

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



SUPPLY AND DELIVERY OF SEMI-EXPENDABLE OFFICE EQUIPMENT FOR USG OF MinSU CALAPAN CITY CAMPUS

Name of Project

BAC Resolution Recommending Approval Resolution No. 193, s. 2024

WHEREAS, the Mindoro State University (MinSU), through 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 Semi-Expendable Office Equipment for USG of MinSU Calapan City Campus" with an Approved Budget for the Contract (ABC) amounting to Eighty Thousand Pesos (Php80,000.00);

WHEREAS, in response to the advertisement, four (4) suppliers were found in the document request list however, two (2) suppliers in the name of IRAYA LIFE ENTERPRISES and PAPERCAT OFFICE SUPPLIES AND **EQUIPMENT TRADING** submitted price quotation before the deadline;

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

| pproved Budget for the Contract (ABC) | Name of Bidder | Price Quotation |
|---------------------------------------|---|-----------------|
| Contract (A2-5) | Iraya Life Enterprises | Php71,995.00 |
| Php80,000.00 | Papercat Office Supplies And Equipment Trading | Php78,869.00 |

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 awarding of contract for the "Supply and Delivery of Semi-Expendable Office Equipment for USG of MinSU Calapan City Campus" to Iraya Life Enterprises amounting to Seventy-One Thousand Nine Hundred Ninety-Five Pesos (Php71,995.00) with official address 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 24th day of September, 2024.

CIEDELLE P. SALAZAR, J.D., Ph.D. **BAC Chairperson**

Engr. MARK LESTER A. MAGPANTAY

BAC Vice-Chairperson

FRANIE M AFABLE, DBMHM BAC Member

ESA BAC Member

MELGAR G. FADRIQUELAN BAC Member

Approved/Disapproved

ENYA MARIE D. APOSTOL, Ph.D.

SUC President III

Date:



Central Portal for Philippine Government Procurement Oppurtunities

Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number

11253360

Procuring Entity

MINDORO STATE UNIVERSITY

Title

Supply and Delivery of Semi-Expendable Office Equipment for USG of MinSU Calapan City

Area of Delivery

Oriental Mindoro

Solicitation Number:

RFQ No. 2024-171

Trade Agreement:

Implementing Rules and

Regulations

Procurement Mode:

Negotiated Procurement -Small Value Procurement

(Sec. 53.9)

Classification:

Goods

Category:

Appliances

Approved Budget for

the Contract:

PHP 80,000.00

Delivery Period:

30 Day/s

Client Agency:

Contact Person:

MARK LESTER A MAGPANTAY

Head, BAC Secretariat

Alcate

Victoria Oriental Mindoro

Philippines 5205 63-9-154612960

macmagpantay@minsu.edu.p

| Status | Closed |
|-----------------------|---------------------|
| Julia | |
| | 1 |
| Associated Components | |
| | 0 |
| Bid Supplements | |
| | |
| Document Request List | 4 |
| | |
| Date Published | 16/09/2024 |
| Date Published | |
| | 16/09/2024 00:00 AN |
| Last Updated / Time | 16/09/2024 00:00 A |
| | |
| Closing Date / Time | 23/09/2024 17:00 P |
| | |
| h | |

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.

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

Semi-Expendable Office Equipment 1 pcs Industrial Stand Fan 7

20" Blades

Color Finish: Black and Metal

Grill Materials: Metal Blade Materials: ABS Speeds: 3

Power Input: 150 watts

Created by

Annabelle Quinto Madrigal

Date Created

15/09/2024

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.

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Email: universitypresident@minsu.edu.ph

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



REQUEST FOR QUOTATION

Supply and Delivery of Semi-Expendable Office Equipment for USG of MinSU Calapan City

PR No.: 2024-135

RFQ No.

| | week the samported | ABC Amount: Php80,000 |
|--|--|--|
| Company Name Address : Please quot delivery and subm | EVOUR QUOTATION OF ENTERPRISES BULUSAN CALAPAN OF COMMENT OF COMM | General Condition on the last page, stating the shortest time of thanin the address tated in the last page. NEMESIO H. DAYALOS Ph.D. BAC Chairperson |
| t All auto | les must be typoscriften. | |

- 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.
- Price validity shall be a period of 30 calendar days.
 GEPS Registration Certificate shall be attached upon submission of the Quotation.
- ers 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 | TOTAL AMOUNT |
|-------------|------------|---|--------------------------|---------|--------------|
| | | Semi-Expendable Office Equipment | | | 21 995.N |
| 1 | pcs | Industrial Stand Fan | 7 | 10,285- | 11 904.00 |
| | | 20" Blades | | - | |
| | | Color Finish: Black and Metal | | 1 | |
| | | Grill Materials: Metal | | | |
| | | Blade Materials: ABS | | | |
| | | Speeds: 3 | | | |
| | | Power Input: 150 watts | | | |
| | | Maximum RPM: 1250 | | | 1 |
| X | XVXVXVXXXX | CAXAXAXAXAXAXAXAXAXAXAXAXAXAXAXAXAXAXAX | XVXVXVXVXVXVXVX TATAL | VXVX | 71,995,00 |

After having carefully read and accepted your General Condition, I / We quote you on the item at prices not

MENDONA Supplier's Signature over Printed Name

TIN No. of Establishment 09778041725 Contact Number

09-19-2024 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

MSU-BAC-FR-05.01



Email: universitypresident@minsu.edu.ph

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



REQUEST FOR QUOTATION

Supply and Delivery of Semi-Expendable Office Equipment for USG of MinSU Calapan City Campus

PR No.: 2024-135

RFQ No. 2024-171

AC Chairperson

ABC Amount: P/pp80,000.00

Papercat Office Supplies and Equipment Trading Company Name:

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

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

he address stated in the last page. NEMESIO H. DAVALOS, Ph.D.

1. All entries must be typewritten. Note:

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 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 | TOTAL AMOUNT |
|-------------|------------|--|----------------|-------|--------------|
| | | Semi-Expendable Office Equipment | | 11007 | 78869.00 |
| 1 | pcs | Industrial Stand Fan | 7 | 11267 | 78869.00 |
| | | 20" Blades | | 1 | |
| | | Color Finish: Black and Metal | | | |
| | | Grill Materials: Metal | | | |
| | | Blade Materials: ABS | | | |
| | | Speeds: 3 | | | |
| | | Power Input: 150 watts | | | |
| | | Maximum RPM: 1250 | | | |
| VV | VVVVVVVVVV | VX | VXVXVXVXVXVXVX | VXVX | |
| AV | ATAVAVAVA | | TOTAL | | 78869.00 |

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

| Date | |
|------|--|

General Conditions

Iain Campus, Alcate, Victoria

- 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
 - Valid Mayor's/Business Permit c.
 - **Omnibus Sworn Statement** d.
 - BIR Certificate of Registration

•Bongabong Campus, Labasan, Bongabong •Calapan City Campus, Masipit, Calapan City

- Latest Income/Business Tax Return f.
- TAX Clearance g.
- DTI Registration/SEC Certificate h.
- 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

MSU-BAC-FR-05.01



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Mobile: +63 977 846 72 28



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 of 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.
- All duties, excise, and other taxes and revenue charges shall be paid by the supplier.
- All transactions are subject to withholding of credible Government Taxes per revenue regulation(s) of the Bureau of Internal Revenue 4. 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.

