

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



#### REPAIR AND MAINTENANCE OF COLLEGE OF BUSINESS MANAGEMENT BUILDING AT MINSU CALAPAN CITY CAMPUS

Name of Project

#### **BAC Resolution Recommending Approval** Resolution No. 219, 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) No. 2024-202 for the project "Repair and Maintenance of College of Business Management Building at MinSU Calapan City Campus" with an Approved Budget for the Contract (ABC) amounting to Six Hundred Seventy-Six Thousand Nine Hundred Forty-Six Pesos and 25/100 (Php676,946.25):

WHEREAS, in response to the advertisement of the project, one (1) supplier/bidder was found in the document request list however, only one (1) supplier/bidder in the name of JSLBUILDERS AND CONSTRUCTION SUPPLY 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
Php676,946.25	JSLBuilders and Construction Supply	Php600,000.00

WHEREAS, the BAC examined and verified the price quotations submitted by the abovementioned supplier and was found to be complying and responsive;

NOW, THEREFORE, BE IT RESOLVED that the BAC hereby recommends to the Head of Procuring Entity the approval of awarding the contract involving the project, "Repair and Maintenance of College of Business Management Building at MinSU Calapan City Campus" as follows:

a. to JSLBuilders and Construction Supply for being the supplier/bidder with Single Calculated Responsive Bid (SCRB);

RESOLVED, this 22<sup>nd</sup>day of October, 2024 at MinSU-Main Campus, Alcate, Victoria, Oriental Mindoro,

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

MAGPANTAY Engr. MARK LEST

> AFABLE, DBMHM FRANIE M. BAC Member

MELGAR G. FADRIQUEL

**BAC Men** 

[ ] Approved / [ ] Disapproved

ENYA MARIE D. APOSTOL, Ph.D.

SUC President III

Date:

1982



Central Portal for Philippine Government Procurement Oppurtunities

#### **Bid Notice Abstract**

#### Request for Quotation (RFQ)

**Reference Number** 

11360983

**Procuring Entity** 

MINDORO STATE UNIVERSITY

Title

REPAIR AND MAINTENANCE OF COLLEGE OF BUSINESS MANAGEMENT BUILDING AT MinSU

CALAPAN CITY CAMPUS

Area of Delivery

Oriental Mindoro

Alea of Delivery			Closed
Solicitation Number:	RFQ No.: 2024-202	Status	Ciosca
Trade Agreement:	Implementing Rules and Regulations	- I de la componenta	1
Procurement Mode:	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Associated Components	
Classification:	Civil Works	Bid Supplements	0
Category:	Construction Projects		
Approved Budget for the Contract:	PHP 676,946.25	Document Request List	1
Delivery Period:	30 Day/s		
Client Agency:		Date Published	16/10/2024
Contact Person:	Christian B. Apostol BAC Secretariat Head Alcate Victoria	Last Updated / Time	16/10/2024 00:00 AM
	Oriental Mindoro Philippines 5205	Closing Date / Time	21/10/2024 01:00 AM

#### 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 \_\_ address stated in the last page.

CIEDELLE PIOL-SALAZAR, J.D., Ph.D.

BAC Chairperson

Note: 1. All entries must be typewritten.

- 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

63-43-2862368

cbapotol21@gmail.com

Item

No. Unit ITEM AND DESCRIPTION QTY. UNIT

PRICE TOTAL AMOUNT

B.7 months Occupational Safety & Health Program 1

101 cu.m. Septic Tank Works 32

102 sq.m. Doors and Windows 1350

Created by

Annabelle Quinto Madrigal

**Date Created** 

15/10/2024

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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#### REQUEST FOR QUOTATION

#### REPAIR AND MAINTENANCE OF COLLEGE OF BUSINESS MANAGEMENT BUILDING AT MinSU CALAPAN CITY CAMPUS

RFQ No.: 2024-202

ABC Amount: Php676,946.25

Company	Name	: JSLBUIL	DERS	and	cons.	SUPPLY
Address	: POB.1	VICTORIA.	bR.	.Gam		

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.

#### CIEDELLE PIOL-SALAZAR, J.D., 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.
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- G-EPS Registration Certificate shall be attached upon submission of the Quotation.
   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
B.7	months	Occupational Safety & Health Program	1	39,450.00	39,450-00
101	cu.m.	Septic Tank Works	32	6.000.00	192,000.00
102	sq.m.	Doors and Windows	1350	200.00	270,000.00
103	sq.m.	Plumbing Works	1350.00	73.00	98,550.00
XV	VΧ				
			TOTAL	- 0	V 00.000.00 √

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

Jander J. LITERAL Supplier's Signature over Printed Name

268-364-117-00000 TIN No. of Establishment

0906- 563-4032 Contact Number

Date



## REPUBLIC OF THE PHILIPPINES DEPARTMENT OF FINANCE

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-063-03-06-R0452-2024-E

## TAX CLEARANCE CERTIFICATE

(Pursuant to Executive Order No. 398)

# LITERAL, JIL SANDER JAEN

(JSLBUILDERS AND CONSTRUCTION SUPPLY)
Name of Taxpayer

POBLACION I, VICTORIA, ORIENTAL MINDORO
Address

268-364-117-00000

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 March, 2024.

NOTE: THIS CERTIFICATE SHALL BE VALID AND EFFECTIVE FROM DATE OF ISSUE UNTIL MARCH 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 MARCH 01, 2024 UNDER EFPS PAYMENT TRANSACTION NO. 249927352. ANY ERASURE MADE ON THIS TCC SHALL RENDER IT NULL AND VOID.



#### ROSALINDA D. CABIDOG

Chief, Collection Division

By: AMIHAN L. VALDEZ

Asst. Chief, Collection Division

DOCUMENTARY STAMP TAX
DATE OF PAYMENT: 03/01/2023
PAYMENT CONFIRMATION:
249959467

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

#### JSLBUILDERS AND CONSTRUCTION SUPPLY

(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

#### JIL SANDER JAEN LITERAL

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 11 January 2022 in the Philippines.

RAMON M. LOPEZ

Business Name No. 2639981

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

SOYY122813019546



PNB BTR-BIR PAYMENT DATE:

SLIP

PLEASE WRITE HEAVILY

M M D D Y Y

Or. Mindoro-Victoria BRANCH is habov to serve you 

Service Charge: PHP 0.00

Processed by Jeremaeh Anne 8. Seg# 42 Thank you for banking with us. With PMB. You First!

Before leaving the counter, please ensure the correctness of the transaction details as seen on the validation. This document is considered with

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XPAYER'S CO	OPY				Form 2030.3 REV Sept '21

For BIR BCS/ Use Only Item:

