Amount: Php130,000.00

Company Name : IRAYA LIFE ENTERPRISES
Address : BULUSAN CALAPAN COTI

Please quote your lowest price on the items / listed below, subject to the General Condition on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than _____ in the address stated in the last page.

NEMESIO H. DAVALOS, Ph.D.

BAC Chairperson

Note:

1. All entries must be typewritten.
2. Delivery Period within ____ calendar days.
3. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for Equipment, from date of acceptance by the procuring entity.
4. Price validity shall be a period of 30 calendar days.
5. G-EPS Registration Certificate shall be attached upon submission of the Quotation.
6. Bidders shall submit Original Brochures showing certification of the product being offered (optional).
7. Mode of delivery: ☐ Pick-up (Schedule) ☐ Door to Door Delivery

Item No.	Unit	ITEM AND DESCRIPTION	QTY.	UNIT PRICE	TOTAL AMOUNT
1	units	Split-Type Wall Mounted Inverter Type Air-Conditioning Unit	2	64,800.-	129,600.00
		Specifications:			
		Cooling Capacity: 2.5 HP/21,960 kJ/h			
		Power input: 1,260 watts			
		Inclusions: Free Installation			
XX					129,600.00
			TOTAL	2	

After having carefully read and accepted your General Condition, I / We quote you on the item at prices noted above

Supplier's Signature over Printed Name

Supplier's Signature over Printed Name

TIN No. of Establishment

Contact Number

07.16.2024

Date _____

General Conditions

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.

Ocular Inspection

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.

Award

The supplier that submitted the lowest calculated responsive quotation, and passed the inspection conducted by the End-User and BAC prior to the event, if any, shall be awarded the contract.

MSU-BAC-FR-05.01

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

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

THIS IS TO CERTIFY THAT

PAPERCAT OFFICE SUPPLIES AND EQUIPMENT TRADING

Guiho Street ,
Calapan City , Oriental Mindoro , Region IV-B , Philippines

is registered in the **Philippine Government Electronic Procurement System (PhilGEPS)** on 02-Oct-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 **PAPERCAT OFFICE SUPPLIES AND EQUIPMENT TRADING** 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 02-Sep-2024

Issued this 02nd day of September 2023.
This is a system generated certificate. No signature is required.



Documentary Stamp Tax Paid Php 30.00
Certificate Reference No: 201910-18033-82785298
Amended Date as of June 12, 2024 04:02 pm

REMINDERS ¹

- *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.*

List of Eligibility Documents

of
PAPERCAT OFFICE SUPPLIES AND EQUIPMENT TRADING
Guiho Street ,
Calapan City , Oriental Mindoro , Region IV-B , Philippines

DTI Certificate	DTI Certificate Number : 1035025 Issued By / Signatory : Alfredo E. Pascual Registration Date : 28-Feb-2024 Expiration Date : 20-Jun-2029
Mayors Permit	Expiration Date : 31-Dec-2024 Permit Number : 01900000465 Place of Issue : Calapan City Issued By / Signatory : Eduard L. Reyes Marilou F. Morillo Issuance Date : 08-Jan-2024
Tax Clearance	Expiration Date : 14-May-2025 TCC Number : RR9A0630514R08682024E Issued By / Signatory : Rosalinda D. Cabidog Issuance date : 14-May-2024
Audited Financial Statement	Date of Filing : 05-Apr-2023 Current Asset : 7,619,525.37 Total Asset : 14,683,751.07 Current Liabilities : 297,742.23 Total Liabilities : 2,263,426.23 Name of Auditor : Elvin P. Vargas BIR RDO Code : 063
PCAB License	Expiration Date : - Issued By / Signatory : Issuance Date : - License Number : License First Issue Date : - Principal Classification : Category :



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

TAUMBAYAN AND
MASUNOD
OFFICE OF THE CITY MAYOR

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= 10,370.00

TAXPAYER'S NAME CASTRO, MARY FRANCES	BUSINESS I.D. 01900000465	MODE OF PAYMENT Annually	DATE BILLED 1/8/2024	KIND OF BUSINESS Suppliers and Equipment Trading/ Wholesaling	STATUS R
NAME OF BUSINESS Papercat Office Supplies And Equipment Trading		LOCATION OF BUSINESS STO. NINO		BUSINESS PERMIT NUMBER	
KIND OF FEE / TAX	TAX BASE	TAX AMOUNT	SUR/INT	TOTAL	PERIOD
BUSINESS TAX		6,450.00	0.00	6,450.00	
MAYOR'S PERMIT		2,650.00		2,650.00	
MAYORS PERMIT FEE		1,000.00			
EDUC'L SPECIAL PROGR		100.00			
DRAINAGE MAINTENANCE		100.00			
GARBAGE FEE		1,000.00			
SANITARY FEE		200.00			
FIRE AND SAFETY INSP		250.00			
MEDICAL FEE		200.00		200.00	
ANNUAL INSPECTION FEE		200.00		200.00	
BUSINESS STICKER		300.00		300.00	
SITE INSPECTION FEE		50.00		50.00	
OCCUPATIONAL FEE		440.00		440.00	
TAX CLEARANCE		30.00		30.00	
AAP.&RENEWAL OF BUS.FEE		50.00		50.00	
				10,370.00	
ENCODER		TOTALS		10,370.00	

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 1222677
O.R. Number _____
Date 1/8/2024

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.



OMNIBUS SWORN STATEMENT

REPUBLIC OF THE PHILIPPINES)
CITY OF CALAPAN) S.S.