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 <u>05-Jul-2019</u> 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 30-Aug-2025

Issued this 30th day of August 2024. This is a system generated certificate. No signature is required.

Documentary Stamp Tax Paid Php 30.00 Certificate Reference No: 201907-34627-1821706692



Page 1 of 3

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.



Certificate Reference No: 201907-34627-1821706692

List of Eligibility Documents

of IRAYA LIFE ENTERPRISES

Bulusan Calapan,

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

| | DTI Certificate Number : 3394982 |
|------------------------------------|---|
| | Issued By / Signatory : Ramon Lopez |
| DTI Certificate | Registration Date: 05-Jan-2022 |
| Dir cortaneare | Expiration Date: 11-Jan-2027 |
| | Expiration Date: 31-Dec-2024 |
| | Permit Number: 0170000049 |
| Mayors Permit | Place of Issue : Calapan City |
| | Issued By / Signatory : Malou F. Morillo |
| | Issuance Date: 12-Jan-2024 |
| at the | Expiration Date: 06-Jun-2025 |
| | TCC Number : RR9A-063-06-06-R1069-2024-E |
| Tax Clearance | Issued By / Signatory: ROSALINDA D. CABIDOG |
| | Issuance date: 06-Jun-2024 |
| | Date of Filing: 08-Apr-2024 |
| | Current Asset: 277,991.20 |
| Audited Financial Statement | Total Asset: 1,451,137.22 |
| | Current Liabilities: 3,385.44 |
| | Total Liabilities: 3,385.44 |
| | Name of Auditor: Elvin P. Vargas |
| | BIR RDO Code: 063 |
| | Expiration Date : - |
| | Issued By / Signatory: |
| PCAB License | Issuance Date : - |
| | License Number: |
| | License First Issue Date: - |
| | Principal Classification: |
| | Category: |

Certificate Reference No: 201907-34627-1821706692



Republic of the Philippines CITY OF CALAPAN

OFFICE OF THE CITY MAYOR





BUSINESS PERMIT

Pursuant to the provision of City Tax Ordinance Number 18, Series of 2011 as amended, otherwise 5,287.50 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. STATUS KIND OF BUSINESS DATE BILLED MODE OF PAYMENT BUSINESS I.D. 01/12/2024 ENTERPRISES TAXPAYER'S NAME Annually **BUSINESS PERMIT NUMBER** 0170000049 MENDOZA, MA SOCORRO LOCATION OF BUSINESS NAME OF BUSINESS BULUSAN TAX AMOUNT SUR/INT PERIOD TOTAL TRAYA LIFE ENTERPRISES TAX BASE Payment for Notes: 0.00 2,687.50 2.687.50 1. This Permit will expire on **BUSINESS TAX** 1,650.00 1,650.00 MAYOR'S PERMIT 1,000.00 MAYORS PERMIT FEE Dec. 31, 2024 100.00 EDUC'L SPECIAL PROGR 2. This Mayor's Permit, together 100.00 DRAINAGE MAINTENANCE with the official receipt, shall at all times 200.00 be displayed or posted for public view SANITARY FEE 250.00 in a conspicuous place within the place FIRE AND SAFETY INSP 100.00 100.00 MEDICAL FEE of business or undertaking. 200.00 200.00 ANNUAL INSPECTION FEE 300.00 300.00 **BUSINESS STICKER** Check 50.00 50.00 Check number SITE INSPECTION FEE 220.00 220.00 Bank OCCUPATIONAL FEE 30.00 30.00 TAX CLEARANCE 50.00 50.00 Cash AAP.&RENEWAL OF BUS.FEE 1231397 O.R. Number Date 01/12/2024 Payment received by: 5,287.50 TOTALS ENCODER RECOMMENDING APPROVAL: ASSESSMENT REVIEWED BY: EDUARD L. REYES Licensing/Officer IV Officer In-charge of the Permits and License Section Office of the 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.



BIR FORM 2303 REVISED: APRIL 2019

REPUBLIKA NG PILIPINAS KAGAWARAN NG PANANALAPI KAWANIHAN NG RENTAS INTERNAS

REVENUE REGION NO. 09A - CABAMIRO (CAVITE-BATANGAS-MINDORO-ROME REVENUE DISTRICT OFFICE NO. 063 - CALAPAN, ORIENTAL MINDORO



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

CERTIFICATE OF REGISTRATION

| TIN & BRANCH CODE 160-221-678-00000 | NAI M | ME OF TAXPAYER ENDOZA, MARIA SOCORRO C | ASALLA | TIN ISSUANCE DATE December 7, 1999 |
|--|----------|---|------------|------------------------------------|
| REGISTERING OFFICE | Branc | | Branch | 1 |
| REGISTERED ADDRESS SITIO PROPER 3, BULUSAN 5 | 200 C | ITY OF CALAPAN (CAPITAL) | DRIENTAL N | 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 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 excep for taxes withheld for December which shall be filed and paid/remitted on or before January 15 of the succeeding year. |

BIR FORM
2303
REVISED: APRIL 2019

REPUB<mark>LIKA NG PILI</mark>PINAS KAGAW<mark>AR</mark>AN NG PANANALAPI KAWANIHAN NG RENTAS INTERNAS

REVENUE REGION NO. 09A - CABAMIRO (CAVITE-BATANGAS-MINDORO-ROMBLON)
REVENUE DISTRICT OFFICE NO. 063 - CALAPAN, ORIENTAL MINDORO

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

CERTIFICATE OF REGISTRATION

| TIN & BRANCH CODE 160-221-678-00000 | NAME OF TAXPAYER MENDOZA, MARIA SOCORRO CASALLA | | | TIN ISSUANCE DATE December 7, 1999 |
|--|---|--------------------------------|--------|------------------------------------|
| REGISTERING OFFICE | Х | Head Office | Branch | |
| REGISTERED ADDRESS SITIO PROPER 3, BULUSAN 5 | 200 C | CITY OF CALAPAN (CAPITAL) ORIE | NTAL M | INDORO PHILIPPINES |

| TAXPAYER TYPE/S | SINGLE PROPRIETORSHIP ONLY (RE | SIDENT CITIZEN) | |
|------------------|--|-----------------|-------------------|
| BUSINESS INFORM | ATION 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 | Coomany | |
| (PSIC) | 47631-RETAIL SALE OF SPORTING GOODS AND ATHLETIC SUPPLIES | Secondary | |
| Line of Business | RETAIL SALE OF SPORTING GOODS AND ATHLETIC SUPPLIES | 00007100.7 | |
| (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. | 55555 | |
| (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 | | |

BIR FORM

REPUBLIKA NG PILIPINAS KAGAWARAN NG PANANALAPI KAWANIHAN NG RENTAS INTERNAS

REVISED: APRIL 2019 REVENUE REGION NO. 09A - CABAMIRO (CAVITE-BATANGAS-MINDORO-ROMBLON) REVENUE DISTRICT OFFICE NO. 063 - CALAPAN, ORIENTAL MINDORO

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

CERTIFICATE OF REGISTRATION

| TIN & BRANCH CODE 160-221-678-00000 | | ME OF TAXPAYER MENDOZA, MARIA SOCORRO (| CASALLA | TIN ISSUANCE DATE December 7, 1999 |
|--|----------|--|------------|---------------------------------------|
| REGISTERING OFFICE | Х | Head Office | Branch | |
| PEGISTERED ADDRESS | N 5200 (| CITY OF CALAPAN (CAPITAL) | ORIENTAL M | MINDORO PHILIPPINES |

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 return/s to conform with the above tax types, whether with or without business

operation, to avoid penalties.