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No. 1701

#### Annual Income Tax Return



Tapapyre Name (CRIN) 68 - 58 - 58 - 517 - 50  \$ RDO Code   350   35 Note Percent Belleum? 9 Yes   6 No Code   350   35 Note Percent Belleum? 9 Yes   6 No Code   350   35 Note Percent Belleum? 9 Note	Samuary 2010 (ENCS) Enter all	required information in CAPITAL LETTERS using B with an "X". Two copies MUST be filed with the BIR a	LACK ink Mark all analicable haves	1701 01/18ENCS
FART I - BACKGROUND INFORMATION OF TAXPAYER/EER   Tax   Ta	1 Month 12 For the Year	(YYYY) 2023 2 Amended Retu	urn? O Yes @ No 3 Short	t Period Return? Yes @ 1
Tapayer Type   Sings Proprietor   Professional   Estate   Trust   Compensation Earner   Alphanument Tax Code (ATC)   St Dames Income Tax   Professional   St Home Income Code (ATC)   St Home Income I			MATION OF TAXPAYER/FILER	?
Aphanument Tax Code (ATC)	4 Taxpayer Identification Number (TII	N) 268 - 364 - 117 - 000	5 RDO Code	1063
Alphanument Tax Code (ATO)   10 to 1 tensor hands and calculated IT flass   10 tensor hands and	6 Taxpayer Type Sing	gle Proprietor Professional	☐ Estate ☐ Trust	Compensation Farner
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Registered Address (incluse sections actions in the registered address in officered hash the content biddess, god to the RDO is update registered address by using BIR Form to, 1905)  ### Code   Part				○ II016 Mixed Income-8% IT Rate
Registered Address (Instate comports address if the registered address is officer from the current address, gat to the RDO to update registered address by using BR Form No. 1809) PRESCRIPT IVETCRIA ORBESTIAL WINDOWS  11 Email Address	TERAL III SANDED IAEN	Name, Middle Name)/ESTATE OF (First Name, Mid	dle Name, Last Name)/TRUST FAO: (Fire	st Name, Middle Name, Last Name)
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11 Email Address   Proposed   Pro	POBLACION 1, VICTORIA, ORIENTAL	address. If the registered address is different from the current add. MINDORO	ress, got to the RDO to update registered address by	y using BIR Form No. 1905)
11 Email Address   Proposed   Pro	The state of the s		9A ZIR Cada	State of the state
Coltaborahip   Tax Condition	10 Date of Birth (MM/DD/YYYY)	11 Email Address	5A ZIF Code	5205
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Single @ Married   Logally Separated   Widowier    If Irramind, spouse has income?   Yes   No   18   Filing Status   Joint Filing   Separate Filing    Separate Filing   Yes   No   18   Filing Status   Joint Filing   Separate Filing    Friend Income EXEMPT from income Tax?   Yes   No   18   Filing Status   Joint Filing   Separate Filing    Friend Income EXEMPT from income Tax?   Yes   No   18   Filing Status   Joint Filing   Separate Filing    Friend Income EXEMPT from income Tax?   Yes   No   18   Filing Status   Joint Filing   Separate Filing    Friend Income EXEMPT from income Tax?   Yes   No   18   Filing Status   Joint Filing   Separate Filing    Friend Income EXEMPT from income Tax?   Yes   No   18   Filing Status   Joint Filing   Separate Filing    Friend Income EXEMPT from income Tax?   Yes   No   No   No   No   No   No   No   N	FILIPINO	○ Yes   No		- applicable
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PART II - TOTAL TAX PAYABLE (to NOT Enter critiques, 49 Central color to the control up)   Particular		raduated Rates under Sec. 24(A) & Percentage Tax :		
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Particular  A. Taxpayer/Filer  A. Taxpayer/Filer  A. Taxpayer/Filer  B. Spouse  2 Tax Due (Frem Part VI Item 5)  3 Less: Total Tax Credits/Payments (From Part VII Item 10)  4 Tax Payable/(Overpayment) (Item 22 Less Item 23)  Less: Portion of Tax Payable Allowed for 2nd Installment to be paid on or before  Cocober 15 (50% or less of Item 22)  6 Amount of Tax payable/(Overpayment) (Item 24 Less Item 25)  Add. Penalties 27 Interest  28 Surcharge  29 Compromise  0 000  0 000  1 Total Amount Payable/(Overpayment) (Sum of Items 26 and 30)  2 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30)  2 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30)  48,729.00  0 To be armid on the Surch Concept (Total Amount Payable/(Overpayment) (Sum of Items 26 and 30)  48,729.00  0 To be carried over as a tax credit for next year/quarter  1 declare under the penalties of perjury that this return, and all its satachments, have been made in good faith, verified by me, and to the best of my, knowledge and belief, a use 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 consers to processing of my information as contemplated under the "Chart Princey Act of 2012 (R.A. No. 1017s) for legitimate and lawful purposes, of sugned by an Authorized spresentative, indicate TIN and attach authorized he had no part of the part of the prince of Taxpayer/Authorized Representative  PART III - DETAILS OF PAYMENT  Particulars  Drawee Bank/Agency Number Date (MM/DD/YYYY) Amount  Stamp of Roceking Office/AAB and Date of Receipt (RO's Signaturo/Bank Teller's Initial)  1 declare under the page of Roceking Office/ABB and Date of Receipt (RO's Signaturo/Bank Teller's Initial)	PAF	RT II - TOTAL TAX PAYABLE (Do NOT Ente	r Centavos, 49 Centavos or Less drop down; 50 or n	nore round up)
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4 Tax Payable/(Overpayment) (Item 22 Less Item 23) 48,725 00 500 500 500 500 500 500 500 500 500	22 Tax Due (From Part VI Rom 5)		445,937.00	0.00
Less: Portion of Tax Payable Allowed for 2nd Installment to be paid on or before October 15 (50% or less of Item 22) 6 Amount of Tax payable/(Overpayment) (Item 24 Less Item 25)  Add: Penalties 27 Interest  0 00 0 000  Add: Penalties 27 Interest  0 00 0 000  28 Surcharge 29 Compromise 0 00 000  1 Total Penalties (Sum of Items 27 to 29) 1 Total Amount Payable/(Overpayment) (Sum of Items 26 and 30) 2 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30) 2 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30) 30 overpayment, mark one (1) box only. (Once the choice is made, the same is irrevocable) 1 To be refunded 1 To be issued a Tax Credit Certificate (TCC) 1 To be carried over as a tax credit for next year/quarter 1 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, a use 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 provision of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to provision of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to provision of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to provision of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to provision of the National Internal Revenue Code, as a mended, and the regulations issued under authority thereof. Further, I give my consent to provision of the National Internal Revenue Code as a tax credit for next yearing and the tregulation is a tax credit for next yearing and the tregulation is a tax credit for next yearing and the regulation is a tax credit for next ye	23 Less: Total Tax Credits/Payments	(From Part Vil Ibem 10)	397,208.00	0.00
6 Amount of Tax payable/(Overpayment) (Item 24 Less Item 25)  Add: Penalties 27 Interest  28 Surcharge  29 Compromise  0 000  0 000  1 Total Penalties (Sum of Items 27 to 29)  1 Total Amount Payable/(Overpayment) (Sum of Items 26 and 30)  2 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30)  48,729.00  0 000  1 Total Penalties (Sum of Items 27 to 29)  1 Total Payable/(Overpayment) (Sum of Items 26 and 30)  2 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30)  7 To be refunded  1 To be issued a Tax Credit Certificate (TCC)  1 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, a lead order to Pata Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If signed by an Authorized expresentative, indicate TIN and attach authorization letter)  Particulars  Drawee Bank/Agency  Number  PART III - DETAILS OF PAYMENT  Particulars  Drawee Bank/Agency  Number  Date (MM/DD/YYY)  Amount  Amount  Amount  Amount  Stump of Receiving Office/AAB and Date of Receipt  RO's Signature/Bank Teiler's Initial)  Coordinatory Signature/Bank Teiler's Initial)	24 Tax Payable/(Overpayment) (Iten	n 22 Less Item 23)	48,729 00	0.00
Add: Penalties 27 Interest 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	25 Less: Portion of Tax Payable Allow October 15 (50% or less of Item 22	red for 2nd Installment to be paid on or before 2)	0.00	0.00
28 Surcharge 0.00 0.00 0.00  29 Compromise 0.00 0.00 0.00  1 Total Penalties (Sum of Items 27 to 29) 0.00 0.00  1 Total Amount Payable/(Overpayment) (Sum of Items 26 and 30) 48,729.00 0.00  2 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30) 48,729.00 0.00  2 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30) 48,729.00 0.00  2 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30) 48,729.00 0.00  2 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30) 48,729.00  3 Obe refunded 0 To be issued a Tax Credit Certificate (TCC) 0 To be carried over as a tax credit for next year/quarter 1 declare under the penalties of perjury that this return, and all its attainments, have been made in good faith, verified by me, and to the best of my knowledge and belief, at use 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 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 Payacel/Authorized Representative PART III - DETAILS OF PAYMENT  Particulars Drawee Bank/Agency Number Date (MM/DD/YYYY) Amount  Particulars Drawee Bank/Agency Number Date (MM/DD/YYYY) Amount  Particulars Drawee Bank/Agency Number Date (MM/DD/YYYY) Amount  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 Teiler's Initial)	26 Amount of Tax payable/(Overpaym	nent) (Item 24 Less Item 25)	48,729.00	0.00
29 Compromise  0 Total Penalties (Sum of Items 27 to 29)  1 Total Amount Payable/(Overpayment) (Sum of Items 26 and 30)  2 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30)  2 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30)  3 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30)  48729 00  3 Overpayment, mark one (1) box only. (Once the choice is made, the same is irrevocable)  To be refunded  To be issued a Tax Credit Certificate (TCC)  To be carried over as a tax credit for next year/quarter  1 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, a use 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 conserve 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 Papersentative, indicate TIN and attach authorization letter)  PART III - DETAILS OF PAYMENT  Particulars  Particulars  Drawee Bank/Agency  Number  PART III - DETAILS OF PAYMENT  Particulars  Drawee Bank/Agency  Number  Date (MM/DD/YYYY)  Amount  Amount  Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)  Cathoria & RANCH 15 hispay 10 serves you  a BILLS PAYMENT			0.00	0.00
29 Compromise 0.00   0.	28 Surcharge		0.00	0.00
O Total Penalties (Sum of Items 27 to 29)  1 Total Amount Payable/(Overpayment) (Sum of Items 26 and 30)  2 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30)  2 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30)  3 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30)  48,729 00  48,729 00  48,729 00  48,729 00  48,729 00  48,729 00  To be refunded  To be Issued a Tax Credit Certificate (TCC)  To be refunded  To be Issued a Tax Credit Certificate (TCC)  To be carried over as a tax credit for next year/quarter  I declare under the penalties of perjury that this return, and all its attachments, have been made in good faith, verified by me, and to the best of my knowledge and belief, at use 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 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 appresentative, indicate TIN and attach authorization letter)  PART III - DETAILS OF PAYMENT  Particulars  Particulars  Drawee Bank/Agency  Number  PART III - DETAILS OF PAYMENT  Amount  Particulars  Drawee Bank/Agency  Number  Date (MM//DD/YYY)  Amount  Amount  Stamp of Receiving Office/AAB and Date of Receipt  RO's Signature/Bank Teller's Initial)  Clorial ERANCH is happy to serve your  Applies of the state of the same is irrevocable)  Total Amount (RO's Signature/Bank Teller's Initial)			0.00	0.00
1 Total Amount Payable/(Overpayment) (Sum of Items 26 and 30) 2 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30) 3 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30) 48,729.00  Overpayment, mark one (1) box only. (Once the choice is made, the same is irrevocable) To be refunded To be issued a Tax Credit Certificate (TCC) To be carried over as a tax credit for next year/quarter  I declare under the penalties of perjury that this return, and all its attachments, have been made in good faith, verified by me, and to the best of my knowledge and belief, at use 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 conserve 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  PART III - DETAILS OF PAYMENT  Particulars  Drawee Bank/Agency  Number  Date (NMM/DD/YYYY)  Amount  Amount  Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)  Action a RRANCH 13 happy to serve your  BELLS PAYMENT			0.00	0.60
2 Aggregate Amount Payable/(Overpayment) (Sum of Items 26 and 30)  overpayment, mark one (1) box only. (Once the choice is made, the same is irrevocable)  To be refunded  To be issued a Tax Credit Certificate (TCC)  To be carried over as a tax credit for next year/quarter  I declare under the penaltiles 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, at use 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 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 to presentative, indicate TIN and attach authorization letter)  PART III - DETAILS OF PAYMENT  Particulars  Drawee Bank/Agency  Number  Date (MM/IDD/YYYY)  Amount  Amount  Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)  1 Cloria erianch 1s happy to serve you  a BILLS PAYMENT				0.00
overpayment, mark one (1) box only. (Once the choice is made, the same is irrevocable)  To be refunded  To be issued a Tax Credit Certificate (TCC)  To be carried over as a tax credit for next year/quarter  I declare under the penalties of perjury that this return, and all its attachments, have been made in good faith, verified by me, and to the best of my knowledge and belief, at use 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 consente 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)  PART III - DETAILS OF PAYMENT  Particulars  Particulars  Drawee Bank/Agency  Number  Date (MM/DD/YYYY)  Amount  Amount  Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)  Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)				48,729.00
To be refunded  To be Issued a Tax Credit Certificate (TCC)  To be carried over as a tax credit for next year/quarter  I declare under the penalties of perjury that this return, and all its attachments, have been made in good faith, verified by me, and to the best of my knowledge and belief, at use 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 conserve presentative, information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If signed by an Authorized Papersentative, indicate TIN and attach authorization letter)  Printed Name and Signature of Taxpayer/Authorized Representative  PART III - DETAILS OF PAYMENT  Particulars  Particulars  Privace Bank/Agency  Number  Particulars  Drawee Bank/Agency  Number  Date (MM/DD/YYYY)  Amount  Amount  Amount  Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)  Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)				
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, as use 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 consense 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 Perpresentative, indicate TIN and attach authorized authorized IN and attach authorized authorized Representative.)  Printed Name and Signature of Taxpayer/Authorized Representative  PART III - DETAILS OF PAYMENT  Particulars Drawee Bank/Agency Number Date (MM/DD/YYYY) Amount  Particulars Drawee Bank/Agency Number Date (MM/DD/YYYY) Amount  Amount  Achine Validation/Revenue Official Receipt Details (If not filled with an Authorized Agent Bank)  Constitution of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)  Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)			O To be carried over as a tax cre-	dit for next year/quarter
use and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations assessed unlied attended with 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)    CANDER J. LITERAL   33 Number of Attachments   00		that this artism and all its either broad hours board	n made in good faith, verified by me, and to	o the best of my knowledge and belief, a
Printed Name and Signature of Taxpayer/Authorized Representative  PART III - DETAILS OF PAYMENT  Particulars Drawee Bank/Agency Number Date (MM/DD/YYYY) Amount  Standard Cash/Bank Debit Memo Standard Cash/Bank Debit	true and correct, pursuant to the provis the processing of my information as co	sions of the National Internal Revenue Code, as amel ontemplated under the "Data Privacy Act of 2012 (R.#		
Printed Name and Signature of Taxpayer/Authorized Representative  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)  Cloria ERANCH 13 happy to servs you  a BTILS PAYMENT	representative, indicate 111v and attac	(Control States)		
Printed Name and Signature of Taxpayer/Authorized Representative  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)  Control & Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teiler's Initial)  1 Control & STANCH 13 happy to SETVS YOU  2 BILLS PAYMENT		Allen		33 Number of Attachments 00
PART III - DETAILS OF PAYMENT  Particulars Drawee Bank/Agency Number Date (MM/DD/YYYY) Amount  34 Cash/Bank Debit Memo 35 Check 36 Tax Debit Memo 37 Others (specify below)  Machine Validation/Revenue Official Receipt Details (If not filed with an Authorized Agent Bank)  10 Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)  11 STAMPONT  12 BTILS PAYMENT			stative	
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)  10 Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)  10 Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)	Printed No			
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)  10 Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)  10 Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)	Particulars I			Amount
Tax Debit Memo  To Others (specify below)  Machine Validation/Revenue Official Receipt Details (If not filed with an Authorized Agent Bank)  COTOTIA GRANCH 15 happy to SELVE YOU  BILLS PAYMENT	34 Cash/Bank Debit Memo			Company of the State State of State and State of
37 Others (specify below)  Machine Validation/Revenue Official Receipt Details (If not filed with an Authorized Agent Bank)  1010713 6RANCH 13 happy 10 585VS YOU  3 8TILS PAYMENT	35 Check	and the same of th		
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)  1010713 6RANCH 13 happy 10 Servs you  3 8TLLS PAYMENT	36 Tax Debit Memo			
Aschine Validation/Revenue Official Receipt Details (If not filled with an Authorized Agent Bank)  (RO's Signature/Bank Teller's Initial)  a BILLS PAYMENT	37 Others (specify below)		_	
Aschine Validation/Revenue Official Receipt Details (If not filed with an Authorized Agent Bank)  (RO's Signature/Bank Teller's Initial)  a BTILS PAYMENT			Stamp of Receiving Office/AAI	B and Date of Receipt
a BILLS PAYMENT	Machine Validation/Revenue Official F	Receipt Details (If not filed with an Authorized Agent E		
a BILLS PAYMENT	Victoria BRANCH is happy	to serve you		
		s in the BIR website (www.bir.gov.ph)		