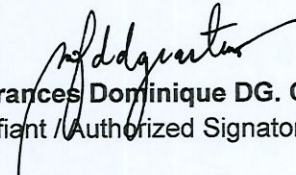
AFFIDAVIT

I, **Mary Frances Dominique DG. Castro**, of legal age, Filipino, and residing at Brgy. Suqui, Calapan City Oriental Mindoro, after having been duly sworn in accordance with law, do hereby depose and state that:

1. I am the sole proprietor or authorized representative of **Papercat Office Supplies and Equipment Trading** with office address at *Brgy. Sto. Niño, Calapan City, Oriental Mindoro*;
2. As the owner and sole proprietor of **Papercat Office Supplies and Equipment Trading**, I have the 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 AND DELIVERY OF OFFICE EQUIPMENT FOR THE UNIVERSITY CLINIC AT MINSU CALAPAN CITY CAMPUS** with PR NO.: 2024-114 and RFQ No.: 2024-140.
3. **Papercat Office Supplies and Equipment Trading** is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, office, 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. **Papercat Office Supplies and Equipment Trading** is authorizing the Head of 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. **Papercat Office Supplies and Equipment Trading** complies with existing labour laws and standards; and

8. **Papercat Office Supplies and Equipment Trading** is aware of and has undertaken the following responsibilities as a Bidder:
- a. Carefully examine all of the Bidding Documents;
 - b. Acknowledge all conditions, local or otherwise, affecting the implementation of the contract;
 - c. Made an estimate of the facilities available and needed for the contract of the bid, if any, and
 - d. Inquire or secure Supplemental/Bid Bulletin(s) issued for the **SUPPLY AND DELIVERY OF OFFICE EQUIPMENT FOR THE UNIVERSITY CLINIC AT MINSU CALAPAN CITY CAMPUS** with PR NO.: 2024-114 and RFQ No.: 2024-140;
9. **Papercat Office Supplies and Equipment Trading** did not give or pay directly, any commission, amount fee or any form of consideration, pecuniary or otherwise to any person of official, personnel or representative of the government in relation to any procurement project or activity;
10. **In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.**

IN WITNESS WHEREOF, I have hereunto set my hand this 16th day of July, 2024 at Calapan City, Oriental Mindoro, Philippines.


Mary Frances Dominique DG. Castro
Affiant / Authorized Signatory

SUBSCRIBED AND SWORN to before me, this 16th day of July, 2024 at Calapan City, Oriental Mindoro, Philippines.

NAME OF NOTARY PUBLIC
Serial No. of Commission _____
Notary Public for _____ until _____
Roll of Attorneys No. _____
PTR No. _____
IBP No. _____
ATTY. JOHN ABRIALD. MAULION
NOTARY PUBLIC UNTIL DECEMBER 31, 2025
Roll No. 83176
IBP OR No. 371243/ 12-21-2023/ Or. Mindoro
PTR No. 1222466A/ 01-02-2024/ Calapan City
MCLE Compliance: Until 04-14-25

Doc. No. 213
Page No. 44
Book No. 8
Series of 2024

OMNIBUS SWORN STATEMENT

REPUBLIC OF THE PHILIPPINES)

CITY OF CALAPAN) S.S.

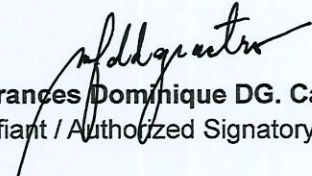
AFFIDAVIT

I, **Mary Frances Dominique DG. Castro**, of legal age, Filipino, and residing at Brgy. Suqui, Calapan City Oriental Mindoro, after having been duly sworn in accordance with law, do hereby depose and state that:

1. I am the sole proprietor or authorized representative of **Papercat Office Supplies and Equipment Trading** with office address at *Brgy. Sto. Niño, Calapan City, Oriental Mindoro*;
2. As the owner and sole proprietor of **Papercat Office Supplies and Equipment Trading**, I have the 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 AND DELIVERY OF OFFICE EQUIPMENT FOR THE UNIVERSITY CLINIC AT MINSU CALAPAN CITY CAMPUS** with PR NO.: 2024-114 and RFQ No.: 2024-140.
3. **Papercat Office Supplies and Equipment Trading** is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, office, 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. **Papercat Office Supplies and Equipment Trading** is authorizing the Head of 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. **Papercat Office Supplies and Equipment Trading** complies with existing labour laws and standards; and

8. **Papercat Office Supplies and Equipment Trading** is aware of and has undertaken the following responsibilities as a Bidder:
- Carefully examine all of the Bidding Documents;
 - Acknowledge all conditions, local or otherwise, affecting the implementation of the contract;
 - Made an estimate of the facilities available and needed for the contract of the bid, if any, and
 - Inquire or secure Supplemental/Bid Bulletin(s) issued for the **SUPPLY AND DELIVERY OF OFFICE EQUIPMENT FOR THE UNIVERSITY CLINIC AT MINSU CALAPAN CITY CAMPUS** with PR NO.: 2024-114 and RFQ No.: 2024-140;
9. **Papercat Office Supplies and Equipment Trading** did not give or pay directly, any commission, amount fee or any form of consideration, pecuniary or otherwise to any person of official, personnel or representative of the government in relation to any procurement project or activity;
10. **In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.**

IN WITNESS WHEREOF, I have hereunto set my hand this 16th day of July, 2024 at Calapan City, Oriental Mindoro, Philippines.


Mary Frances Dominique DG. Castro
Affiant / Authorized Signatory

SUBSCRIBED AND SWORN to before me, this 16th day of July, 2024 at Calapan City, Oriental Mindoro, Philippines.

