



SUPPLY AND DELIVERY OF MEALS, SNACKS, UNIFORM AND TECHNICAL SERVICES FOR THE 4TH MINSU ANNIVERSARY
Name of Project

BAC Resolution Recommending Approval
Resolution No. 036, s. 2025

WHEREAS, the Mindoro State University (MinSU), through Bids and Awards Committee (BAC) has advertised in the EPS and MinSU Website the Request for Quotation (RFQ) No. 2025-030 for the project "Supply and Delivery of Meals, Snacks, Uniform and Technical Services for the 4th MinSU Anniversary" with an Approved Budget for the Contract (ABC) amounting to Hundred Forty-Six Thousand Five Hundred Twenty Pesos (Php246,520.00) composed of three (3) lots specifically;

Particulars	Sub-ABC Amount
Lot 1- Food Expenses	Php49,020.00
Lot 2- Uniform Expenses	Php27,500.00
Lot 3- Rental	Php170,000.00

WHEREAS, in response to the advertisement of the project, two (2) suppliers/bidders were found in the document request however three (3) suppliers/bidders in the name of INFINITE PRINCE FOOD KIOSK, 2B25 SUPPLY AND PRINTING SERVICES and BXJ ENTERPRISES submitted price quotation before the deadline;

WHEREAS, INFINITE PRINCE FOOD KIOSK submitted price quotation for Lot No. 1; while 2B25 SUPPLY AND PRINTING SERVICES submitted price quotation for Lot No. 2 and BXJ ENTERPRISES submitted price quotation for Lot No. 3;

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

Lot No.	Approved Budget for the Contract (ABC)	Name of Bidder	Price Quotation
1	Php49,020.00	Infinite Prince Food Kiosk	Php49,020.00
2	Php27,500.00	2B25 Supply and Printing Services	Php27,500.00
3	Php170,000.00	BXJ Enterprises	Php167,000.00

WHEREAS, the BAC examined and verified the price quotation submitted by the abovementioned suppliers and were 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, "Supply and Delivery of Meals, Snacks, Uniform and Technical Services for the 4th MinSU Anniversary" as follows:

- Lot No. 1 to Infinite Prince Food Kiosk for being the supplier/bidder with Single Calculated Responsive Bid (SCRB);
- Lot No. 2 to 2B25 Supply and Printing Services for being the supplier/bidder with Single Calculated Responsive Bid (SCRB);
- Lot No. 3 to BXJ Enterprises for being the supplier/bidder with Single Calculated Responsive Bid (SCRB);

RESOLVED, this 5th day of March, 2025 at MinSU-Main Campus, Alcate, Victoria, Oriental Mindoro.

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

Engr. MARK LESTER A. MAGPANTAY
BAC Vice-Chairperson

FRANIE M. AFABLE, DBMHM
BAC Member

ATTY. SHERLYN A. LAYESA
BAC Member

MELGAR G. FADRIQUEHAN
BAC Member

Approved/Disapproved

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

Date: _____

Request for Quotation (RFQ)

Solicitation Number:	RFQ No. 2025-030	Status	Closed
Trade Agreement:	Implementing Rules and Regulations	Associated Components	1
Procurement Mode:	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Bid Supplements	0
Classification:	Goods	Document Request List	2
Category:	Events Management	Date Published	01/03/2025
Approved Budget for the Contract:	PHP 246,520.00	Last Updated / Time	01/03/2025 00:00 AM
Delivery Period:	3 Day/s	Closing Date / Time	04/03/2025 17:00 PM
Client Agency:			
Contact Person:	Christian B. Apostol BAC Secretariat Head Alcate Victoria Oriental Mindoro Philippines 5205 63-43-2862368 cbapotel21@gmail.com		

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.

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
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PRICE TOTAL AMOUNT

Lot 1 (Food Expenses)

March 12-14, 2025

Snacks

1 pax Snacks (Cheeseburger + Softdrinks) 577

2 pax Lunch (rice, water, fried chicken) 120

sub-total 1

Lot 2 (Uniform Expenses)

1 pcs Facilitators Uniform 50

sub-total 2

Lot 3 (Rental)

1 lot Lights and Sounds 1

2 lot Stage Design 1

sub-total 3

XX

contact person/s of the concerned party.

I. Particulars FOOD EXPENSES
Project Name: SUPPLY AND DELIVERY OF FOOD SERVICES, UNIFORM AND TECHNICAL SERVICES FOR SPM MINSU ANNU- Lot No.: 1
Project Location: YASREY
Implementing Office: _____
Method of Procurement: _____
Approved Budget for the Contract (ABC): P 246,320.00 (Lot 1 - P 49,020.00)
Deadline of Submission of Quotation: _____

II. Abstract of Quotations / for SVP
 Evaluation of Document/s Required to be Submitted within the deadline specified in the RFQ
 TWG Report

No	Participating Bidder/s	Date and Time of Receipt	Eligibility Requirements		Technical Requirements		Financial Requirements		Bid Amount	Rank	Remarks
			Pass	Fail	Pass	Fail	Pass	Fail			
1.	INFINITE PRINCE FOOD KIOSK		✓		✓		✓		P 49,020.00	1	SCRG

III. Recommendation /Resolution
☐ Recommend to Award Contract Date: _____

Lowest / Single Calculated and Responsive Quotation:	Contract Price Award (in words & figures):
INFINITE PRINCE FOOD KIOSK	FORTY NINE THOUSAND AND TWENTY PESOS P 49,020.00