mage a BILLS PAYMENT
TO NOTE: The BIR Data Privacy Per Control of The BIR Data Payment Cash Charge: PHF 0.00

f by Jeremach Anne B. Cant 40 for backing with in Wife DMR Yo

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ANB-URMINGURT-VICTORIA
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January 2018 (ENCS) Individuals (Including MIXED Income Earn Page 2	er), Estates and Trusts	1701 01/18FNCS F
IN Taxpayer/Filer's Las		1191011001
38   364   117   000   LITERAL JIL SANDES		
PART IV - Background Ir	iformation of Spouse	
Spouse's Taxpayer Identification Number (TIN)	2 RDO Code	L
Filer's Spouse Type   Single Proprietor	Professional C	Compensation Earner
	14 Income from Profession-Graduated IT Rates	ii013 Mixed Income-Graduated 17 Rates
O II011 Compensation income O II015 Business Income-8% IT Rate O II0	17 Income from Profession-8% IT Rate	○ R016 Mixed Income-8% IT Rate
Spouse's Name (Last Name, First Name, Middle Name)		
Contact Number	7 Citizenship	
Claiming Foreign Tax Credits? O Yes O No 9 Foreign	gn tax number (if applicable)	
[If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)]	1 Income subject to SPECIAL/PREFEI (If yes, fill out also consolidation of Deduction (choose one)	RENTIAL RATE? Yes N if ALL activities per Tax Regime (Part X)]
	ed Deduction Optional Standar	rd Deduction (OSD)
oose one) [Sec 34(A-		Receipts/Revenues/Fees (Sec. 34(L), NIRC))
<ul> <li>8% in lieu of Graduated Rates under Sec. 24(A) &amp; Percentage Tax under Sec. 24(A) &amp; Percentage T</li></ul>		
[available if gross sales/receipts and other non-operating income do not ex		
PART V - Compu- nedule 1 - Gross Compensation Income and tax Withheld (Altach Additional Sheet/s.		
Items 1 and 2, enter the required information for each of your employer/s and mark (X) w	vether the information is for the Taxoava	er or the Spause On Item 3A enter the
ar Gross Compensation and Total tax withheld for the Taxpayer and on Item 3B, for the S	Spouse. (DO NOT enter Centavos; 49	Centavos or less drop down; 50 or more round up)
a.Name of En	nployer	
O Taxpayer		
O Spouse	b. Employer's TIN	
O Taxpayer		
O Spouse	b. Employer's TIN	
ntinuation of Table Above)	c. Compensation Income	d. Tax Withheld
	0.00	0.00
	0.00	0.00
Gross Compensation Income and Total Tax Withheld for TAXPAYER To Part V Schedule 2 sem 4A and Part VII Item 5A1	0.00	0.00
Gross Compensation Income and Total Tax Withheld for	0.00	0.00
SPOUSE (10 Part V Schedule 2 Item 48 and Part VII Item 68)	1	1
nedule 2 - Taxable Compensation Income	(DO NOT enter	Centavos; 49 Centavos or less drop down; 50 or mo-
Particulars	A. Taxpayer/Filer	B. Spouse
Gross Compensation Income (From Part V Schedulo 1 Item 3Ac/GRc)	0.00	0.00
.ess. Non-Taxable / Exempt Compensation	0.00	0.00
Faxable Compensation Income (Item 4 Less Item 5)	0.00	0.00
Tax Due-Compensation Income (Item 6 x applicable Income Tax Rate)	0.00	0.00
nedule 3 - Taxable Business Income (If graduated rates, fill in Items 8 to 24; if 8% fi	at income tax rate, fill in items 25 to :	30)
A - For Graduated Income Tax Rates		
Sales/revenues/receipts/Fees	21,379,159.00	0.00
Less Sales Returns, Allowances and Discounts	0.00	0.00
Net Sales/Revenues/Receipts/Fees (Item 8 Less Item 9)	21,379,159.00	0.00
Less, Cost of Sales/Services (applicable only if availing Itemized Deductions)	18,379,491 00	0.00
Gross Income/(Loss) from Operation (Item 10 less Item 11)	2,889,656.00	1 0.00
ess. Deductions Allowable under Existing Laws	854.878.00	0.00
Ordinary Allowable Itemized Deductions (From Part V Schedule 4 tem 18)  Special Allowable Itemized Deductions (From Fart V Schedule 5 tem 3 anglor Item		0.00
	0.00	Laborator on management
Allowable for Net Operating Loss Carry Over (NOLCO) (From Fart V. School (e. f. tern 8 and/or flem 13)	0.00	0 00
Total Allowable Itemized Deductions (Sum of Items 13 to 15)	854,878,00	0.00
OR		
Optional Standard Deduction (OSD) (40% of Item 10)	0.00	0.00
Optional Standard Deduction (OSD) (40% of Item 10)  Net Income/(Loss) ( <u>If Itemized</u> Item 12 Less Item 16, <u>If OSD</u> Item 10 Less Item 17)	2,144,790.00	0.00
17) dd Other Non-Operating Income (specify below)		
an Other Non-Operating Income (Specify Delow)	0.00	0.00
No the boundary of the Conference of the American Conference of the Conference of th	0.00	0.00
and the second in the control of the	0.00	6 00
Partnership (GPP)	0.00	0.00
? Total Other Non-Operating Income (Sum of Items 19 to 21)	2144,790.00	0.00
3 Taxable Income-Business (Sum of Items 18 and 22) \$ Total Taxable Income - Compensation & Business (Sum of Items 6 and 23)	2,144,790.00	0.00
Total Tax Due-Compensation and Business Income (under graduated rates)	445,937.00	0.00
(Item 24 x Applicable Tax Rate based on Tax Table below) (To Part Villem 3)	1 443,827.00	
TABLE 1 - Tax Rates (effective January 1, 2019 to December 31, 2022)	TABLE 2 - Tax Rates Leffs	etive January 1, 2023 and onwards)
TABLE 1 - Tax water (effective definitely 1, 2013 to use entition 37, 2011 if Taxable income is:  Not over P250,000 0%	H Taxable Income is: Not over P250,000	Tax Dise Is:
Over P250,000 but not over P400,000 20% of the excess over P250,000	Over P250,000 but not over P400,000 Over P400,000 but not over P400,000	15% of the excess over P250,000 22,600 + 20% of the excess over P400,000
Over \$500,000 but not over \$2,000,000 \$130,000 * 30% of the excess over \$600,000	Over P800,000 but not over P2,000,000 Over P2,000,000 but not over P8,000,000	102 500 + 25% of the excess over 9800,000 482 500 + 30% of the excess over P2 000,000
Over P2 000 000 but not over P8 000 000 F490 000 5 52% of the excess over P2 000 000 P2 410 000 + 35% of the excess over P8 000 000	Over P5,000,000	P2,202,500 + 35% of the excess over P6,000.0