NAME OF NOTARY PUBLIC _____
Serial No. of Commission _____
Notary Public for _____ until _____
Roll of Attorneys No. _____
PTR No. _____
IBP No. _____


ATTY. JOHN ADRIAN D. MAULION
NOTARY PUBLIC UNTIL DECEMBER 31, 2025
Roll No. 85176
IBP OR No. 371343/12-31-2023/ Or. Mindoro
PTR No. 1222466A/01-02-2024/ Calapan City
MCLE Compliance: Until 04-14-25

Doc. No. 213
Page No. 44
Book No. 2
Series of 2024

BIR FORM

2303

REVISED: APRIL 2019

REPUBLIKA NG PILIPINAS
KAGAWARAN NG PANANALAPI
KAWANIHAN NG RENTAS INTERNAS

REVENUE REGION NO. 09A - CABAMIRO (CAVITE-BATANGAS-MINDORO-ROMBLON)

REVENUE DISTRICT OFFICE NO. 063 - CALAPAN, ORIENTAL MINDORO

OCN: 063RC20230000003862

Date OCN Generated: September 27, 2023

UPDATED ON SEP 27 2023

CERTIFICATE OF REGISTRATION

TIN & BRANCH CODE 497-143-353-00000		NAME OF TAXPAYER CASTRO, MARY FRANCES DOMINIQUE DE GUZMAN		TIN ISSUANCE DATE February 21, 2017	
REGISTERING OFFICE		X Head Office		Branch	
REGISTERED ADDRESS SANTO NIÑO 5200 CITY OF CALAPAN (CAPITAL) ORIENTAL MINDORO PHILIPPINES					
TAX TYPES		FORM		FILING	
VALUE ADDED TAX		2550Q		August 30, 2019	
WITHHOLDING TAX		1604E		August 30, 2019	
EXPANDED/OTHERS		1601EQ		August 30, 2019	
WITHHOLDING TAX		0619E		August 30, 2019	
EXPANDED/OTHERS		0619E		August 30, 2019	
INDIVIDUAL INCOME TAX		1701Q		October 23, 2018	
INDIVIDUAL INCOME TAX		1701Q		October 23, 2018	
REGISTRATION FEE		0605		October 23, 2018	
TAXPAYER TYPE/S		SINGLE PROPRIETORSHIP ONLY (RESIDENT CITIZEN)			
BUSINESS INFORMATION DETAILS					
TRADE NAME 1		DIGICAT PRINTING SERVICES			
(PSIC)		18110-PRINTING			
Line of Business		PRINTING			
TRADE NAME 2		PAPERCAT OFFICE SUPPLIES AND EQUIPMENT			
(PSIC)		47610-RETAIL SALE OF BOOKS, NEWSPAPERS AND STATIONERY IN			
CHANGE IN TRADE NAME		Primary			
CHANGE/ADD IN LINE OF BUSINESS		Primary			
CATEGORY		REGISTRATION DATE			
Primary		September 27, 2023			
Primary		August 30, 2019			

BIR FORM:

2303

REVISED: APRIL 2019

REPUBLIKA NG PILIPINAS
KAGAWARAN NG PANANALAPI
KAWANIHAN NG RENTAS INTERNAS
REVENUE REGION NO. 09A - CABAMIRO (CAVITE-BATANGAS-MINDORO-ROMBLON)
REVENUE DISTRICT OFFICE NO. 063 - CALAPAN, ORIENTAL MINDORO

OCN: 063RC20230000003862

Date OCN Generated: September 27, 2023

UPDATED ON SEP 27 2023

CERTIFICATE OF REGISTRATION

TIN & BRANCH CODE 497-143-353-00000	NAME OF TAXPAYER CASTRO, MARY FRANCES DOMINIQUE DE GUZMAN		TIN ISSUANCE DATE February 21, 2017
REGISTERING OFFICE	X	Head Office	Branch
REGISTERED ADDRESS SANTO NIÑO 5200 CITY OF CALAPAN (CAPITAL) ORIENTAL MINDORO PHILIPPINES			
SPECIALIZED STORES			
Line of Business	RETAIL SALE OF CULTURAL AND RECREATION GOODS IN SPECIALIZED STORES		
(PSIC)	47733-RETAIL SALE OF OFFICE MACHINES AND EQUIPMENT EXCLUDING COMPUTERS AND COMPUTER PERIPHERAL EQUIPMENT		
Line of Business	RETAIL SALE OF OTHER GOODS IN SPECIALIZED STORES		
(PSIC)	46699-WHOLESALE OF OTHER WASTE AND SCRAP AND PRODUCTS; N.E.C.		
Line of Business	OTHER SPECIALIZED WHOLESALE		
(PSIC)	47191-RETAIL SELLING IN DEPARTMENT STORES		
Line of Business	RETAIL SALE IN NON-SPECIALIZED STORES		
(PSIC)	46592-WHOLESALE OF INDUSTRIAL MACHINERY AND EQUIPMENT		
Line of Business	46592 - WHOLESALE OF INDUSTRIAL MACHINERY AND EQUIPMENT		
(PSIC)	46594-WHOLESALE OF PROFESSIONAL AND SCIENTIFIC AND MEASURING AND CONTROLLING EQUIPMENT		
Line of Business	46594 - WHOLESALE OF PROFESSIONAL AND SCIENTIFIC AND MEASURING AND CONTROLLING EQUIPMENT		
(PSIC)	46639-WHOLESALE OF CONSTRUCTION MATERIALS AND SUPPLIES; N.E.C.		
Line of Business	46639 - WHOLESALE OF CONSTRUCTION MATERIALS AND SUPPLIES; N.E.C.		
(PSIC)	46429-WHOLESALE OF MISCELLANEOUS CONSUMER GOODS; N.E.C.		
Line of Business	46429 - WHOLESALE OF MISCELLANEOUS CONSUMER GOODS; N.E.C.		
(PSIC)	46492-WHOLESALE OF HOUSEHOLD		