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.

RDO DRY SEAL

EMELITA R. ABO

REVENUE DISTRICT OFFICER (Signature over Printed Name)

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

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

TOTAL AMOUNT PHP 30.00

Reference Number 5348-10092023-515983

Date and Time 2023-10-09 10:27:39

Confirmation No. 00010092023102738839

Transaction No. Zo20231009102738515983

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Republic of the Philippines Department of Finance Bureau of Internal Revenue

1701

Annual Income Tax Return
Individuals (including MIXED Income Earner), Estates and Trusts
Individuals (including MIXED Income Earner), Estates and Trusts

Individuals (including MIXED Income Earner), Estates and Trusts



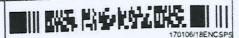
| Page 1 | The same of the sa | | | 1 -2 |
|--|--|--|---|--|
| or the year 12 / 20 23 | 2 Amended Return? Yes | No. | 3 Short Period R | elurn? Yes No |
| | PART I - Background I | nformation on Taxpayer/Fi | ler | 1 |
| axpayer Identification Number (TIN) | 160 - 221 - 678 - | 000 | 5 RDO Code 06 | |
| axpayer Type | Single Proprietor | Professional Estate | Trust Compensation E | arcer |
| Alphanumeric Tax : 8012 Business Incr de (ATC) Graduated IT Rates | Profession - Graduated II | Wixed Income : 8011 IT Rates Compensation Incom | ne income 8% (T Rate Profess | 17 heame from 8016 Mised son - 8% if Rate Income - 8% if F Middle Name, Last Name) |
| de (ATC) Graduetes IT Rates Taxpayer's Name (Lost Name Acet Name M | addle Name for Individual) / ESTATE OF (Fi | rst Name, Middle Name, Last Name | I TRUST FAU TENSTANTO | |
| NOTA MARIA SOCORRO CASALLA | | | to undate registered address by | using BIR Form 1905) |
| LNOCA MARIA SOCORRO CASALLA. Registered Address: (Induste complete add | ress. If the registered address is different from | the current address, go to the ROO | to aport | |
| ITIO PROPER 3, BULUSAN CITY OF CAL | APAN CAPITAL, ORI | 9A Zip Co | 7.505 | |
| | 11 Email Address | JACK T | | |
| 0 Date of Birth (MM/DD/YYY) 09/25/1971 | irayalife fc@yahoo com | | I see Tool | Number (if applicable) |
| 2 Cibzenship | 13 Claiming Foreign Tax Cred | tits? | 14 Foreign lax i | vumber (n applicatoro) |
| FILIPINO | | | | de la companya de la |
| | | | | |
| 5 Contact Number 15 (Landone/Calphone h | (a) 16 Civil Status (d applicable) | | | |
| 09308147583 | Single Married " Legally : | Separated Widowier | 18 Filing Status | Joint Filing Separate Filin |
| 7 if marned, spouse has income? | Yes No | | | |
| 9 Income EXEMPT from Income Tax? | Yes * No | 20 Income subject to SP | ECIAL/PREFERENTIAL RATI | E7 Yes No |
| fit yes, fill out also consolidation of ALL activiti- | es per Tay Regime (Part X)I | [If yes, fill out also consolid | dation of ALL activities per Tax | ec. 116 of NRC (available if gross sa |
| | * Remized Deduction (Sec 34(A-J) NRC) | Opinoral Startus Control | | |
| | PART II - | Total Tax Payable | xpayer/Filer | B. Spouse |
| 22 Tax Due (From Part VI Item SI | PART II - Particulars | Total Tax Payable | xpayer/Filer 44 936 | |
| 22 Tax Due (From Part VI Item 5) 23 Less Total Tax Credits / Payments (| PART II - Particulars From Part VII Item 10) | Total Tax Payable | xpayer/Filer | B. Spouse |
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| 22 Tax Due (From Part VI Item 51 23 Less Total Tax Credits / Payments (Item 22 24 Tax Payable/(Overpayment) (Item 22 25 Less Portion of Tax Payable Allower 25 Less Portion of Tax Payable Allower 26 Less Portion of Tax Payable Allower 27 Less Portion of Tax Payable Allower 28 Surcharge 29 Compromise 29 Compromise 30 Total Penalties (Sum of Items 27 to 29) 31 Total Penalties (Sum of Items 27 to 29) 32 Aggregate Amount Payable/(Overpayment Payable) 32 Aggregate Amount Payable/(Overpayment Payable) 33 Aggregate Amount Payable/(Overpayment Payable) 34 Overpayment mark one (1) box only (Composition of the Validation of Items Revenue Composition of Items (Items Revenue Composition of Items Payable) 34 Cash/Bank Debit Memo 35 Chief in | PART II - Particulars From Part VII Item 10) 2 Less Item 23) d for 2nd installment to be paid on or intl (Item 24 Less Item 25) Intent) (Sum of Items 26 & 30) Payment) (Sum of Items 31A & 318) Direction the choice is made, the same is irrevious refunded. To be issued a Tax Credit Certification of the choice as amended, and the regulations issued with the payment of the choice and the regulations issued with the control of the choice and the regulations issued with the control of the choice and the regulations issued with the control of the choice of the | Defore A. Ta Defore Decable Indicate (TCC) To be carried over lade in good faith verified by me an order authority thereof. Further I give ultimorzed Representative, indicate Timized Representative Details of Payment | xpayer/Filer 44 936 41 550 3 386 0 3 386 0 0 0 0 0 0 3 386 o 0 N and attach authorization isiter) Date {MM/DD/ | B. Spouse 0 0 0 0 0 0 0 0 0 0 0 0 3.386 |