1701 January 2018 (ENCS) Page 3





TIN	Taxpayer/Filer's Las	at No was	1.0100	00140010
268 364 H17 D00	LITERAL JIL SANDE			-
3.B - For 8% Flat Income Tax Rate	FILENAL VIL GATEDE	CONTRACTOR SOUTH AND DOOR OF THE		
Particulars			ntavos, 49 Centavos or less drop down; 50 or mo	re round up)
The state of the s		A. Taxpayer/Filer	B. Spouse	
26 Sales/Revenues/Receipts/Fees (net of sales returns, all	owances and discounts)	0.00	0.0	10
Add: Other Non-Operating Income (specify below)				
27		0.00	0.0	10
28 Total Income (Sum of Items 26 and 27)		0.00	0.0	ठ
Less: Allowable reduction from gross sales/receipts and	other non-operating income			
29 of purely self-employed individuals and/or professionals (not applicable if with compensation income)	in the amount of P250,000	0.00	0.0	0
30 Taxable Income/(Loss) (Item 28 Less Item 29)		0.00	0.0	OT.
31 Tax Due-Business Income (Item 30 x 8% Flat Income	Tax Rate)	0.00	0.00	
Total Tay Dua Companyation C. Burling L.		1 000	1 0.0	U .
32 Total Tax Due-Compensation & Business Income (ur 7 and 31) (To Part VI Item 1)	nder flat rate)(Sum of Items	0.00	0.00	ō
Management of the state of the	to the statistic of the state of			
Schedule 4 - Ordinary Allowable Itemized Deductions (at	rach additional sheets, if neces	ssary)		
1 Amortizations		0.00	0.00	ō
2 Bad Debts		0.00	0.00	ō
3 Charitable and Other Contributions		0.00	5.00	ō
4 Depletion		000	0.00	ō
5 Depreciation		0.00	0.00	5
6 Entertainment, Amusement and Recreation		0.00	0.00	
7 Fringe Benefits		000	0.00	
8 Interest		000		
9 Losses		1	0.00	
10 Pension Trusts		0.00	0.00	
		0.00	0.00	0
11 Rental		0.00	0.00	0
12 Research and Development		0.00	0.00	5
13 Salaries, Wages and Allowances		556.930.00	0.00	5
14 SSS, GSIS, Philhealth, HDMF and Other Contributions		0.00	0.00	õ
15 Taxes and Licenses		79,585.00	0.00	5
16 Transportation and Travel		0.00	0.00	5
17 Others (Deductions Subject to Withholding Tax and Othe	r Evnoncos) (energia halour An	id additional chapte) if nacesan	at a	
	Lipenses) [specify below, Au			-
a Janitorial and Messengerial Services		0.00		
b Professional Fees		22,000 00		
c Security Services		0.00	0.00	O
d SEE ATTACHED FS		196,363.00	0.0	10
Total Ordinary Allowable itemized Deductions (Sum of Schedule 3 A Item 13)	Items 1 to 17d) (To part V	854,878.00	0.0	6
Schedule 5 - Special Allowable Itemized Deductions (atta	ch additional sheet/s, if necess			
5.A - Taxpayer/Filer Description		Legal Basis	Amount	
1			0.00	
2		F	0.00	Ŏ.
3 Total Special Allowable Itemized Deductions-Taxpayer/Fi	ler (Sum of Items 1 and 2) 🕕	part V Schedule 3 A Item 14A)	0.00	ō
5.B - Spouse				
4			0.00	ō.
5			0.00	O O
6 Total Special Allowable Itemized Deductions-Spouse (Su	m of items 4 and 5) (To part V	Schedule 3 A Item 148)	0.00	ō
Schedule 6 - Computation of Net Operating Loss carry O				ALCOHOLOGICAL PROPERTY.
6.A - Computation of NOLCO	VEI (NOLOO)			
Description		A. Taxpayer/Filer	B. Spouse	
1 Gross Income		0.00	0.00	ō
2 Loss: Ordinary Allowabie Itemized Deductions		0.00	0.00	ō
Not Consisting Loss (Itam 1 Loss Itam 2) (To Rehadule 5	A 1 sem 7A and/or	A Comment of the Comm	2	75
3 Schedule 6 A.2 Item 12A)		0.00	0.00	U
6.A.1 - Taxpayer/Filer's Detailed Computation of Availa	ble NOLCO			
Net Operating Loss	B. NOLCO Appliesd	a notes to the	D. NOLCO Appliesd E. Net Operat	
Year Incurred A. Amount	Previous Year's	C. NOLCO Expired	Current Year (Unappli	
4 000	0.00	0.00	0.00	0.00
5 000	0.00	0.00	0.00	0.00
6 000	0.00	0.00	0.00	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 1:	5A)	0.00	



1701

1701 Annual Income Tax Return

January 2018 (ENCS) Individuals (including MIXED Income Earner), Estates and Trusts



Page 4				1701 01/18ENCS P4
ITIN	Taxpayer/Filer's Las	t Name		
268 (384 (117 (000	LITERAL JIL SANDER			_
(Continuation of Schedule 6)				
6.A.2 - Spouse's Detailed Computation of Available N	OLCO			
Net Operating Loss Year Incurred A. Amount	B. NOLCO Appliead Previous Year/s	C. NOLCO Expired	D. NOLCO Appliesd Current Year	E. Net Operating Loss (Unapplied) [(E)=A-(B+C+D)]
09 0.66	0.00	0.00	0.00	0.00
10 0.00	0.00	0.00	0.00	0.00
11 0.00	0.00	0.00	0.00	0.00
12 0.00	0 00	0 00	0.00	0.00
13 Total NOLCO - Spouse (Sum of Items 9D to 12D) (To	Part V Schedule 3 A Item 15B)		0.00	
	PART VI - Summary of	Income Tax Due		
1 Regular Rate-income Tax Due (From Part V, Either Item	1 25 or Item 32)	445,937.00	Г	0.00
2 Special Rate-Income Tax Due (From Part X Item 178/1		0.60	T	0.00
3 Less: Share of Other Government Agency, if remitted di	rectly to the Agency	0.00		0.00
4 Net Special Rate-Income Tax Due/Share of National Go		0.00	r	0.00
5 Total Income Tax Due (Sum of Items 1 & 4) (To Part III		445,937.00	-	0.00
	PART VII - Tax Credits/Pay	ments (attach proof)		0.00
1 Prior Year's Excess Credits	. His vii - tax oregita/Pay			
2 Tax Payments for the First Three (3) Quarters		0.00	1	0.00
3 Creditable Tax Withheld for the First Three (3) Quarter		22,797 00		0.00
4 Creditable Tax Withheld per BIR Form No. 2307 for th		161,405.00	1	0.00
Creditable Tay Withheld per BID Form No. 2216 (Com		213,006.00	1	0.00
3Ad/38d)	LEARLY Schedule 1 Roll	0.00	Г	0.00
6 Tax Paid in Return Previously Filed, if this is an Ameni	ded Return	0.00	Г	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	Г	0.00
9 Other Tax Credits/Payments (specify)		0.00	i i	0.00
10 Total Tax Credits/Payments (Sum of Items 1 to 9) (To	Part II Item 23)	397,208.00	Г	0.00
	PART VIII - Tax Reli	of Availment		
VIII.A - Special Rate	THAT YILL TOX IXCI	Ci Avanireit		
1 Regular Income Tax Otherwise Due (Fart X Item 168 e	nd/or Item 16F X applicable	0.00		0.00
Tax Relief on Special Allowable Iternized Deductions (P.	art V Ham 78, and for Ham 70			0.00
2 X applicable regular income tax rate)	er 2 marris mossi morris	0.00	Г	0.00
3 Sub-Total - Tax Relief (Sum of Items 1 and 2)		0.00	Г	0.00
4 Less: Income Tax Due (From Part X Hem 17B and/or Ite	m 17F)	0.00	Г	0.00
5 Tax Relief Availment Before Special Tax Credit (Item 3	Less Item 4)	0.00	Г	0.00
6 Add: Special Tax Credit, if any (From Part VII Item 8)		0.00	Г	0.00
7 Total Tax Relief Availment-SPECIAL (Sum of Items 5 at	nd 6)	0.00	Г	0.00
VIII.B - Exempt				
8 Regular Income Tax Otherwise Due (Part X Item 18A regular Income tax Itale)	and/or item 15E X applicable	0.00	Г	0.00
9 Tax Relief on Special Allowable Itemized Deductions X applicable regular income (as rate)	Part X Item7A and/or item 7E	0.00	Г	0.00
				0.00
10 Total Tax Relief Availment-EXEMPT (Sum of Items 8	and 9)	0.00	T. Control of	0.00
			onal sheet/s, if necess	
	and 9) et Income per Books Against T		onal sheet/s, if necess	
PART IX - Reconciliation of N Particulars		axable Income (Attach addition	onal sheet/s, if necess	sary)
PART IX - Reconciliation of N Particulars  1 Net Income/(Loss) per Books		axable Income (Attach addition  A. Taxpayer/Filer	onal sheet/s, If necess	B. Spouse
PART IX - Reconciliation of N Particulars  1 Net Income/(Loss) per Books Add: Non-Deductible Expenses/Taxable Other Income		axable Income (Attach addition  A. Taxpayer/Filer	onal sheet/s, if necess	B. Spouse
PART IX - Reconciliation of N Particulars  1 Net Income/(Loss) per Books Add: Non-Deductible Expenses/Taxable Other Income 2		axable income (Attach addition  A. Taxpayer/Filer  2 144,790 00	onal sheet/s, If necess	B. Spouse
PART IX - Reconciliation of N Particulars  1 Net Income/(Loss) per Books Add: Non-Deductible Expenses/Taxable Other Income 2 3		A. Taxpayer/Filer 2 144,790 00	onal sheet/s, If necess	B. Spouse
PART IX - Reconciliation of N Particulars  1 Net Income/(Loss) per Books Add: Non-Deductible Expenses/Taxable Other Income 2		A. Taxpayer/Filer 2 144,790 00 0 00	onal sheet/s, if necess	B. Spouse 0.00
PART IX - Reconciliation of N Particulars  1 Net Income/(Loss) per Books Add: Non-Deductible Expenses/Taxable Other Income 2	et Income per Books Against T	axable Income (Attach addition  A. Taxpayer/Filer  2 144,790 00  0 00  0 00	onal sheet/s, If necess	B. Spouse 0.00 0.00 0.00 0.00
PART IX - Reconciliation of N Particulars  1 Net Income/(Loss) per Books Add: Non-Deductible Expenses/Taxable Other Income  2	et Income per Books Against T	axable income (Attach addition  A. Taxpayer/Filer  2 144,790 00  0 00  0 00  2,144,790 00	onal sheet/s, If necess	B. Spouse 0.00 0.00 0.00 0.00
PART IX - Reconciliation of N Particulars  1 Net Income/(Loss) per Books Add: Non-Deductible Expenses/Taxable Other Income  2	et Income per Books Against T	axable income (Attach addition  A. Taxpayer/Filer  2.144,790.00  0.00  0.00  2.144,790.00	onal sheet/s, If necess	B. Spouse 0.00 0.00 0.00 0.00 0.00
PART IX - Reconciliation of N Particulars  1 Net Income/(Loss) per Books Add: Non-Deductible Expenses/Taxable Other Income  2	et Income per Books Against T	axable income (Attach addition  A. Taxpayer/Filer  2 144,790 00  0 00  0 00  2,144,790 00	onal sheet/s, If necess	B. Spouse  0.00  0.00  0.00  0.00  0.00  0.00
PART IX - Reconciliation of N Particulars  1 Net Income/(Loss) per Books Add: Non-Deductible Expenses/Taxable Other Income 2	et Income per Books Against T	axable Income (Attach addition  A. Taxpayer/Filer  2.144,790.00  0.00  0.00  2.144,790.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00	onal sheet/s, If necess	B. Spouse  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00
PART IX - Reconciliation of N Particulars  1 Net Income/(Loss) per Books Add: Non-Deductible Expenses/Taxable Other Income  2	et Income per Books Against T	axable Income (Attach addition  A. Taxpayer/Filer  2.144,790.00  0.00  0.00  2.144,790.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00	onal sheet/s, If necess	B. Spouse  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00
PART IX - Reconciliation of N Particulars  1 Net Income/(Loss) per Books Add: Non-Deductible Expenses/Taxable Other Income  2	et Income per Books Against T	axable Income (Attach addition  A. Taxpayer/Filer  2.144,790.00  0.00  0.00  2.144,790.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00	onal sheet/s, If necess	B. Spouse  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00
PART IX - Reconciliation of N Particulars  1 Net Income/(Loss) per Books Add: Non-Deductible Expenses/Taxable Other Income  2	et Income per Books Against T	axable Income (Attach addition  A. Taxpayer/Filer  2.144,790.00  0.00  0.00  2.144,790.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00		B. Spouse  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00