CHANGE IN TRADE NAME

CHANGE/ADD IN LINE OF BUSINESS

Page 2 of 4

BIR FORM

2303

REVISED: APRIL 2019

REPUBLIKA NG PILIPINAS
KAGAWARAN NG PANANALAPI
KAWANIHAN NG RENTAS INTERNAS
REVENUE REGION NO. 09A - CABAMIRO (CAVITE-BATANGAS-MINDORO-ROMBLON)
REVENUE DISTRICT OFFICE NO. 063 - CALAPAN, ORIENTAL MINDORO

OCN: 063RC20230000003862

Date OCN Generated: September 27, 2023

UPDATED ON SEP 27 2023

CERTIFICATE OF REGISTRATION

TIN & BRANCH CODE 497-143-353-00000		NAME OF TAXPAYER CASTRO, MARY FRANCES DOMINIQUE DE GUZMAN		TIN ISSUANCE DATE February 21, 2017	
REGISTERING OFFICE		X Head Office		Branch	
REGISTERED ADDRESS SANTO NIÑO 5200 CITY OF CALAPAN (CAPITAL) ORIENTAL MINDORO PHILIPPINES					
FURNITURE, FURNISHING AND FIXTURES					
Line of Business		46492 - WHOLESALE OF HOUSEHOLD FURNITURE, FURNISHING AND FIXTURES		Secondary	
(PSIC)		46493 - WHOLESALE OF RECORDED AUDIO AND VIDEO TAPES, CDS, DVDS		Secondary	
Line of Business		46493 - WHOLESALE OF RECORDED AUDIO AND VIDEO TAPES, CDS, DVDS		Secondary	
(PSIC)		46510 - WHOLESALE OF COMPUTERS, COMPUTER PERIPHERAL EQUIPMENT AND SOFTWARE		Secondary	
Line of Business		46510 - WHOLESALE OF COMPUTERS, COMPUTER PERIPHERAL EQUIPMENT AND SOFTWARE		Secondary	
(PSIC)		46527 - WHOLESALE OF BLANK AUDIO AND VIDEO TAPES AND DISKETTES, MAGNETIC AND OPTICAL DISKS (CDS, DVDS)		Secondary	
Line of Business		46527 - WHOLESALE OF BLANK AUDIO AND VIDEO TAPES AND DISKETTES, MAGNETIC AND OPTICAL DISKS (CDS, DVDS)		Secondary	
(PSIC)		46599 - WHOLESALE OF OTHER MACHINERY AND EQUIPMENT, N.E.C.		Secondary	
Line of Business		46599 - WHOLESALE OF OTHER MACHINERY AND EQUIPMENT, N.E.C.		Secondary	
(PSIC)		46900 - NON-SPECIALIZED WHOLESALE TRADE		Secondary	
Line of Business		46900 - NON-SPECIALIZED WHOLESALE TRADE		Secondary	
(PSIC)		46691 - WHOLESALE OF INDUSTRIAL CHEMICAL PRODUCTS		Secondary	
Line of Business		46691 - WHOLESALE OF INDUSTRIAL CHEMICAL PRODUCTS		Secondary	

REMINDERS:

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.
2. Filing of required tax returns to conform with the above tax types, whether with or without business operation, to avoid penalties.

CHANGE/ADD IN TRADE NAME
CHANGE/ADD IN LINE OF BUSINESS

BIR FORM
2303

REVISED APRIL 2019

REPUBLIKA NG PILIPINAS
KAGAWARAN NG PANANALAPI
KAWANIHAN NG RENTAS INTERNAS
REVENUE REGION NO. 09A - CABAMIRO (CAVITE-BATANGAS-MINDORO-ROMBLON)
REVENUE DISTRICT OFFICE NO. 063 - CALAPAN, ORIENTAL MINDORO

OCN: 063RC2023000003862

Date OCN Generated: September 27, 2023
UPDATED SEP 27 2023

CERTIFICATE OF REGISTRATION

TIN & BRANCH CODE

497-143-353-00000

NAME OF TAXPAYER

CASTRO, MARY FRANCES DOMINIQUE
DE GUZMAN

TIN ISSUANCE DATE

February 21, 2017

REGISTERING OFFICE

X

Head Office

Branch

REGISTERED ADDRESS

SANTO NIÑO 5200 CITY OF CALAPAN (CAPITAL) ORIENTAL MINDORO PHILIPPINES

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.

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.

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.

I hereby certify that the above named person is registered as indicated above, under the provision of the National Internal Revenue Code, as amended.



Regina P. Reforma
REGINA P. REFORMA

OIC-Asst. Revenue District Officer

EMELITA R. ABO
EMELITA R. ABO

REVENUE DISTRICT OFFICER
(Signature over Printed Name)