| 22 Tax Due (From Part VI Item 5) 23 Less Total Tax Credits / Payments (I 24 Tax Payable/(Overpayment) (Item 2) 25 Less Portion of Tax Payable Allower Dictober 15 (50% or less of Item 22) 26 Amount of Tax Payable/(Overpayme Add Penalties 27 Interest 28 Surcharge 29 Compromise 30 Total Penalties (Sum of Items 27 to 29) 31 Total Amount Payable/(Overpaym 32 Aggregate Amount Payable/(Overpaym 33 Aggregate Amount Payable/(Overpaym 34 Cash/Bank Debit Memo Particulars Particulars 34 Cash/Bank Debit Memo | PART II - Particulars From Part VII Item 10) 2 Less Item 23) d for 2nd installment to be paid on or intl (Item 24 Less Item 25) Intent) (Sum of Items 26 & 30) Payment) (Sum of Items 31A & 318) Direction the choice is made, the same is irrevious refunded. To be issued a Tax Credit Certification of the choice as amended, and the regulations issued with the payment of the choice and the regulations issued with the control of the choice and the regulations issued with the control of the choice and the regulations issued with the control of the choice of the | Defore A. Ta Defore Decable Indicate (TCC) To be carried over lade in good faith verified by me an order authority thereof. Further I give ultimorzed Representative, indicate Timized Representative Details of Payment | xpayer/Filer 44 936 41 550 3 386 0 3 386 0 0 0 0 0 0 3 386 o 0 N and attach authorization isiter) Date {MM/DD/ | B. Spouse 0 0 0 0 0 0 0 0 0 0 0 0 0 3.386 |
| 22 Tax Due (From Part VI Item 51 23 Less Total Tax Credits / Payments (I 24 Tax Payable/(Overpayment) (Item 2) 25 Less Porton of Tax Payable Allowe October 15 (50% or tess of Item 22) 26 Amount of Tax Payable/(Overpayme Add Penalties 27 Interest 28 Surcharge 29 Compromise 30 Total Penalties (Sum of Items 27 to 29) 31 Total Amount Payable/(Overpaym 32 Aggregate Amount Payable/(Overpaym 32 Aggregate Amount Payable/(Overpaym 36 Total Penalties (I box only (Composition of Items 27 to 29) 39 Aggregate Amount Payable/(Overpaym 30 Aggregate Amount Payable/(Overpaym 31 Total Penalties (I box only (Composition of Items 27 to 29) 31 Total Penalties (I box only (Composition of Items 27 to 29) 32 Aggregate Amount Payable/(Overpaym 33 Aggregate Amount Payable/(Overpaym 34 Cash/Bank Debit Memo 35 Chart R 36 Tax Debit Memo 37 Others (Specify Below) | PART II - Particulars From Part VII Item 10) 2 Less Item 23) d for 2nd Installment to be paid on or interest in the paid on or interest interest in the paid on or interest in the paid on or interest interest in the paid on or interest interest in the paid on or interest in the paid on or interest interest in the paid on or interest in the paid on or interest in the paid on or interest interest in the paid on or interest | before A. Ta before cocable) idicate (TCC) To be carried over hade in good faith verified by me an inder authority thereof. Further, I give idinorized Representative, indicate Ti inized Representative - Details of Payment Number | xpayer/Filer 44 936 41 550 3 386 0 3 386 0 0 0 0 0 3 386 or as tax credit for next year/quarter of to the best of my knowledge and my consent to the processing of N and attach authorization letter) Date (MM/DD/YYYY) | B. Spouse 0 0 0 0 0 0 0 0 0 0 0 0 0 0 3 386 d belief are true and correct, pursua my information as contemplated und |
| 22 Tax Due (From Part VI Item 51 23 Less Total Tax Credits / Payments (I 24 Tax Payable/(Overpayment) (Item 2 25 Less Porton of Tax Payable Allowe) October 15 (50% or less of Item 22) 26 Amount of Tax Payable/(Overpayme Add Penalties 27 Interest 28 Surcharge 29 Compromise 30 Total Penalties (Sum of Items 27 to 29) 31 Total Amount Payable/(Overpayme 32 Aggregate Amount Payable/(Overpayme Item (I) box only (Coverpayment) I declare under the penalties of penjury that if the provisions of the National Internal Revenue Coverpayment Data Privacy Act of 2012 (R.A. No. 10173) for less Particulars 34 Cash/Bank Debit Memo 35 Chimia 36 Tax Debit Memo | PART II - Particulars From Part VII Item 10) 2 Less Item 23) d for 2nd Installment to be paid on or interest in the paid on or interest interest in the paid on or interest in the paid on or interest interest in the paid on or interest interest in the paid on or interest in the paid on or interest interest in the paid on or interest in the paid on or interest in the paid on or interest interest in the paid on or interest | before A. Ta before cocable) idicate (TCC) To be carried over hade in good faith verified by me an inder authority thereof. Further, I give idinorized Representative, indicate Ti inized Representative - Details of Payment Number | xpayer/Filer 44 936 41 550 3 386 0 3 386 0 0 3 386 0 0 3 386 o 0 3 386 o o o o o o stark credit for next year/iquarter d to the best of my knowledge and my consent to the processing of N and attach authorization letter) Date (MM/DD/YYYY) Stamp of Receiving | B. Spouse 0 0 0 0 0 0 0 0 0 0 0 0 0 3.386 |