#### Tax Return Receipt Confirmation

ebirforms-noreply@bir.gov.ph <ebirforms-noreply@bir.gov.ph>
To: clientmail08@gmail.com

Mon, Mar 18, 2024 at 6:44 AM

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

File name: 268364117000-1701v2018-122023.xml

Date received by BIR: 17 March 2024 Time received by BIR: 01:32 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 THE MONTH OF DECEMBER, 2023 SUMMARY ALPHALIST OF WITHHOLDING TAXES (SAWT) BIR FORM 1701

PAYEE'S NAME: LITERAL, JIL SANDER JEAN TIN: 268364117-0000

NO

IDENTIFICATION NUMBER

> (Registered Name) CORPORATION

(Last Name, First Name, Middle Name)

INDIVIDUAL

ATC CODE

NATURE OF PAYMENT

TAXPAYER

(1)	(2)	(3)	(5)	(6)	(7)	(8)	T T T
200000000000000000000000000000000000000	004-178-211-0000	MINDORO STATE COLLEGE OF AGRICULT	WI157	Income payments made by the governme	652,362.51	2.00	13,047.25
2		MINDORO STATE COLLEGE OF AGRICULT	W1640	Income payments made by the governme	117,200.00	1.00	1,172.00
ω		MINDORO STATE COLLEGE OF AGRICULT	W1640	income payments made by the governme	44,508.93	1.00	445.09
4		MINDORO STATE COLLEGE OF AGRICULT	WI157	income payments made by the governme	445,794.64	2.00	8,915.89
ហ		MINDORO STATE COLLEGE OF AGRICULT	W1640	Income payments made by the governme	38,308.93	1.00	383,09
9	6 004-178-211-0000	MINDORO STATE COLLEGE OF AGRICULT	WI640	Income payments made by the governme	1,995.54	1.00	19,96
	004-178-211-0000	MINDORO STATE COLLEGE OF AGRICULT	W1640	Income payments made by the governme	37,678.57	1.00	376,79
8		MINDORO STATE COLLEGE OF AGRICULT	W1640	Income payments made by the governme	44,401.79	1.00	444.02
9		MINDORO STATE COLLEGE OF AGRICULT	WI157	Income payments made by the governme	178,156.25	2.00	3,563.13
10		MINDORO STATE COLLEGE OF AGRICULT	WI157	Income payments made by the governme	322,211.16	2.00	6,444.22
1.1	11 004-178-211-0000	MINDORO STATE COLLEGE OF AGRICULT	WI157	Income payments made by the governme	298,340.63	2.00	5,966.81
12	2 004-178-211-0000	MINDORO STATE COLLEGE OF AGRICULT	W1157	Income payments made by the governme	173,660.71	2.00	3,473.21
13	004-178-211-0000	MINDORO STATE COLLEGE OF AGRICULT	WI157	Income payments made by the governme	178,142.86	2.00	3,562.86
14	14 004-178-211-0000	MINDORO STATE COLLEGE OF AGRICULT	WI640	Income payments made by the governme	9,017.86	1.00	90.18
15	004-178-211-0000	MINDORO STATE COLLEGE OF AGRICULT	W1640	Income payments made by the governme	44,442.86	1.00	444.43
16	004-178-211-0000	MINDORO STATE COLLEGE OF AGRICULT	WI640	Income payments made by the governme	33,214.29	1.00	332.14
17	004-178-211-0000	MINDORO STATE COLLEGE OF AGRICULT	WI157	income payments made by the governme	127,098.66	2.00	2,541.97
100	3 004-178-211-0000	MINDORO STATE COLLEGE OF AGRICULT	Wi157	Income payments made by the governme	425,986.83	2.00	8,519.74
19	004-178-211-0000	MINDORO STATE COLLEGE OF AGRICULT	WI640	Income payments made by the governme	44,433.04	1,00	444,33
20		MINDORO STATE COLLEGE OF AGRICULT	WI640	Income payments made by the governme	44,096.43	1.00	440.96
21	004-178-211-0000	MINDORO STATE COLLEGE OF AGRICULT	WI157	Income payments made by the governme	538,254.54	2.00	10,765.09
22			W/1640	income payments made by the governme	713,114.58	1.00	7.131.15

INCOME PAYMENT AMOUNT OF

TAX RATE

S TAX WITH DEAL VICTORING BRINGS OF THE APR 0 1 2024

355,004,40	Income payment made by top withholding	WC158	NIA	32 000-916-415-0000
5//,888.31	Income payments made by the governme	WC157	MUNICIPALITY OF VICTORIA	31 004-177-330-0000
700,474.24	Income payments made by the governme	W¢157	MUNICIPALITY OF VICTORIA	30 004-177-330-0000
706,474,34	Income payments made by the governme	WC157	MUNICIPALITY OF VICTORIA	29 004-177-330-0000
1,073,043.02	Income payments made by the governme	WC157	MUNICIPALITY OF VICTORIA	28 004-177-330-0000
4 072 040 62	Income payments made by the governme	WI157	MUNICIPAL GOVERNMENT OF SOCORRO	27 001-001-945-0000
1,000,070,00	Income payments made by the governme	WI157	MUNICIPAL GOVERNMENT OF SOCORRO	26 001-001-945-0000
2 22 25 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Income payments made by the governme	WI157	MINDORO STATE COLLEGE OF AGRICULT	25 004-178-211-0000
200,701,30	Income payments made by the governme	WI157	MINDORO STATE COLLEGE OF AGRICULT	24 004-178-211-0000
04:016,116	Income payments made by the government	WI157	MINDORO STATE COLLEGE OF AGRICULT	23 004-178-211-0000

Grand

END OF REPORT

**计算程序的现在分词形式的计算计算的对象** 

213,006.43

20,188.02 21,466.99 21,466

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: 063RC20220000002525

Date OCN Generated: June 29, 2022

UPDATED ON 29 2022

#### CERTIFICATE OF REGISTRATION

TIN & BRANCH CODE LITERAL, JIL SANDER JAEN December 24, 2008

REGISTERING OFFICE X Head Office Branch

REGISTERED ADDRESS
POBLACION I 5205 VICTORIA ORIENTAL MINDORO PHILIPPINES

TAX TYPES	FORM TYPES	FILING START DATE	FILING FREQUENCY	FILING DUE DATE
INDIVIDUAL INCOME TAX	1701Q	March 18, 2021	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	March 18, 2021	ANNUALLY	On or before April 15 of each year covering income for the preceding taxable year.
REGISTRATION FEE	0605	March 18, 2021	DIGNI OF OTTOWAL PERSONS BUREAU OF OVERN MENU OF OTTOWAL REVENUE GUERAU OF STEEM MENU OF OTTOWAL REVENUE GUERAU OF STEEM MENU OF OTTOWAL SEVENUE BUREAU OF STEEM	On or before the last day of January.
VALUE ADDED TAX	2550M	August 1, 2022	MONTHLY	Not later than the 20th day following the close of the month.
VALUE ADDED TAX	2550Q	July 1, 2022	QUARTERLY	Not later than the 25th day following the close of each taxable quarter.
WITHHOLDING TAX - EXPANDED/OTHERS	0619E	July 1, 2022	MONTHLY	On or before the 10th day of the month following the month in which withholding was made.
WITHHOLDING TAX - EXPANDED/OTHERS	1601EQ	July 1, 2022	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, 2023	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
TAXPAYER TYPE/S	SINGLE P	ROPRIETORSHIP	ONLY (RESIDENT CIT	