THIS CERTIFICATE MUST BE EXHIBITED CONSPICUOUSLY IN THE PLACE OF BUSINESS

CHANGE IN TRADE NAME
CHANGE/ADD IN LINE OF BUSINESS

Fw: Tax Return Receipt Confirmation

Jayeal Lopez <jayeal17@yahoo.com>

Mon, Jun 10, 2024 at 11:43 AM

To: "axle.gg94@gmail.com" <axle.gg94@gmail.com>

— Forwarded Message —

From: "ebirforms-noreply@bir.gov.ph" <ebirforms-noreply@bir.gov.ph>

To: "jayeal17@yahoo.com" <jayeal17@yahoo.com>

Sent: Friday, April 12, 2024 at 05:13:07 PM GMT+8

Subject: Tax Return Receipt Confirmation

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

File name: 497143353000-1701v2018-122023.xml

Date received by BIR: 12 April 2024

Time received by BIR: 04:54 PM

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

For BIR DCS/ Use Only Item:		Republic of the Philippines Department of Finance Bureau of Internal Revenue		
BIR Form No. 1701 <small>January 2018 (ENCS) Page 1</small>	Annual Income Tax Return Individuals (Including MIXED Income Earner), Estates and Trusts <small>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.</small>	 <small>1701 01/18/ENCS P1</small>		
1 Month <input checked="" type="checkbox"/> 12 For the Year (YYYY) <input checked="" type="checkbox"/> 2023		2 Amended Return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PART I - BACKGROUND INFORMATION OF TAXPAYER/FILER				
4 Taxpayer Identification Number (TIN) <input checked="" type="checkbox"/> 197 - <input checked="" type="checkbox"/> 143 - <input checked="" type="checkbox"/> 533 - <input checked="" type="checkbox"/> 500		5 RDO Code <input checked="" type="checkbox"/> 053		
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"/> R012 Business Income-Graduated IT Rates <input type="checkbox"/> R014 Income from Profession-Graduated IT Rates <input type="checkbox"/> R013 Mixed Income-Graduated IT Rates <input type="checkbox"/> R011 Compensation Income <input type="checkbox"/> R015 Business Income-8% IT Rate <input type="checkbox"/> R017 Income from Profession-8% IT Rate <input type="checkbox"/> R016 Mixed Income-8% IT Rate				
8 Taxpayer's Name (Last Name, First Name, Middle Name)/ESTATE OF (First Name, Middle Name, Last Name)/TRUST FBO: (First Name, Middle Name, Last Name) <u>CASTRO MARY FRANCES DOMINIQUE DO</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>CALAPAN CITY ORIENTAL MINDORO</u>				
10 Date of Birth (MM/DD/YYYY) <u>03/23/1984</u>		11 Email Address <u>jevel17@yahoo.com</u>		
12 Citizenship <u>FILIPINO</u>		13 Claiming Foreign Tax Credits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14 Foreign Tax Number, if applicable				
15 Contact Number (Landline/Cellphone No.) <u>90</u>		16 Civil Status (if applicable) <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widower		
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 <small>[If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)]</small>		20 Income subject to SPECIAL/PREFERENTIAL RATE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>[If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)]</small>		
21 Tax Rate* (Choose Method of Deduction in Item 21A) <input checked="" type="checkbox"/> Graduated Rates <input type="checkbox"/> 8% in lieu of Graduated Rates under Sec. 24(A) & Percentage Tax under Sec. 116 of NIRC <small>(available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M))</small>		21A Method of Deduction (choose one) <input checked="" type="checkbox"/> Itemized Deduction <input type="checkbox"/> Optional Standard Deduction (OSD) <small>[Sec. 34(A-J), NIRC] [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]]</small>		
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)	123,688.00	0.00		
23 Less: Total Tax Credits/Payments (From Part VII Item 10)	165,782.00	0.00		
24 Tax Payable (Overpayment) (Item 22 Less Item 23)	-42,076.00	0.00		
25 Less: Portion of Tax Payable Allowed for 2nd Installment to be paid on or before October 15 (50% or less of Item 22)	0.00	0.00		
26 Amount of Tax payable (Overpayment) (Item 24 Less Item 25)	-42,076.00	0.00		
Add: Penalties				
27 Interest	0.00	0.00		
28 Surcharge	0.00	0.00		
29 Compromise	0.00	0.00		
30 Total Penalties (Sum of Items 27 to 29)	0.00	0.00		
31 Total Amount Payable (Overpayment) (Sum of Items 26 and 30)	-42,076.00	0.00		
32 Aggregate Amount Payable (Overpayment) (Sum of Items 26 and 30)	-42,076.00	0.00		
If overpayment, mark one (1) box only. (Once the choice is made, the same is irrevocable) <input type="checkbox"/> To be refunded <input checked="" type="checkbox"/> To be issued a Tax Credit Certificate (TCC) <input type="checkbox"/> 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)				
Printed Name and Signature of Taxpayer/Authorized Representative		33 Number of Attachments <input type="checkbox"/> 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)				
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 Teller's Initial)	
NOTE: *The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)				