BIR Form No. 1701 January 2018 (ENCS)

income tax rate) (To Part VI Item 1)

Annual Income Tax Return

Individuals (including MIXED Income Earner), Estates and Trusts



Page 2 Tax Filer's Last Name TIN - 221 - 678 MENDOZA PART IV - Background Information of Spouse 2 RDO Code 1 1 Spouse's Taxpayer Identification Number Single Proprietor Professional Compensation Earner 3 Filer's Spouse Type 110.15 Business II0.17 Income fro noome - 8% IT Profession - 8% IT HO16 Mixed 11017 Income from 4 Alphanumeric Tax 18012 Business 18014 Income from 18013 Mixed 18011 Code (ATC) Income-Graduated IT Profession-Graduated IT Income-Graduated IT Compensation Income - 8% IT Income - 8% IT Rate Rate Code (ATC) Rates Rates 5 Spouse's Name (Last Name First Name, Middle Name) 7 Citizenship 6 Contact Number 9 Foreign Tax Number 8 Claiming Foreign Tax Credits? Yes No. (if applicable) 11 Income subject to SPECIAL/PREFERENTIAL RATE? Yes No 10 Income EXEMPT from Income Tax? Yes " No [If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)] [Ill yes, fill out also consolidation of ALL Activities per Tax Regime (Part X)] 8% in lieu of Graduated Rates under Sec. 24(A) and Percentage Tax under Sec. 116 of NIRC [available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)] Graduated Rates (Choose 12 Tax Rate* (choose one) Method of Deduction in Item 12A) Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec 34(L), NIRC] Remized Deduction [Sec. 34(A-J). 12A Method of Deduction (choose one) NIRCI PART V - Computation of Tax Schedule 1 - Gross Compensation Income and Tax Withheld Ann Authoral Sheet's Anecessary) On items 1 and 2 enter the required information for each of your employer's and mark (X) at either the information is for the Taxpayer or the Spouse. On item 3A, enter the Total Gross Compensation and Total 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 Taxpayer b. Employer's TIN Spouse Taxpayer 2 b. Employer's TIN d Tax Withheld c Compensation Income (Continuation of Table Above) 0 0 0 2 3A Gross Compensation Income and Total Tax Withheld for TAXPAYER (To Part V Schedule 2 Item 4A and Part VII Item 5A) 0 0 0 3B Gross Compensation Income and Total Tax Withheld for SPOUSE (To Part V Schedule 2 Item 4B and Part VII Item 0 Schedule 2 - Taxable Compensation Income (DO NOT enter Centavos; 49 Centavos or Less drop down; 50 or more round up) B. Spouse A Taxpayer/Filer Particulars 0 0 4 Gross Compensation Income (From Part V Schedule I Item 3Ac/3Bc) 0 0 5 Less Non-Taxable / Exempt Compensation 0 0 6 Taxable Compensation Income (nem 4 Less from 5) 0 0 7 Tax Due-Compensation Income (Item 6 x applicable Income Tax Rate) 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 0 3 756 213 8 Sales Revenues Receipts/Fees 0 0 9 Less Sales Returns, Allowances and Discounts 0 3.756,213 10 Net Sales Revenues Receipts/Fees (item 8 Less flem 9) 0 11 Less Cost of Sales/Services (applicable only if availing Itemized Deductions) 2,938,642 817.571 0 12 Gross Income/(Loss) from Operation (Item 10 Less Item 11) Less: Deductions Allowable under Existing Laws 0 305,392 13 Ordinary Allowable Itemized Deductions (From Part V Schedule 4 Item 18) 0 0 14 Special Allowable Itemized Deductions (From Part v Schedule 5 Item 3 and/or Item 6) 0 0 15 Allowance for Net Operating Loss Carry Over (NOLCO) (From Part V Schedule 6 Item 8 and/or Item 13) 0 305,392 16 Total Allowable Itemized Deductions (Sum of Items 13 to 15) OR 0 0 17 Optional Standard Deduction (OSD) (40% of Item 10) 18 Net income/(Loss) (If Itemized Item 12 Less Item 16, If OSD: Item 10 Less Item 17) 0 512,179 Add. Other Non-Operating Income (specify below) 0 0 19 0 0 20 0 0 21 Amount Received/Share in Income by a Partner from General Professional Partnership (GPP) 0 0 22 Total Other Non-Operating Income (Sum of Items 19 to 21) 0 23 Taxable Income-Business (Sum of Items 18 and 22) 512,179 0 512,179 24 Total Taxable Income - Compensation and Business (Sum of Items 6 and 23) 25 Total Tax Due-Compensation and Business Income (under graduated rates) (Item 24 x applicable 44,936 0 1701



Annual Income Tax Return
Individuals (Including MIXED Income Earner), Estates and Trusts January 2018 (ENCS) Page 3 Taxpayer Filer's Last Name Att NUOZA

| - K P - OF TO TO THE | A) Taxpayer/Filer | B) Spouse |
|--|--|--|
| Particulars | 0 | |
| 26 Raise Meversus Maceints/Fees (not of cales Holums, allmes is and decouple) | | |
| dd Other Non-Operating Income (specif) heliwl | | |
| 27 | 0 | |
| 28 Total Income (5um of Rems. 25 and 27) | 0 | |
| 29 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 | 0 | |
| 30 Tavable Income (Loss) (Born 28 Loss Rem 29) | 0 | |
| 31 Tax Ove-Business Income (from 30 x 8% Flat income Tex Rete) | 0 | |
| 32 Total Tax Due-Compensation and Business Income (under fall rate) [Sum of Spens 7 and 35] [To Dark All Item 1]. | 0 | |
| chedule 4 - Ordinary Allowable Itemized Deductions (attach additional sheet/s, if necessary) | | |
| 1 Among allons | 0 | (|
| 2 Bad Cetsts | 0 | - |
| 3 Charlishle and Other Contributions | 0 | and the second s |
| 4 Decleton | 0 | |
| 5 Degreciation | 21,850 | |
| 6 Entertainment, Amusement and Recreation | 0 | |
| 7 Frage Benefits | 0 | |
| 8 hiterest | 0 | |
| 9 Losses | 0 | |
| 10 Pension Trusts | 0 | 1 |
| 11 Revisi | 0 | |
| 12 Research and Development | 0 | |
| 13 Salaries, Wages and Allowances | 104 000 | |
| 14 SSS, GSIS Philhealth. HDNF and Other Contributions | 25,359 | |
| 15 Taxes and Licenses | 33,331 | |
| 16 Transportation and Travel | 35,930 | |
| 17 Others (Deductions Subject to Withholding Tax and Other Expenses) (specify below Add additional sheet(s) if | necesary) | |
| Jan4onal and Messengerial Services | 12,000 | |
| b Professional Fees | 0 | |
| C Security Services d SEE FINANCIAL STATELIFINTS | 72 922 | |
| | 305,392 | |
| 18 Total Ordinary Allowable itemized Deductions (Sum of Items 1 to 17d) (To Part V, Schedule 3 A Item 13) Schedule 5 - Special Allowable Itemized Deductions (attach additional sheet/s, if | responsable productions and the second contract of the second second second second second second second second | |
| S.A. – Taxpayer/Filer Description | Legal Basis | Amount |
| 1 | | |
| 2 | | |
| 3 Total Special Allowable Itemized Deductions-Taxpayer/Filer (Sum of Items 1 and 2) (To Pa | rt V Schedule 3 A Item | |
| 5.B - Spouse | Legal Basis | Amount |
| | | |
| 5 | and the second s | |

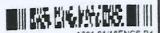
| £.A - Computation of NOLCO | | |
|---|-------------------|-----------|
| Description | A. Taxpayer/Filer | B. Spouse |
| 1 Gross income | 0 | 0 |
| 2 Less Ordnary Allowable Itemized Deductions | 0 | 0 |
| 3 Net Operating Loss (flem 1 Less flem 2) (To Schedule 6 A 1 Item 7A & for Schedule 6 A 2 Item 12A) | 0 | (|

6.A.1 - Taxpayer/Filer's Detailed Computation of Available NOLCO

| 777 | Net Operating Loss | | B. NOLCO Applied | FOR BUTCH ENTERED TO THE | D. NOLCO Applied | E. Net Operating Loss |
|-----|--|-------------------------|----------------------------------|--------------------------|------------------|-----------------------------------|
| Ye | | A. Amount | Previous Year/s | C. NOLCO Expired | Current Year | (Unapplied) [(E)= A - (B+C+D)] |
| 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | NATIONAL PROPERTY AND ADDRESS OF THE PARTY AND | 0 | 0 | 0 | 0 | 0 |
| 9 7 | Total NOI | CO - Taxpaver/Filer (Se | um of Items 4D to 7D) (To Part 1 | Schedule 3.A Item 15A) | 0 | 1 |