BUSINESS INFORMATION DETAILS

MITEMAL REVIOUS BUREAU OF INTERNAL REV MITEMAL REVIOUS BUREAU OF INTERNAL REV	reado esteras de enterna, reprende serra de entrada, referido estrado en mesma, no Rober elemeno de referena, reprende, surrea de entrepas reprende entrado de entrada. Re Rober entrada de entrepas entrepas de esterado en esterado entrado entrado en entrado en entrado en entrado en	CATEGORY	REGISTRATION DATE
TRADE NAME 1	JSLBUILDERS AND CONSTRUCTION SUP	PLY	March 18, 2021
(PSIC)	42100-CONSTRUCTION OF ROADS AND RAILWAYS	PROPERTY OF STEERING, REVENUE POINT DEPENDED OF STEERING, REVENUE PROPERTY OF STEERING, REVENUE COMPANY	SURGEAD OF SCIENCE REVIEWS SCHEMU OF SCIENCE ACCESS SURGEAD OF SCIENCE SCIENCE SURGEAU OF SCIENCE SCIENCE LUCES OF SCIENCE SCIENCE SCIENCE OF SCIENCE SCIENCE SCIENCE OF SCIENCES SCIENCES SCIENCE OF SCIENCES SCIENCE SCIENCES OF SCIENCES SCIENCES S
Line of Business	42100 - CONSTRUCTION OF ROADS AND RAILWAYS	Secondary	QUINELO OF RYTERNAL REVINUE BUSEAU OF MISSING, REVINUE BUSEAU OF RYTERNAL REVINUE
(PSIC)	41002-NON-RESIDENTIAL BUILDING CONSTRUCTION	Secondary	BURRAN OF MYCHINA. REVIEWS BURRAN OF STERMAL REVIEWS BURRAN OF STERMAN REVIEWS BURRAN OF STERMAN STERMAL STERMAL STERMAL STERMAL ADVISOR BURRAN OF STERMAL REVIEWS BURRAN OF STERMAL REVIEWS BURRAN OF STERMAL REVIEWS

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: 063RC20220000002525 Date OCN Generated: June 29, 2022

UPDATED ONUN 2 9 707

#### CERTIFICATE OF REGISTRATION

TIN & BRANCH CODE	NAME OF TAXPAYER	TIN ISSUANCE DATE
268-364-117-00000	LITERAL, JIL SANDER JAEN	December 24, 2008
REGISTERING OFFICE	X Head Office	Branch
REGISTERED ADDRESS	PREMIAL ORVERUS BUIED S OF RECEIVE ROYALESSE BUIED OF MEDICAL HEVERING. TERRAL BEVERUS BUIED OF MERINAL OF MEDICAL BUIED BUIED OF MEDICAL HEVERING. TERRAL BEVERUS BUIED BUIED OF MEDICAL HOSEINE BUIED OF REPORTAL HEVERING.	umeau of Gregoria. Develor Bureau of Writing. Develor Eurali of Fitzeria. Bureau of Miterial Revenies Bureau of Witerial Revenie, Bureau of Miteria of Witeria. Bureau of Miterial Revenies Bureau of Witerial Bureau.
POBLACION I 5205 VICTO	RIA ORIENTAL MINDORO PHILIPPINES	Unitari of Witerhal Heverius Bureau of Biterical Revenus Bureau of Kiterian Revenus

Line of Business	41002 - NON-RESIDENTIAL BUILDING CONSTRUCTION	COULD DUREAU OF INTERDAL REVENUE CRAIN BUREAU OF INTERDAL REVENUE SENSE BUREAU OF INTERDAL REVENUE VORSE BUREAU OF INTERNAL REVENUE	BURIDIO DI SPIERNAL REVENUE BURIDIO DI GIARDAL PERFENO BURIALI DI STIERNALI RIVERNE BURICAI DI WITANIA. REVENUE BURIZIO DI STIERNALI RIVERNELI BURIZIA DI SPIERNALI REVENUE BURICAI DI WITERNALI BURICAI DI STIERNALI REVENUE
(PSIC)	47529-RETAIL SALE OF CONSTRUCTION SUPPLIES, N.E.C.	CHARLES BLUECKS OF RETURNAL REVENUE VINES BLUECKS OF RETURNAL REVENUE BRIDE BLUECKS OF RETURNAL REVENUE TORRE BETTERNAL OF RETURNAL REVENUE	DUREAU OF STEWAR, REVENUE BUREAU OF STEWARD, DEVENUE SURFACE OF STEWARD, SEVENUE
Line of Business	RETAIL SALE OF OTHER HOUSEHOLD EQUIPMENT IN SPECIALIZED STORES	Primary	SCHOOL OF BETTERN, SEVENUE BUREAU OF STEDNA, SEVENUE SUREAU SURE

#### REMINDERS:

- 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.

06334423

PEGNA P. REFORMA
OIC-ASSL Revenue District Officer

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

EMELITA R. ABO

REVENUE DISTRICT OFFICER (Signature over Printed Name)

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

# Republic of the Philippines Department of Budget and Management PROCUREMENT SERVICE

# CERTIFICATE OF PHILGEPS REGISTRATION (Platinum Membership)

THIS IS TO CERTIFY THAT

#### JSLBUILDERS AND CONSTRUCTION SUPPLY

C NAVARRO ST. POBLACION 1, Victoria, Oriental Mindoro, Region IV-B, Philippines

is registered in the **Philippine Government Electronic Procurement System (PhilGEPS)** on <u>18-Feb-2022</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 JSLBUILDERS AND CONSTRUCTION SUPPLY 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 16-May-2025

Issued this 16th day of May 2024. This is a system generated certificate. No signature is required.



Page 1 of 3

Documentary Stamp Tax Paid Php 30.00 Certificate Reference No: 202202-286645-10313073

Amended Date as of May 16, 2024 08:18 am

#### 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: 202202-286645-10313073 Amended Date as of May 16, 2024 08:18 am

# **List of Eligibility Documents**

of

#### JSLBUILDERS AND CONSTRUCTION SUPPLY

C NAVARRO ST. POBLACION 1,

Victoria, Oriental Mindoro, Region IV-B, Philippines

	DTI Certificate Number: 2639981	
	Issued By / Signatory: Ramon M. Lopez	
DTI Certificate	Registration Date: 11-Jan-2022	
	Expiration Date: 11-Jan-2027	
	Expiration Date: 31-Dec-2024	
	Permit Number: 888 0203	
<b>Mayors Permit</b>	Place of Issue : Victoria, Oriental Mindoro	
	Issued By / Signatory : Joselito C. Malabanan	
	Issuance Date: 08-Jan-2024	
	Expiration Date: 06-Mar-2025	
	TCC Number : RR9A-063-03-06-R0452-2024-E	
Tax Clearance	Issued By / Signatory : Rosalinda D. Cabidog	
	Issuance date: 06-Mar-2024	
	Date of Filing: 01-Apr-2024	
	Current Asset : 4,469,224.00	
Audited Financial Statement	Total Asset: 7,195,224.00	
	Current Liabilities: 1,653,648.00	
	Total Liabilities: 1,653,648.00	
	Name of Auditor : Elvin P. Vargas	
	BIR RDO Code: 063	
	Expiration Date: 08-Feb-2025	
	Issued By / Signatory : Herbert D. G. Matienzo	
PCAB License	Issuance Date: 25-May-2023	
	License Number: 52046	
	License First Issue Date: 08-Feb-2022	
	Principal Classification: General Engineering	
	Category: D	





# Republic of the Philippines Province of Oriental Mindoro

# MUNICIPALITY OF VICTORIA

#### ALL MEN BY THIS PRESENT

Pursuant to the provision of Tax Ordinance Number 06-2016, otherwise known as the revised Revenue Code of Victoria, Oriental Mindoro, after the taxes and Charges, etc., and compliance with the existing requirements permit is hereby granted to herein taxpayer.

# Mayor's Permit of Business

Status: Renew	Permit Number: 888-0203	Date of Issuance:  08 Jan 2024 A	Date of Expiration:  December 31, 2024
O.R. Number:	O.R. Date:	Amount Paid:	Capital Gross Sales:
3567460	1/5/2024	23,730.00	3,500,000.00

Taxpayer's Name:

LITERAL, JIL SANDER J.

Business Name: JSLBUILDERS AND CONSTRUCTION SUPPLY

Nature of Business: Construction Supply and Services

Address: POBLACION 1, Victoria, Oriental Mindoro

PERMIT SHALL BE SUBJECT TO IMMEDIATE CANCELLATION IF THERE IS FAILURE ON PART OF THE GRANTEE TO CONTINUOUSLY COMPLY WITH THE PROVISION OF THE BUILDING CODE OF THE PHILIPPINES AND OTHER PERTINENT LAWS AND REGULATION RELATIVE TO ISSUANCE OF PERMIT AND LICENSE.

Approved by

JOSELITO G. MALABANAN Municipal Mayor

This Franchise Permit and Official Receipt shall be displayed or posted for

public view in a conspicuous place within the place of business of undertaking

REPUBLIC OF THE PHILIPPINES	)
PROVINCE OF ORIENTAL MINDORO	) S.S.
	1

#### AFFIDAVIT

I, JIL SANDER J. LITERAL, of legal age, married, Filipino, and residing at Poblacion I, Victoria, Oriental Mindoro, after having been duly sworn in accordance with law, do hereby depose and state that:

- I am the sole proprietor of JSLBUILDERS and CONSTRUCTION SUPPLY with office address at Poblacion I, Victoria, Oriental Mindoro;
- 2. As the owner and sole proprietor, of JSLBUILDERS and CONSTRUCTION SUPPLY, I have full power and authority to do, execute and perform any and all acts necessary to participated, submit the bid, and to sign and execute the ensuring contract for the Repair and Maintenance of College of Business Management Building at MinSU Calapan City Campus;
- 3. JSLBUILDERS and CONSTRUCTION SUPPLY is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations or Local Government Units, foreign government/ foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board, by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting;
- 4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;
- 5. JSLBUILDERS and CONSTRUCTION SUPPLY is authorizing the Head of the Procuring Entity or its duly authorized representative/s to verify all the documents submitted;
- 6. The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end user unit, and the project consultants by consanguinity or affinity up to the third civil degree;
- 7. JSLBUILDERS and CONSTRUCTION SUPPLY complies with existing labor laws and standards; and
- 8. JSLBUILDERS and CONSTRUCTION SUPPLY is aware of and has undertaken the responsibilities as a Bidder in compliance with the Philippine Bidding Documents, which includes:
  - a) Carefully examine all of the Bidding Documents;
  - b) Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;
  - c) Making an estimate of the facilities available and needed for the contract to be bid, if any; and
  - d) Inquiring or securing Supplemental/Bid Bulletin/s issued for the Repair and Maintenance of College of Business

    Management Building at MinSU Calapan City Campus;
- 9. JSLBUILDERS and CONSTRUCTION SUPPLY did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.
- 10. In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 Act No. 3815 s. 1930, as amended, or the Revised Penal Code.