BIR Form No. 1701 January 2018 (ENCS) Page 2	<h1 style="margin: 0;">Annual Income Tax Return</h1> <p style="margin: 0;">Individuals (Including MIXED Income Earner), Estates and Trusts</p>	 1701 01/18/ENCS P2																																																															
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">TIN 497 143 553 000</td> <td style="width: 60%; border-bottom: 1px solid black;">Taxpayer/Filer's Last Name CASTRO MARY FRANCES DOMINIQUE DO</td> </tr> </table>			TIN 497 143 553 000	Taxpayer/Filer's Last Name CASTRO MARY FRANCES DOMINIQUE DO																																																													
TIN 497 143 553 000	Taxpayer/Filer's Last Name CASTRO MARY FRANCES DOMINIQUE DO																																																																
PART IV - Background Information of Spouse																																																																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">1 Spouse's Taxpayer Identification Number (TIN) _____</td> <td style="width: 40%;">2 RDO Code _____</td> </tr> <tr> <td colspan="2">3 Filer's Spouse Type <input type="checkbox"/> Single Proprietor <input type="checkbox"/> Professional <input type="checkbox"/> Compensation Earner </td> </tr> <tr> <td colspan="2">4 Alphabetic Tax Code (ATC) <input type="radio"/> 0011 Business Income-Graduated IT Rates <input type="radio"/> 0014 Income from Profession-Graduated IT Rates <input type="radio"/> 0015 Mixed Income-Graduated IT Rates <input type="radio"/> 0011 Compensation Income <input type="radio"/> 0016 Business Income-8% IT Rate <input type="radio"/> 0017 Income from Profession-8% IT Rate <input type="radio"/> 0018 Mixed Income-8% IT Rate </td> </tr> <tr> <td colspan="2">5 Spouse's Name (Last Name, First Name, Middle Name) _____</td> </tr> <tr> <td>6 Contact Number _____</td> <td>7 Citizenship _____</td> </tr> <tr> <td colspan="2">8 Claiming Foreign Tax Credits? <input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td colspan="2">9 Foreign tax number (if applicable) _____</td> </tr> <tr> <td colspan="2">10 Income EXEMPT from Income Tax? <input type="radio"/> Yes <input type="radio"/> No [If yes, fill out also consolidation of ALL activities per Tax Regime (Part XI)] </td> </tr> <tr> <td colspan="2">11 Income subject to SPECIAL/PREFERENTIAL RATE? <input type="radio"/> Yes <input type="radio"/> No [If yes, fill out also consolidation of ALL activities per Tax Regime (Part XI)] </td> </tr> <tr> <td colspan="2">12 Tax Rate* (choose one) <input type="radio"/> Graduated Rates (Choose Method of Deduction in Item 12A) <input type="radio"/> 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)] </td> </tr> <tr> <td colspan="2">12A Method of Deduction (choose one) <input type="radio"/> Itemized Deduction [Sec. 34(A-J), NIRC] <input type="radio"/> Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]] </td> </tr> </table>			1 Spouse's Taxpayer Identification Number (TIN) _____	2 RDO Code _____	3 Filer's Spouse Type <input type="checkbox"/> Single Proprietor <input type="checkbox"/> Professional <input type="checkbox"/> Compensation Earner		4 Alphabetic Tax Code (ATC) <input type="radio"/> 0011 Business Income-Graduated IT Rates <input type="radio"/> 0014 Income from Profession-Graduated IT Rates <input type="radio"/> 0015 Mixed Income-Graduated IT Rates <input type="radio"/> 0011 Compensation Income <input type="radio"/> 0016 Business Income-8% IT Rate <input type="radio"/> 0017 Income from Profession-8% IT Rate <input type="radio"/> 0018 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? <input type="radio"/> Yes <input type="radio"/> No		9 Foreign tax number (if applicable) _____		10 Income EXEMPT from Income Tax? <input type="radio"/> Yes <input type="radio"/> No [If yes, fill out also consolidation of ALL activities per Tax Regime (Part XI)]		11 Income subject to SPECIAL/PREFERENTIAL RATE? <input type="radio"/> Yes <input type="radio"/> No [If yes, fill out also consolidation of ALL activities per Tax Regime (Part XI)]		12 Tax Rate* (choose one) <input type="radio"/> Graduated Rates (Choose Method of Deduction in Item 12A) <input type="radio"/> 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) <input type="radio"/> Itemized Deduction [Sec. 34(A-J), NIRC] <input type="radio"/> Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]]																																										
1 Spouse's Taxpayer Identification Number (TIN) _____	2 RDO Code _____																																																																
3 Filer's Spouse Type <input type="checkbox"/> Single Proprietor <input type="checkbox"/> Professional <input type="checkbox"/> Compensation Earner																																																																	
4 Alphabetic Tax Code (ATC) <input type="radio"/> 0011 Business Income-Graduated IT Rates <input type="radio"/> 0014 Income from Profession-Graduated IT Rates <input type="radio"/> 0015 Mixed Income-Graduated IT Rates <input type="radio"/> 0011 Compensation Income <input type="radio"/> 0016 Business Income-8% IT Rate <input type="radio"/> 0017 Income from Profession-8% IT Rate <input type="radio"/> 0018 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? <input type="radio"/> Yes <input type="radio"/> No																																																																	
9 Foreign tax number (if applicable) _____																																																																	
10 Income EXEMPT from Income Tax? <input type="radio"/> Yes <input type="radio"/> No [If yes, fill out also consolidation of ALL activities per Tax Regime (Part XI)]																																																																	
11 Income subject to SPECIAL/PREFERENTIAL RATE? <input type="radio"/> Yes <input type="radio"/> No [If yes, fill out also consolidation of ALL activities per Tax Regime (Part XI)]																																																																	
12 Tax Rate* (choose one) <input type="radio"/> Graduated Rates (Choose Method of Deduction in Item 12A) <input type="radio"/> 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) <input type="radio"/> Itemized Deduction [Sec. 34(A-J), NIRC] <input type="radio"/> Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]]																																																																	
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																																																																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 <input type="radio"/> Taxpayer _____</td> <td style="width: 50%;">b. Employer's TIN _____</td> </tr> <tr> <td>2 <input type="radio"/> Spouse _____</td> <td></td> </tr> </table>			1 <input type="radio"/> Taxpayer _____	b. Employer's TIN _____	2 <input type="radio"/> Spouse _____																																																												
1 <input type="radio"/> Taxpayer _____	b. Employer's TIN _____																																																																
2 <input type="radio"/> Spouse _____																																																																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">2 <input type="radio"/> Taxpayer _____</td> <td style="width: 50%;">b. Employer's TIN _____</td> </tr> <tr> <td>3 <input type="radio"/> Spouse _____</td> <td></td> </tr> </table>			2 <input type="radio"/> Taxpayer _____	b. Employer's TIN _____	3 <input type="radio"/> Spouse _____																																																												
2 <input type="radio"/> Taxpayer _____	b. Employer's TIN _____																																																																
3 <input type="radio"/> Spouse _____																																																																	
<table style="width: 100%; border: none;"> <tr> <th style="width: 50%;">(Continuation of Table Above)</th> <th style="width: 25%;">c. Compensation Income</th> <th style="width: 25%;">d. Tax Withheld</th> </tr> <tr> <td>1 _____</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>2 _____</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>3A Gross Compensation Income and Total Tax Withheld for TAXPAYER (To Part V Schedule 2 Item 4A and Part VII Item 5A)</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>3B Gross Compensation Income and Total Tax Withheld for SPOUSE (To Part V Schedule 2 Item 4B and Part VII Item 5B)</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> </table>			(Continuation of Table Above)	c. Compensation Income	d. Tax Withheld	1 _____	0.00	0.00	2 _____	0.00	0.00	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																																																
(Continuation of Table Above)	c. Compensation Income	d. Tax Withheld																																																															
1 _____	0.00	0.00																																																															
2 _____	0.00	0.00																																																															
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)																																																																	
<table style="width: 100%; border: none;"> <tr> <th style="width: 50%;">Particulars</th> <th style="width: 25%;">A. Taxpayer/Filer</th> <th style="width: 25%;">B. Spouse</th> </tr> <tr> <td>4 Gross Compensation Income (From Part V Schedule 1 Item 3A/3Bc)</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>5 Less: Non-Taxable / Exempt Compensation</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>6 Taxable Compensation Income (Item 4 Less Item 5)</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>7 Tax Due-Compensation Income (Item 6 x applicable Income Tax Rate)</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> </table>			Particulars	A. Taxpayer/Filer	B. Spouse	4 Gross Compensation Income (From Part V Schedule 1 Item 3A/3Bc)	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																																																
Particulars	A. Taxpayer/Filer	B. Spouse																																																															
4 Gross Compensation Income (From Part V Schedule 1 Item 3A/3Bc)	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)																																																																	
3A - For Graduated Income Tax Rates																																																																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">8 Sales/revenues/receipts/fees</td> <td style="width: 25%; text-align: right;">2,928,311.50</td> <td style="width: 25%; text-align: right;">0.00</td> </tr> <tr> <td>9 Less: Sales Returns, Allowances and Discounts</td> <td style="text-align: right;">2,043,508.39</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>10 Net Sales/Revenues/Receipts/fees (Item 8 Less Item 9)</td> <td style="text-align: right;">884,743.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>11 Less: Cost of Sales/Services (applicable only if availing Itemized Deductions)</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>12 Gross Income/(Loss) from Operation (Item 10 less Item 11)</td> <td style="text-align: right;">884,743.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="3">Less: Deductions Allowable under Existing Laws</td> </tr> <tr> <td>13 Ordinary Allowable Itemized Deductions (From Part V Schedule 4 Item 18)</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>14 Special Allowable Itemized Deductions (From Part V Schedule 5 Item 3 and/or Item 6)</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>15 Allowable for Net Operating Loss Carry Over (NOLCO) (From Part V Schedule 6 Item 8 and/or Item 13)</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>16 Total Allowable Itemized Deductions (Sum of Items 13 to 15)</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="3" style="text-align: center;">OR</td> </tr> <tr> <td>17 Optional Standard Deduction (OSD) (40% of Item 10)</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>18 Net Income/(Loss) (If Itemized, Item 12 Less Item 16; If OSD, Item 10 Less Item 17)</td> <td style="text-align: right;">884,743.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="3">Add: Other Non-Operating Income (specify below)</td> </tr> <tr> <td>19 _____</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>20 _____</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>21 Amount Received/Share in Income by a Partner from General Professional Partnership (GPP)</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>22 Total Other Non-Operating Income (Sum of Items 19 to 21)</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>23 Taxable Income-Business (Sum of Items 18 and 22)</td> <td style="text-align: right;">884,743.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>24 Total Taxable Income - Compensation & Business (Sum of Items 6 and 23)</td> <td style="text-align: right;">884,743.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>25 Total Tax Due-Compensation and Business Income (under graduated rates) (Item 24 x applicable income tax rate) (To Part VI Item 1)</td> <td style="text-align: right;">123,685.00</td> <td style="text-align: right;">0.00</td> </tr> </table>			8 Sales/revenues/receipts/fees	2,928,311.50	0.00	9 Less: Sales Returns, Allowances and Discounts	2,043,508.39	0.00	10 Net Sales/Revenues/Receipts/fees (Item 8 Less Item 9)	884,743.00	0.00	11 Less: Cost of Sales/Services (applicable only if availing Itemized Deductions)	0.00	0.00	12 Gross Income/(Loss) from Operation (Item 10 less Item 11)	884,743.00	0.00	Less: Deductions Allowable under Existing Laws			13 Ordinary Allowable Itemized Deductions (From Part V Schedule 4 Item 18)	0.00	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)	0.00	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)	884,743.00	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)	884,743.00	0.00	24 Total Taxable Income - Compensation & Business (Sum of Items 6 and 23)	884,743.00	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)	123,685.00	0.00
8 Sales/revenues/receipts/fees	2,928,311.50	0.00																																																															
9 Less: Sales Returns, Allowances and Discounts	2,043,508.39	0.00																																																															
10 Net Sales/Revenues/Receipts/fees (Item 8 Less Item 9)	884,743.00	0.00																																																															
11 Less: Cost of Sales/Services (applicable only if availing Itemized Deductions)	0.00	0.00																																																															
12 Gross Income/(Loss) from Operation (Item 10 less Item 11)	884,743.00	0.00																																																															
Less: Deductions Allowable under Existing Laws																																																																	
13 Ordinary Allowable Itemized Deductions (From Part V Schedule 4 Item 18)	0.00	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)	0.00	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)	884,743.00	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)	884,743.00	0.00																																																															
24 Total Taxable Income - Compensation & Business (Sum of Items 6 and 23)	884,743.00	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)	123,685.00	0.00																																																															