1701

Annual Income Tax Return



| | 1701 01/18FNCS | |
|------|----------------|--|

| January 2018 (ENCS) | Individuals (including MIXED | Income Earner), Estates | and Trusts | | 1701 01/18ENCS P4 |
|--|--|--|----------------------------------|--|---|
| Page 4 IN 221 | | nayer Filer's Lest Name | | | |
| Continuation of Schedule (| | | | | S MA TA LA |
| A.2 - Spouse's Detailed C | omputation of Available NOLC | 0 | | | ه این به در این در در این در ای |
| Net Operating Loss par Incurred: A Amou | B NOLCO Applied Previous Year/s | C. NOLCO Expired | D. NOLCO Applied Current Year | E. Net O | perating Loss (Unapplied E)= A - (B+C+D)) |
| 9 Spannings and a second and a | angue chang i penganan nganan bermajah kaling 150 gang penganan pengang penganan penganan penganan penganan pe Angun mahang penganan | | | - | |
| 11 | | | | | 0 |
| 12 Tatal NOLCO Facura | 0 0 | 0 | 0 | at the elementary reprints a printing of | |
| 13 IDIAI NOCCO - Spouse | (Sum of Rems 90 to 120) (To Part V Sch | 1 - Summary of Income Tax Di | 12 | | |
| Requiar Rate-Income Tax Dur | (From Part V. Either Item 25 or Item.) | | | 936 | 0 |
| Special Rate-Income Tax Due | | | | 0 | 0 |
| | nent Agency if remitted directly to the | | 0 | 0 | |
| Net Special Rate Income Tax | Due Share of National Gov! (Item 21 | | 0 | 0 | |
| Total Income Tax Due (Sum of | Items 1 & 4) (To Part II Item 22) | 44 | 936 | 0 | |
| | PART VII. | Tax Credits/Payments (attach | orgofi | | |
| Pnor Year's Excess Credits | PANI-VII- | THE CREDICES BYMENTS (BILBER | | 0 | 0 |
| 2 Tax Payments for the First The | ree (3) Quarters | | | 0 | 0 |
| 3 Creditable Tax Withheld for th | | | 23 | 3,335 | 0 |
| | IR Form No 2307 for the 4th Quarter | | 110 | 3 215 | 0 |
| At the time of the property of the second second the second secon | IR Form No 2316 (From Part V Schedule | | 0 | 0 | |
| | Fried, if this is an Amended Return | | 0 | 0 | |
| 7 Foreign Tax Credits, if applica | And the state of t | | 0 | .0 | |
| 8 Special Tax Credits, if applica | ble (To Per VIII Bem 6) | | 0 | 0 | |
| Other Tax Credits/Payments 1504 45 | | | | | |
| 9 | | | | 0 | 0 |
| 10 Total Tax Credits Payments | (Sum of items 1 to 9) (To Part II Item : | 23) | 4 | 1.550 | 0 |
| | PA | RT VIII - Tax Relief Availment | | | |
| VIII.A - Special Rate 1. Page las lacome Tay Otherse | Dan Dan Salara | | Г | 0 | 0 |
| CARLON AND DESCRIPTION OF THE PROPERTY OF THE PARTY OF TH | se Due (Parl X Hem. 168 & for Hem. 16F X app Die Itemized Deductions (Parl X Hem. 78) | | | 0 | 0 |
| 3 Sub-Total - Tax Relief (Sum | of Items 1 and 2) | am am um on quantitati va in am um ampahalantika antaonin sapi tara mittor antanati timantika anam | | 0 | 0. |
| 4 Less Income Tax Due (From | Part X item 178 and/or item 17F) | | | 0 | 0 |
| 5 Tax Relief Availment Before | Special Tax Credit (Item 3 Less Item 4 |) | | 0 | 0 |
| 6 Add Special Tax Credit if an | ny (From Part VII liem 8) | | | 0 | 0 |
| | PECIAL (Sum of Items 5 and 6) | | | 0 | |
| VIII.8 - Exempt | | | | | |
| | ise Due (Part X Rom 16A &/or 16E X applica | ble regular income tax rate) | | 0 | 0 |
| | ble Itemized Deductions (Pan X Item 7A | and or Item 7E X applicable regular | | 0 | 0 |
| 10 Total Tax Relief Availment- | EXEMPT (Sum of Items & and 9) | | | 0 | 0 |
| PAF | RT IX - Reconciliation of Net Income p | er Books Against taxable Incor | ne (Attach additional sheet | s if necessa | 9) |
| | Particulars | | A) Taxpayer/Fil | + | B) Spouse |
| 1 Net Income/(Loss) per Books | | | 1 | 512,179 | (|
| Add Non-Deductible Expenses/ | Taxable Other Income | | | | |
| 2 | Andreas de Company de | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 Total (Sum of Items 1 to 4) | | | | 512,179 | |
| Less A) Non-Taxable income a | nd Income Subjected to Final Tax | | | | |
| | | | | | |
| 7 | | | | | |
| gas. — and fine and an analysis of the same and an analysi | | | | | |
| B) Special/Other Allowab | e Deductions | | | | |
| . 8 | | | | | |
| 9 | 32 9 | odis a dias i | 1 | | |

| If Taxable is justices | Tax Due is | | | | |
|--|-------------------------------------|--|--|--|--|
| Norder Fair J | 20% of the excess over P 250 000 | | | | |
| Over P 250 500 but not over P 430,000 | P 30 000 + 25% of the excess over P | | | | |
| Over P 400 000 but not over P 800,000 | 400 00 | | | | |
| The state of the s | P 130 000 + 30% of the aware over D | | | | |

11 Net Taxable Income/(Loss) (Item 5 Less Item 10)

10 Total (Sum of Items 6 to 9)

| If Taxable Income is: | Tax Due is: | | | | | |
|---------------------------------------|---|--|--|--|--|--|
| Not over P 250,000 | 0% | | | | | |
| Over P 250 000 but not over P 400 000 | 15% of the excess over P 250 000 | | | | | |
| Over P 400,000 but not over P 800,000 | P 22 500 + 20% of the excess over P 400.00 | | | | | |

0

512,179

0

1701 January 2018 (EMCS) Page 1m

Taxpayer Identification Number (TIN) 160 221 678 000

Annual Income Return



Consolidation of ALL Activities per Tax Regimes (Accomplish only If with MULTIPLE Tax Regimes)