				CALAPA	NCITY
day of	october	<u>2024</u>	at	Victoria,	Oriental
day of	nt ober		rieto		AN CITY Oriental
	Roll of As IBP Lif PTR No. 12 MCLE Comp	tornev's No etime No. 0i 18347 - Cala liance No. V	. 6106 0769 pan (	37 City 050 <b>57</b>	
	day of	ATY. RAYMO Roll of At 1BP Lift PTR No. 12 MCLE Comp	day of October . 2024  ATTY. RAYMOND JOEL I Roll of Attorney's No 1BP Lifetime No. 0i PTR No. 1218347 - Cais MCLE Compliance No. V	ATY. RAYMOND JOEL L. BA Roll of Attorney's No. 6109 1BP Lifetime No. 010769 PTR No. 1213347 - Calapan at MCLE Compliance No. VII-00	day of

# APPROVED BUDGET FOR THE CONTRACT (ABC)

# REPAIR AND MAINTENANCE OF COLLEGE OF BUSINESS MANAGEMENT BUILDING AT MINSU CALAPAN CITY CAMPUS Masipit, Calapan City, Oriental Mindoro Project Name and Location

Contract Duration: 60 CD

Station: MINDORO STATE UNIVERSITY Length: n/a

		VEITIANTO		ESTIMATED	MARK-UPS IN PERCENT	J PERCENT	TOT	TOTAL MARK-UP	TAV	TOTAL INDIRECT	TOTAL COST	TOOTINIT
I EM NO.	DESCRIPTION	COANTIL		DIRECT COST	OCM	PROFIT	%	VALUE	VAI	COST	IOIAL COST	OINII COSI
1	10)	(0)	(4)	(5)	(9)	(1)	(0)	(6)	(10)	(11)	(12)	
	(7)	(3)	(4)	(c)	(0)		(0)	(5)X(8)	5% [(5)+(9)]	(9)+(10)	(5)+(11)	
	Occupational Safety & Health Program	1	months	35,600.00	%0	10%	10%	3,560.00	1,958.00	5,518.00	41,118.00	41,118.00
101	Septic Tank Works	32	cu.m.	156,700.00	15%	10%	72%	39,175.00	9,793.75	48,968.75	205,668.75	6,427.15
	102 Doors and Windows	1350	sq.m.	244,800.00	15%	10%	72%	61,200.00	15,300.00	76,500.00	321,300.00	238.00
	103 Plumbing Works	1350.00	sq.m.	82,940.57	15%	10%	72%	20,735.14	5,183.79	25,918.93	108,859.50	80.64
				520,040.57				124,670.14	32,235.54	156,905.68	676,946.25	

Prepared by

Makynel A. Hermosa Member, BAC Secretariat

Submitted by

CHRISTIAN B. APOSTOL, Ph.D. Head, BAC Secretariat

CIEDELLE PIOL SALAZAR, J.D., Ph.D. Recommending Approval

Approved

Chairperson, BAC

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

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#### PROGRAM OF WORKS/BUDGET COST

							Date:	
Name of Pro	ject : Repair a	nd Maintenan	ce of College of Bu	usiness Manager	ment Building	_Implementation P	rocedure:	By Contract
	at MinSU	Calapan City	Campus			<u>-</u>	-	
Location:	Masipit, Calapan,	Oriental Mind	oro		Description:	Doors, and Piping	Mode	
	n/Amount SAA:	Php	676,946.25	-	Description.	Doors, and riping	WOIKS	
Source of Fu	•	- 110	070,540.25	-	Classification :	Auxiliary		
Limits:		nd Piping Repa	airs	-	Desirable Starting D		Upon Approval	
Net Length:	-	or Area: 1,50			No. of Days to Com		30	
. tot Longan	1001110	0.7.100.1750	o oqiiii		No. or Days to com	piece.		
	Descripti	on of Work	To be Done		% of Total	Equipment	Needed	Available
B.7	Occupational Saf	ety & Health I	Program		6.07%			
101	Septic Tank World	ks			30.38%			
102	Doors and Windo	ows			47.46%			
103	Plumbing Works				16.08%			
					100.00%			
				SUMMARY O	F ESTIMATED COS	т		
Item No.		DESCRIPT	ON OF WORK		QTY.	UNIT	UNIT COST	TOTAL COST
B.7	Occupational Saf	ety & Health	Program		1.00	months	41,118.00	41,118.0
101	Septic Tank World	ks			32.00	cu.m.	6,427.15	205,668.7
102	Doors and Windo	ows			1,350.00	sq.m.	238.00	321,300.0
103	Plumbing Works Estimated Cost				1,350.00 1. Sub-Total, Itemiz	sq.m.	80.64	108,859.5
A. DIRECT C				227 750 00		A Materials Fuel	0.1	270 250 0
2. Mate	r (Man-Hours) :	_		237,750.00	_	A. Materials, Fuel,		279,350.0 240,690.5
	oment Rentals :	-		2,940.57	_	B. Equipment, Lab C. OCM, Profit		124,670.1
J. Equip	Sinche reneals :	Sub	-Total (DC)	520,040.57	_	D. Admin Cost		-
B. INDIRECT	COST (as per DO				-	E. VAT, 5% (ABC)		32,235.5
4. OCM:	• • • • • • • • • • • • • • • • • • • •			72,666.09		F. Total Construct	ion Cost	676,946.2
5. Contr	ractor's Profit: 10%	ó		52,004.06		G. Total Estimated	d Cost	676,946.2
6. Admi	in Cost:			-		H. SAY		676,946.25
7. VAT,	5%			32,235.54				
		Sut	o-Total (IC)	156,905.68				STF - 1071
	TOTAL PROJEC	T COST		676,946.25				164 - 200
Prepared by	ENGR. MARK		. MAGPANTAY					09-1219
	Project	Development	Officer III					
Recommend	ding Approval:	My C.	m		Approved by:	ENV	Erland	W Ph D

SUC President III

#### DETAILED ESTIMATES FOR

ITEM NO.		B.7		SPECIFIC NO.		
NAME OF ITEM	Occupation	nal Safety & I	lealth Program	QUANTITY	1.00	months
A. LABOR:						
(Exclude acquisition &		A STATE OF THE PARTY OF THE PAR				
DESCRIPT	ION	NO.	NO. OF DAYS	MEN DAYS	RATE PER DAY	AMOUNT
Cofet Off						
Safety Officer First Aider		1	15	15	550.00	8,250.00
FIRST Alder		1	30	30	450.00	13,500.00
B. EQUIPMENT:					Sub- Total	21,750.00
(Exclude acquisition &			T			
DESCRIPT	ION	NO.	NO. OF DAYS	EQPT. DAYS	DAILY RATE	AMOUNT
			<del>                                     </del>			
					Sub- Total	-
C. FUEL, OIL & SPAR (Exclude acquisition &	delivery of mate	erials)				
DESCRIPT	ION	UNIT	QUAN	TITY	UNIT COST	AMOUNT
		1			Sub- Total	
D. MATERIALS:					Sub-Total	
(Include acquisition of	equipment, fue	l, etc. for mate	rials)			
	KIND		UNIT	QTY	UNIT COST	AMOUNT
Safety Shoes (Rental)			pcs	10	500.00	5,000.00
Safety Helmet (Rental)			pcs	10	260.00	2,600.00
Safety Gloves (disposa	ble)		pair	50	50.00	2,500.00
Safety Vest (Rental)			pcs	10	225.00	2,250.00
Face Mask (disposable)	)		box	10	150.00	1,500.00
					Sub- Total	13,850.00
					nated Direct Cost)	35,600.00
				Indirect Cost	(as per DO 197 s. 20	116)
				Profit	10%	3,560.00
			VAT (FI	OC, OCM, Profit)	5%	1,958.00
			·/// (21	_, _ 3,	Sub- Total (IC)	5,518.00
					TOTAL COST	41,118.00
					Unit Cost	41,118.00
					say	41,118.00

#### **DETAILED ESTIMATES FOR**

ITEM NO.		101		SPECIFIC NO.		
NAME OF ITEM	Septic Tar	k Works		QUANTITY	32.00	cu.m.
4 14DOD-						
A. LABOR: (Exclude acquisition 8	& delivery of ma	torials)				
DESCRIP		NO.	NO. OF DAYS	MEN DAYS	RATE PER DAY	AMOUNT
DESCRIP	TION	NO.	NO. OF DATS	MEN DATS	RAIE PER DAI	AMOUNT
Foreman		1	20	20	550.00	11,000.00
Skilled		5	20	100	450.00	45,000.00
Laborer		5	20	100	350.00	35,000.00
				200	550.00	33,000.00
B. EQUIPMENT: (Exclude acquisition 8					Sub- Total	91,000.00
DESCRIP	PTION	NO.	NO. OF DAYS	EQPT. DAYS	DAILY RATE	AMOUNT
Minor Tools						
		1				
C ELIEL OTL & CDA	DEDARTO				Sub- Total	
C. FUEL, OIL & SPA (Exclude acquisition 8		torials)				
DESCRIP		UNIT	QUAN	TITY	UNIT COST	AMOUNT
DESCRIP	11011	ONII	QUAIN	1111	UNII COSI	AMOUNT
		+				
					Sub- Total	-
D. MATERIALS:						
(Include acquisition of	of equipment, fu	el, etc. for mate	erials)			
<b>'</b>	KIND		UNIT	QTY	UNIT COST	AMOUNT
CHB #6"			pcs	500	25.00	12,500.00
Portland Cement			bags	100	270.00	27,000.00
Sand			cum	10	650.00	6,500.00
Gravel			cum	10	650.00	6,500.00
Reinforcing Steel Bar	#10		pcs	60	190.00	11,400.00
Tie Wire #16			kg	15	120.00	1,800.00
						-
						-
						-
						<u>-</u>
						-
						65 F00 00
					Sub- Total	65,700.00
					nated Direct Cost)	156,700.00
					(as per DO 197 s. 20	23,505.00
				OCM	15%	•
				Profit	10%	15,670.00
			VAT (FF	OCM Profit	FO/	0 702 75
			VAI (EL	OC, OCM, Profit)		9,793.75
					Sub- Total (IC)	48,968.75
					TOTAL COST	205 660 75
					TOTAL COST	205,668.75
					Unit Cost	6,427.15
					say	6,427.15