BIR Form No. 1701 January 2018 (ENCS) Page 3	Annual Income Tax Return Individuals (Including MIXED Income Earner), Estates and Trusts	 1701 01/18/ENCS P3			
TIN: 497 143 883 000		Taxpayer/Filer's Last Name: CASTRO MARY FRANCES DOMINIQUE DO			
3.B - For 8% Flat Income Tax Rate (DO NOT enter Contingent; 00 Contingent or less drop down; 00 or more round up)					
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)					
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 V Item 1)	0.00	0.00			
Schedule 4 - Ordinary Allowable Itemized Deductions (attach additional sheet/s, if necessary)					
Particulars	A. Taxpayer/Filer	B. Spouse			
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	0.00	0.00			
13 Salaries, Wages and Allowances	0.00	0.00			
14 SSS, GSIS, Philhealth, HDMF and Other Contributions	0.00	0.00			
15 Taxes and Licenses	0.00	0.00			
16 Transportation and Travel	0.00	0.00			
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	0.00	0.00			
c Security Services	0.00	0.00			
d	0.00	0.00			
18 Total Ordinary Allowable Itemized Deductions (Sum of Items 1 to 17d) (To part V Schedule 3 A Item 13)	0.00	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	Description	Legal Basis	Amount		
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)					
5.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		
5.A.1 - Taxpayer/Filer's Detailed Computation of Available NOLCO					
Net Operating Loss Year Incurred	A. Amount	B. NOLCO Applied Previous Years	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	