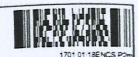
Tax Filer's Last Name MENDOZA

| BY TAX REGIME historichons (mark appropriate box) | A A Only of the activities activities and activities and activities and activities activities and activities activities and activities activities activities and activities acti | B Two or mare activities/projects under EXEMPT and/or SPECIAL Tar Regimes, accompanies percent from Part XI on the corresponding columns below consolidated amounts from Part XI on the corresponding columns below | on the correspond | ng columns below | dines, es | SPOUS | u | |
|--|--|---|------------------------|-------------------------------------|--|--|--------------------|--|
| SCHEDINE A - Basis of Tax Relief | | TAXPAYER | 00 | 1 | O Exempt | E. Special | Te . | F. Regular |
| Particulars | A. Exempt | B. Special | 3 | C, Regular | | The second secon | | |
| 1 Investment Promotion Agency (IPA)/Implementing Government Entity 2 - and Basis | | | | | | | | |
| 3 Registered Activity Program (Reg. No.) | | - | - | - | Andreas protection of the control of | | % D | - |
| 4 Special Tax Rate 5 Effectivity Date of Tax Relief/Examption From (MM/DD/ | | | e o | | | | | e de la companya de l |
| C Exercision Date of Tax Relief/Exemption To (MM/DD/ | | | | | | | | on the contract of the contrac |
| WWY | | | | And the second second second second | TONO9) | enter Centavias. | or Less drop | down; 50 or more rite |
| SCHEDULE B - Computation of Income Tax | | TAXPAYER/FILER | WFILER | | | SPOUSE | 1 | H. Tot |
| Description | A. Total Exempt | B. Total Special | C. Regular | D. Total $(D = A + B + C)$ | E. Total Exempl | F. Total Special | G. Regular | (H=E+F+G) |
| 1 Sales/Revenues/Recepts/Fees (EXEMPT/SPECAL: If letter B of protructions above is marked from All of Part XI Schedule B from 1A | 0 | 0 | 3,756,213 | 3,756,213 | 0 | 0 | | |
| 1B) INCOUNTRY Train 1 Streets and Discounts (EXEMPT) SPECIAL: If letter 8 of anstructions above is marked, from All of Part XI Schedule 8 Hem 2A/28) (REGULAR: From Part V Schedule 3 A Hem | 0 | 0 | 0 | 0 | 0 | 0 | | 6 |
| 9A/9B) | 0 | 0 | 3,756,213 | 3,756,213 | 0 | 0 | | 0 |
| 3 Net Sales/Revenues/Receptar res (from 1 toss nem 4) 4 Less Cost of Sales/Servces (EXEMPT/SPECIAL: Il letter B of instructions above is marked, from All of Part XI Schedule B flem AM | 0 | 0 | 2,938,642 | 2,938,642 | 0 | 0 | | 0 |
| 4B) (REGULAR: From Part V Schedule 3 A Item 11A/11B) | 0 | 0 | 817,571 | 175,718 | 0 | 0 | | 0 |
| ss nem | And the second s | | | | | | | - |
| 6 Ordrasy Alovasbe terrured Deductions (EKRIPPTISPECIAL: from Schedule C Item 18) andro (Il letter B of instruction above is fram Activities and if of Part X Schedule B Item 60/68) (REGULAR: From Dark V. Schedule 3.4 filem 134/138) | 0 | 0 | 305,392 | 305,392 | 0 | 0 | | 0 |
| 7 Special Albuvable Debuctions (EXEMPT/SPECML: (From Schedule Ditem 5) and/or (if letter B of instruction above is marked. crown alot Plant X Schedule B Item 14/TB) (REGULAR: From Part V condars 3 them 14/4148) | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 8 Allowance for Net Operating Loss Carry Over (NOLCO) From Part | 7 | | 0 | 0 | | | | 0 0 |
| 9 Total Allowable Bemized Deductions (Sum of Hems 6 to 8) | 0 | 0 | 305.392 | 305,392 | 0 | | - | |
| OR | | | 0 | 0 | | The state of the s | | 0 |
| Standard Deduction (USD) (10% or nem 5) in the Closs (If Remixed Item 5 Less Item 9. III | n 3 0 | 0 | 512,179 | 512,179 | 0 | 0 | | 0 |
| Other Non-Operating Income (specify below) (EXEM | PTSPECIAL: Il letter B of instructions above is marked, from all of Part XI Schedule B Items 10A/10B and 11A/11B) (REGULAR: From Part V Schedule LA Items 13KV ISO and 20XV | ions above is marked | from all of Part XI So | chedule B Items 10A | 710B and 11A/11B) (RI | EGULAR: From Part | V Schedule 1.A III | MS 1940 198 |
| (208) | 0 | | 0 | | 0 0 | | | 0 |
| 13 | 0 | 0 | 0 | | 0 | 0 0 | | 0 |
| 14 Amount Received/Share in Income by a Partner from a GPP (From | rom | | 0 | | 0 | | | 0 |
| Part V Schedule 3A Nem 21A/21B) | 0 | | 0 | | | | | 0 |
| 15 Total Other Non-Operating score (Sum of Hems 11 to 15) | 0 | 0 | 512,179 | 512,179 | 0 | 0 | | 0 |
| 17 TAX DUE - (Exempt(tiem 16A/16E x 0%) and/or (From elt of Part XI Schedule B Item 15)]. (Special: (Item 5B/5F X applicable income tax yate) and/or (From ell of Part XI schedule B Item 15)]. Regular: (From | | 0 | 44,936 | 44,936 | | 0 | | 0 |

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Annual Income Return

Consolidation of ALL Activities per Tax Regime



payer Identification Number (TIN)

Tax Filer's Last Name

MENDOZA

MENDOZA

| Schedule C - Ordinary Allowable Itemized Deductions (attach additional | i sheet/s, if necessary) | | SPOUS | E |
|---|---------------------------|----------------------|--------------------------------|--|
| | TAXPAYE | R/FILER | C. Exempt | D. Special |
| Description | A. Exempt | B. Special | C. Exempt | 0 |
| 1 Amortizations | 0 | 0 | 0 | 0 |
| 2 Bad Debts | 0 | | 0 | 0 |
| 3 Chantable and Other Contributions | 0 | | g | 0 |
| 4 Depletion | 0 | 0 | 0 | 0 |
| 5 Degreciation | 0 | 0 | 0 | 0 |
| 6 Entertainment, Amusement and Recreation | 0 | 0 | 0 | 0 |
| 7 Fringe Benefits | 0 | 0 | 0 | 0 |
| 8 Interest | .0 | 0 | 0 | 0 |
| 9 Losses | 0 | 0 | 0 | Contract Con |
| 10 Pension Trusts | 0 | 0 | 0 | - 0 |
| 11 Rental | . 0 | | 0 | |
| 12 Research and Development | . 0 | | 0 | |
| 13 Salanes Wages and Allowances | 0 | | 0 | (|
| 14 SSS GSIS Philhealth, HDMF and Other Contributions | 0 | | 0 | (|
| 15 Taxes and Licenses | 0 | | 0 | |
| ACT | 0 | | | |
| 17 Others (Deductions Subject to Withholding Tax and Other Expenses) (Specify | below. Add additional she | et(s), if necessary] | 0 | |
| a Jantonal and Messengenal Services | 0 | | 0 | |
| b Professional Fees | 0 | | 0 | |
| c Security Services | 0 | 0 | 0 | |
| | 0 | R ₁ | | |
| 18 Total Ordinary Allowable Bernized Deductions (Sum of Berns 1 to 17d) (To Part X Schedule B Item 6) | 0 | 0 | O NOT enter Centavos: 49 Centa | to down 50 wm |

| The contract of the contract o | emized Deductions (attach additional | Taxpayer | /Filer | Spous | AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO | |
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| Description | Legal Basis - | A. Exempt | B. Special | C. Exempt | D. Special | |
| | | A. Exempt | 0 | 0 | | |
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| Total Special Allowable Itemiz to 4) (To Part X Schedule B Item | red Deductions (Sum of Items | 0 | 0 | 0 | | |

Annex "M"



BUREAU OF INTERNAL REVENUE

REVENUE REGION NO. 9A - CaBaMiRo CITY OF STO. TOMAS, BATANGAS QF-TCC-01-01-2023.00

TCBP NO. RR9A-063-06-06-R1069-2024-E

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 6th day of June, 2024.