#### **DETAILED ESTIMATES FOR**

	22.7	TILLD LOTIN	ILSTOR		
ITEM NO.	102		SPECIFIC NO.		
NAME OF ITEM Doors and	d Windows	<del>-</del>	QUANTITY	1,350.00	sq.m.
			QUANTITY	1,550.00	3 <b>q</b> .m.
A. LABOR:					
(Exclude acquisition & delivery of m	aterials)				
DESCRIPTION	NO.	NO. OF DAYS	MEN DAYS	RATE PER DAY	AMOUNT
DESCRIPTION	NO.	NO. OF DATS	MEN DATS	KATE PER DAT	AMOUNT
Foreman	<del></del>	12	12	FF0.00	6 600 00
Skilled	1	12	12	550.00	6,600.00
	4	12	48	450.00	21,600.00
Laborer	4	12	48	350.00	16,800.00
				Sub- Total	45,000.00
B. EQUIPMENT:					
(Exclude acquisition & delivery of m		Marie Commission of the Commis			
DESCRIPTION	NO.	NO. OF DAYS	EQPT. DAYS	DAILY RATE	AMOUNT
					-
				Sub- Total	-
C. FUEL, OIL & SPAREPARTS					
(Exclude acquisition & delivery of m	aterials)				
DESCRIPTION	UNIT	QUANTITY		UNIT COST	AMOUNT
		20111111			Airiooni
				Sub- Total	
				Sub- Iotai	
D. MATERIALS:					
		-1-1-1			
(Include acquisition of equipment, for	uei, etc. for mate				
KIND		UNIT	QTY	UNIT COST	AMOUNT
Lever Type Door Lock Set		pcs	32	1,500.00	48,000.00
Steel Door (Tubular Framing)		pcs	6	7,500.00	45,000.00
Wooden Panel Door w/ viewing glas	SS	pcs	8	6,500.00	52,000.00
Flush Door		pcs	10	3,500.00	35,000.00
Door Hinges ss304 #3"		pair	44	450.00	19,800.00
					-
					-
					_
					_
				Sub- Total	199,800.00
			Total (Fetin	nated Direct Cost)	244,800.00
				(as per DO 197 s. 20	
			OCM	(as per 50 137 s. 20 15%	36,720.00
			Profit	10%	24,480.00
		VAT (ED	C, OCM, Profit)	5%	15,300.00
		VAT (ED	OC, OCM, Profit)	Sub- Total (IC)	15,300.00 76,500.00
		VAT (ED	OC, OCM, Profit)		
		VAT (ED	OC, OCM, Profit)	Sub- Total (IC)  TOTAL COST	76,500.00 321,300.00
		VAT (ED	OC, OCM, Profit)	Sub- Total (IC)	76,500.00

NAME OF ITEM   Plumbing Works   QUANTITY   1,350.00   sq.m.			DETA	AILED ESTIMA	TES FOR		
NAME OF ITEM   Plumbing Works   QUANTITY   1,350.00   sq.m.	ITEM NO.		103		SPECIFIC NO.		
Exclude acquisition & delivery of materials	NAME OF ITEM	Plumbing \	Works				sq.m.
DESCRIPTION   NO. NO. OF DAYS   MEN DAYS   RATE PER DAY   AMOUNT							
Foreman				1 110 07 7 110			
Skilled	DESCRIP	IION	NO.	NO. OF DAYS	MEN DAYS	RATE PER DAY	AMOUNT
Skilled	Foreman		1	16	16	EE0 00	9 900 00
Laborer							
B. EQUIPMENT: (Exclude acquisition & delivery of materials)  DESCRIPTION  Minor Tools  Sub- Total  Sub- Total  2,940.57  Sub- Total  2,940.57  Sub- Total  2,940.57  C. FUEL, OIL & SPAREPARTS (Exclude acquisition & delivery of materials)  DESCRIPTION  UNIT  QUANTITY  UNIT COST  AMOUNT  Sub- Total  -  D. MATERIALS: (Include acquisition of equipment, fuel, etc. for materials)  KIND  UNIT  QTY  UNIT COST  AMOUNT  Repair of Pipelines (Minor Tools)  -  -  -  -  -  -  -  -  -  -  -  -  -							
B. EQUIPMENT: (Exclude acquisition & delivery of materials)  DESCRIPTION  MINOR TOOIS  Sub- Total  2,940.57  C. FUEL, OIL & SPAREPARTS (Exclude acquisition & delivery of materials)  DESCRIPTION  UNIT  QUANTITY  UNIT COST  AMOUNT  Sub- Total  -  S	-aborei			10	80	350.00	28,000.00
B. EQUIPMENT: (Exclude acquisition & delivery of materials)  DESCRIPTION  MINOR TOOIS  Sub- Total  2,940.57  C. FUEL, OIL & SPAREPARTS (Exclude acquisition & delivery of materials)  DESCRIPTION  UNIT  QUANTITY  UNIT COST  AMOUNT  Sub- Total  -  S						Sub- Total	90 000 00
DESCRIPTION   NO.   NO. OF DAYS   EQPT. DAYS   DAILY RATE   AMOUNT   2,940.57		delivery of mate	eriale)			Sub- Total	50,000.00
Minor Tools  Sub- Total  2,940.57  C. FUEL, OIL & SPAREPARTS  (Exclude acquisition & delivery of materials)  DESCRIPTION  UNIT  QUANTITY  UNIT COST  AMOUNT  Sub- Total  -  -  -  -  -  -  -  -  -  -  -  -  -	DESCRIP	TION		NO. OF DAYS	EOPT, DAYS	DAILY RATE	AMOUNT
Sub- Total 2,940.57  C. FUEL, OIL & SPAREPARTS  (Exclude acquisition & delivery of materials)  DESCRIPTION UNIT QUANTITY UNIT COST AMOUNT  Sub- Total -  Sub- Total -  D. MATERIALS: (Include acquisition of equipment, fuel, etc. for materials)  KIND UNIT QTY UNIT COST AMOUNT  Repair of Pipelines (Minor Tools)				THE PAID	ZA S		
C. FUEL, OIL & SPAREPARTS (Exclude acquisition & delivery of materials)  DESCRIPTION UNIT QUANTITY UNIT COST AMOUNT  Sub- Total -  D. MATERIALS: (Include acquisition of equipment, fuel, etc. for materials)  KIND UNIT QTY UNIT COST AMOUNT  Repair of Pipelines (Minor Tools)  -  -  -  -  -  -  -  -  -  -  -  -  -							2,5 10.57
Sub- Total -  D. MATERIALS: (Include acquisition of equipment, fuel, etc. for materials)  KIND UNIT QTY UNIT COST AMOUNT  Repair of Pipelines (Minor Tools)	Exclude acquisition 8		owiala)			Sub- Total	2,940.57
D. MATERIALS: (Include acquisition of equipment, fuel, etc. for materials)  KIND UNIT QTY UNIT COST AMOUNT  Repair of Pipelines (Minor Tools)	DESCRIPTION		eriais)				
D. MATERIALS: (Include acquisition of equipment, fuel, etc. for materials)    KIND	DESCRIP			QUANTITY		UNIT COST	AMOUNT
D. MATERIALS: (Include acquisition of equipment, fuel, etc. for materials)    KIND	DESCRIP			QUANTITY		UNIT COST	AMOUNT
Repair of Pipelines (Minor Tools)	DESCRIP			QUANTITY			
	D. MATERIALS:	TION f equipment, fue	UNIT	rials)		Sub- Total	-
	D. MATERIALS:	TION f equipment, fue	UNIT	rials)	QTY	Sub- Total	-
	D. MATERIALS: (Include acquisition o	f equipment, fue	UNIT	rials)	QTY	Sub- Total	- AMOUNT
	D. MATERIALS: (Include acquisition o	f equipment, fue	UNIT	rials)	QTY	Sub- Total	- AMOUNT
	D. MATERIALS: (Include acquisition o	f equipment, fue	UNIT	rials)	QTY	Sub- Total	- AMOUNT
	D. MATERIALS: (Include acquisition o	f equipment, fue	UNIT	rials)	QTY	Sub- Total	AMOUNT
	D. MATERIALS: (Include acquisition o	f equipment, fue	UNIT	rials)	QTY	Sub- Total	AMOUNT
	D. MATERIALS: (Include acquisition o	f equipment, fue	UNIT	rials)	QTY	Sub- Total	AMOUNT
	D. MATERIALS: (Include acquisition o	f equipment, fue	UNIT	rials)	QTY	Sub- Total	AMOUNT
-	D. MATERIALS: (Include acquisition o	f equipment, fue	UNIT	rials)	QTY	Sub- Total	AMOUNT
	D. MATERIALS: (Include acquisition o	f equipment, fue	UNIT	rials)	QTY	Sub- Total	- AMOUNT
	D. MATERIALS: (Include acquisition o	f equipment, fue	UNIT	rials)	QTY	Sub- Total	- AMOUNT
	D. MATERIALS: (Include acquisition o	f equipment, fue	UNIT	rials)	QTY	Sub- Total	- AMOUNT
	D. MATERIALS: (Include acquisition o	f equipment, fue	UNIT	rials)	QTY	Sub- Total	- AMOUNT
	D. MATERIALS: (Include acquisition o	f equipment, fue	UNIT	rials)	QTY	Sub- Total	- AMOUNT
	D. MATERIALS: (Include acquisition o	f equipment, fue	UNIT	rials)	QTY	Sub- Total	- AMOUNT
	D. MATERIALS: (Include acquisition o	f equipment, fue	UNIT	rials)	QTY	Sub- Total	- AMOUNT
	D. MATERIALS: (Include acquisition o	f equipment, fue	UNIT	rials)	QTY	Sub- Total	- AMOUNT
	D. MATERIALS: (Include acquisition o	f equipment, fue	UNIT	rials)	QTY	Sub- Total	- AMOUNT
	D. MATERIALS: (Include acquisition o	f equipment, fue	UNIT	rials)	QTY	Sub- Total	- AMOUNT
	D. MATERIALS: (Include acquisition o	f equipment, fue	UNIT	rials)	QTY	Sub- Total	- AMOUNT
	D. MATERIALS: (Include acquisition o	f equipment, fue	UNIT	rials)	QTY	Sub- Total	- AMOUNT

Sub- Total

Total (Estimated Direct Cost)
Indirect Cost (as per DO 197 s. 2016)
OCM 15% 82,940.57

12,441.09

Profit 10% 8,294.06

 $\begin{array}{c} \text{VAT (EDC, OCM, Profit)} & \textbf{5\%} \\ \text{Sub- Total (IC)} \end{array}$ 5,183.79 25,918.93

TOTAL COST Unit Cost 108,859.50 80.64 80.64 say