BIR Form No. 1701 January 2018 (ENCS) Page 4	Annual Income Tax Return Individuals (Including MIXED Income Earner), Estates and Trusts	 1701 01/18ENCS P4			
TIN: 497 143 553 500		Taxpayer/Spouse's Last Name: CASTRO MARY FRANCES DOMINGUE DO			
(Continuation of Schedule 4)					
6.A.2 - Spouse's Detailed Computation of Available NOLCO					
Year Incurred	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)]
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 16D)					0.00
PART VI - Summary of Income Tax Due					
1 Regular Rate-Income Tax Due (From Part V, Either Item 25 or Item 32)	123,688.00	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)	123,688.00	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	165,761.77	0.00			
4 Creditable Tax Withheld per BIR Form No. 2307 for the 4th Quarter	0.00	0.00			
5 Creditable Tax Withheld per BIR Form No. 2316 (From Part V Schedule 1 Item 3Ad/3Rd)	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)	165,762.00	0.00			
PART VIII - Tax Relief Availment					
VIIIA - 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			
VIIIB - 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 sheets, if necessary)					
Particulars	A. Taxpayer/Filer	B. Spouse			
1 Net Income/(Loss) per Books	884,743.00	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)	884,743.00	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)	884,743.00	0.00			



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE
REVENUE REGION NO. 9A - CaBaMIRO
CITY OF STO. TOMAS, BATANGAS
QF-TCC-01-01-2023.00

Annex "M"

TCBP NO. RR9A-063-05-14-R0868-2024-E

TAX CLEARANCE CERTIFICATE

(Pursuant to Executive Order No. 398)

**CASTRO, MARY FRANCES
DOMINIQUE DE GUZMAN**
(PAPERCAT OFFICE SUPPLIES AND EQUIPMENT TRADING)
Name of Taxpayer

SANTO NIÑO, CITY OF CALAPAN (CAPITAL), ORIENTAL MINDORO
Address

497-143-353-00000
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 14th day of May, 2024.

NOTE: THIS CERTIFICATE SHALL BE VALID AND EFFECTIVE FROM DATE OF ISSUE UNTIL MAY 14, 2025 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 APRIL 25, 2024 UNDER PAYMENT TRANSACTION NO. Zc20240425134830968005. ANY ERASURE MADE ON THIS TCC SHALL RENDER IT NULL AND VOID.



ROSALINDA D. CABIDOG
Chief, Collection Division

DOCUMENTARY STAMP TAX
DATE OF PAYMENT: 04/16/2024
PAYMENT CONFIRMATION:
7c20240416154213741363
AMOUNT: P30.00

WARNING: Counterfeiting is punishable by law. For authenticity, please visit BIR website 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

PAPERCAT OFFICE SUPPLIES AND EQUIPMENT TRADING
(NATIONAL)

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

This certificate issued to

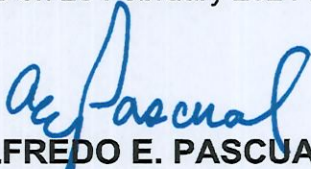
MARY FRANCES DOMINIQUE DE GUZMAN CASTRO

is valid from 20 June 2024 to 20 June 2029 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 28 February 2024 in the Philippines.


ALFREDO E. PASCUAL
Secretary

Business Name No. 1035025

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



TWCO145715983637

Standard Form Number: SF-GOOD-01
Revised on: May 24, 2004

APPROVED BUDGET FOR THE CONTRACT (ABC)
Supply and Delivery of Office Equipment for the University Clinic at MinSu Calapan City Campus
Masipit, Calapan City, Oriental Mindoro
Project Name and Location

Stations: Mindoro State University
Length:

ITEM NO.	DESCRIPTION	QUANTITY	UNIT	CURRENT MARKET PRICE	TOTAL COST	VAT, OTHER TAXES AND/OR DUTIES APPLICABLE	FREIGHT & INSURANCE	OTHER INDIRECT COSTS	Contract Duration:					TOTAL COST	UNIT COST	
									OTHER COST FACTORS		INFLATION, CURRENCY	VALUE				
									%	INFLATION, CURRENCY						
																%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)				
1	Split-Type Wall Mounted Inverter Type Air-Conditioning Unit	2	units	65,000.00	130,000.00											
	Specifications:				-											
	Cooling Capacity: 2.5 HP/21,960 kl/h				-											
	Power input: 1,260 watts				-											
	Inclusions: Free Installation				-											
	XVXXXXXXXXXXXXXXXXXXXXX				-											
	GRAND TOTAL				130,000.00											

Prepared by  **RENEILITO C. RICO**
Member, BAC Secretariat

Submitted by  **Engr. MARK LESTER A. MAGPANTAY**
Head, BAC Secretariat

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

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