NOTE: THIS CERTIFICATE SHALL BE VALID AND EFFECTIVE FROM DATE OF ISSUE UNTIL JUNE 06, 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 JUNE 04, 2024 UNDER EFPS PAYMENT TRANSACTION NO. 241978982. ANY ERASURE MADE ON THIS TCC SHALL RENDER IT NULL AND VOID.

NOT VALID WITHOUT BIR DRY SEAL

ROSALINDA D. CABIDOG

DOCUMENTARY STAMP TAX DATE OF PAYMENT: 06/04/2024 PAYMENT CONFIRMATION: 241979442 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

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

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

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

APPROVED BUDGET FOR THE CONTRACT (ABC)
Supply and Delivery of Semi-Expendable Office Equipment for USG of MinSU Calapan City Campus
Masipit, Calapan City, Oriental Mindoro
Project Name and Location

| Contract Duration: | VAT, OTHER TAXES AND/OR FREIGHT & INDIRECT INFATION, CURRENCY TOTAL COST UNIT COST | INFLATION, CURRRENCY % VALUE | (11) (12) (13) (2) (10) (5)X(9) (10%[(5)+(10)] (11) / (3) | | | | | | | | | | | | | Nemmending Approval Chairperson, BAC Recommending Approval Approved CNEMESIO H. DAVALOS, Ph.D. SUC President III |
|------------------------------------|--|------------------------------|--|-------------|----------------------------------|----------------------|------------|-------------------------------|------------------------|----------------------|-----------|------------------------|-------------------|-----------------------------------|-------------|---|
| | TOTAL COST | | | (9) | | 11,428.57 | | | • | • | | | | , 00 000 00 | 80,000.00 | 8 |
| | CURRENT MARKET OLIANTITY INIT PRICE | | | (3) (4) (5) | | 7 pcs 11, | | | | | | | | | | Submitted by Engr. MARK LESTER A MAGPANTAY Head, BAC Secretariat |
| Stations: Mindoro State University | | DESCRIPTION | | (2) | Semi-Expendable Office Equipment | Industrial Stand Fan | 20" Blades | Color Finish: Black and Metal | Grill Materials: Metal | Blade Materials: ABS | Speeds: 3 | Power Input: 150 watts | Maximum RPM: 1250 | Χυχυχυχυχυχυχυχυχυχυχυχνχυχνχνχνχ | GRAND TOTAL | RICO AC Secretariat |
| Stations: 1 | | ITEM NO. | | Ξ | | 1 | | | | | | | | | | Prepared by |



1 - 2

Republic of the Philippines MINDORO STATE UNIVERSITY **Main Campus**



Alcate, Victoria, Oriental Mindoro



PURCHASE REQUEST

| Office/Section : | | PR No.: 2024 - /35 | | Date: July 03, 2024 | |
|---------------------------------|---------|--|--------|------------------------|---|
| USG-MC | | Responsibility Center Code : | | | |
| Stock/ Property No. | Unit | Item Description | Qty | Unit Cost | Total Cost |
| | | Semi Expendable Office Equipment | | | 22.222.22 |
| 1 | pcs | Industrial Stand Fan | 7 | 11,428.57 | 80,000.00 |
| | | 20" Blades | | | |
| | | Color finish: Black and Metal | | | |
| | | Grill Material: Metal | | | |
| | | Blade Material: ABS | | | |
| | | Speeds: 3 | | | |
| | | Power Input: 150 watts | | | |
| | | Maximum RPM: 1250 | | | |
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| | | TOTAL | + | | 80,000.00 |
| | | IOTAL | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Purpose: | curemer | nt of Semi-Expendable Office Equipment to be | used b | by USG's and other Stu | dent's events |
| O'man a human | | Requested by Recommending Approval: | | Allotment Available | Approved by: |
| Signature : | | IENA A. CAOLI ELYIC. ESCAREZ, Ph.D. | 7 - | ROVELYN P. ROXAS | CHRISTIAN ANTHONY C. AGUTAYA, Ph. |
| Printed Name : Designation : | IV | USG Adviser Campus Executive Director | 1 | | OIC - Office of the University Presider |

CHARGEABLE AGAINST V020321002

MACHERMIE R. LANDICHO
Acting Budget Officer
MinSCAT - Calapan

Page 1 of 3

Republic of the Philippines MINDORO STATE UNIVERSITY Alcate, Victoria, Oriental Mindoro

PROJECT PROCUREMENT MANAGEMENT PLAN (PPMP)

END-USER UNIT : University Student Government

Charged to CSC

Project Progra

| rojeci, Frc | Project, Programs and Activities | | - | and the second second second second | and the second s | | | - | - | The state of the s | - | | | | | | |
|-------------|-------------------------------------|-------|-----|-------------------------------------|--|-----|-----|-----|-------|--|-----------------------------------|--|-------------------------------------|---|-----|-----|-----|
| CODE | GENER AT DESCRIPTION | TINIT | OTV | TOO TIMIT | TOTAL | | | | SCHED | ULE/ M | SCHEDULE/ MILESTONE OF ACTIVITIES | NE OF A | CTIVIT | TES | | | |
| CODE | DENEMAL DESCRIPTION | OINII | 117 | ONII COSI | AMOUNT | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
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| 1 | | | | | | | | | | | | | | | | | |
| • | World Teachers' Day | | | | 50,000.00 | | | | | | | | | | | | |
| • | Organizational Fair | | | | 35,000.00 | | | | | | | | | | | | |
| • | Freshies Days and Campus Tour | | | | 40,000.00 | | | | | | | | | | | | |
| • | Christmas Connect: Outreach Program | | | | 70,000.00 | | | | | | | | | | | | |
| | Industrial Fan Project | | | | 80,000.00 | | | | | | | | | | | | |
| | USG Convocation | | | | 15,000.00 | | | | | | | | | | | | |
| • | Leadership Training | | | | 60,250.00 | | | | | | | | | | | | |
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| | TOTAL | | | | 350,250.00 | | | | | | | | | | | | |
| | | | | | | | | | | | | SACRESCO SECTION SECTI | STATE OF SERVICE AND ADDRESS | The Person Name and Address of | | | |

TOTAL BUDGET:

Prepared By:

350,250.00

MENA A. CAOLI
Adviser, University Student Government

Recommending Approval:

ELVYC. ESCAREZ, Ph. D. Campus Executive Director