☐ Declaration of Failure under Section 35 of Revised IRR of RA 9184
☐ All prospective bidders are declared ineligible [Sec. 35.1(b)] ☐ All bids failed to comply with all the bid requirements or fail post-qualification [Sec. 35.1(c)]

Date: _____

LINA B. JAVIER
TWG Member

MAY C. BERON
TWG Member

FELIX A. MINESTERIO
TWG Member

MERVIN L. ICALLA
TWG Member

Engr. MARK KEYLORD S. ONAL
BAC-TWG Head

Proceed only if recommended for award of contract
 (Signature of BAC-TWG Head)

Supply and Delivery of Meals, Snacks, Uniform and Technical Services for the 4th MinSU Anniversary

RFQ No. 2025-030

ABC Amount: Php246,520.00

Lot 1: Php49,020.00

Lot 2: Php27,500.00

Lot 3: Php170,000.00

me : INFINITE PRINCE FOOD KIOSK
ALCATE VICTORIA

quote your lowest price on the items / listed below, subject to the General Condition on the last page, stating the shortest time of 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

All entries must be typewritten.

Delivery Period within ____ calendar days.

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.

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).

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

Unit	ITEM AND DESCRIPTION	QTY.	UNIT PRICE	TOTAL AMOUNT
	Lot 1 (Food Expenses)			
	March 12-14, 2025			
	Snacks			
pax	Snacks (Cheeseburger + Softdrinks)	577	60	34,620
pax	Lunch (rice, water, fried chicken)	120	120	14,400
	sub-total 1			49,020
	Lot 2 (Uniform Expenses)			
pcs	Facilitators Uniform	50		
	sub-total 2			
	Lot 3 (Rental)			
lot	Lights and Sounds	1		
lot	Stage Design	1		
	sub-total 3			
XX				
		TOTAL		

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

ces noted above
 ERNIE BOY C. KLEPPAN AS

Supplier's Signature over Printed Name

303-699-553-00001

TIN No. of Establishment

090847 06 808

Contact Number

Date _____

Mindoro State University

Victoria, Oriental Mindoro 5205 Philippines

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



itions

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.

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
- Quotation validity shall be 30 calendar days from the deadline of submission of quotation.

ction

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.

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.

Quotations

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

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

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

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.

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

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

REQUEST FOR QUOTATION

Supply and Delivery of Meals, Snacks, Uniform and Technical Services for the 4th MinSU Anniversary

JOR No.: JOR25-025

RFO No. 2025-030

ABC Amount: Php246,520.00

Lot 1: Php49,020.00

Lot 2: Php27,500.00

Lot 3: Php170,000.00

name : JEN'S EATERY
SURMI CAMPAN

We quote your lowest price on the items / listed below, subject to the General Condition on the last page, stating the shortest time of 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

All entries must be typewritten.

Delivery Period within _____ calendar days.

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.

Price validity shall be a period of 30 calendar days.

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

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

Unit	ITEM AND DESCRIPTION	QTY.	UNIT PRICE	TOTAL AMOUNT
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	Snacks			
pax	Snacks (Cheeseburger + Softdrinks)	577		
pax	Lunch (rice, water, fried chicken)	120		
	sub-total 1			
	Lot 2 (Uniform Expenses)			
pcs	Facilitators Uniform	50		
	sub-total 2			
	Lot 3 (Rental)			
lot	Lights and Sounds	1		
lot	Stage Design	1		
	sub-total 3			
XX				
		TOTAL		

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

JENNIFER MACPAINAS
Supplier's Signature over Printed Name

TIN No. of Establishment

0928-147-9801

Contact Number

Date _____



Mindoro State University

Victoria, Oriental Mindoro 5205 Philippines

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



Conditions

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- 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.

Inspection

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

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.

Comparison of Quotations

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

1. Completeness of Submission
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Date _____



Mindoro State University

Victoria, Oriental Mindoro 5205 Philippines

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



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Inspection

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

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.

Opening of Quotations

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

- Completeness of Submission
- Compliance with Item & Description Requirements
- Price

- 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.
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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.

Registration

.gov.ph/SupDashboards/dashboard)

Details

	Mr	First Name	ERNIE BOY
	CADAYONG	Last Name	MACAPANAS
	Male	Position	OWNER
Code	043	Landline Number	4419283
Phone Number		Fax Number	
	63	Mobile Number	09354953014
	infiniteprince10252006@gmail.com		

Details

	383315	Registration Date	19-Mar-2024 02:29 PM
Status	active		
Name	INFINITE PRINCE FOOD KIOSK	Form Of Organization	Single Proprietorship
Category	Industrial food and beverage equipment, Institutional food services equipment, Seafood, Prepared and preserved foods, Food and beverage industries, Food and nutrition services		
	local	Organization Type	Services
Phone Number	303699553	Capitalization	₱ 300,000.00

Proprietorship Details

DTI Number	1917846	DTI Registration Date	03-Jul-2020
DTI Date	03-Jul-2025	DTI Business Scope	regional
	RAMON M LOPEZ		

ation Address

Philippines

Region

Region IV-B

Oriental Mindoro

City/Municipality

Calapan City

MASIPIT

Zip Code

5200

Details

Branch Code

Account Name

er

Supporting Document

1710829786_MACAPANAS, ERNIE - 000 - DTI CERTIFICATION.pdf

https://philgeps.gov.ph/portal_documents/merchant_reg_documents/user_383315/documents/1710829786_MACAPANAS, ERNIE - 000 - DTI CERTIFICATION.pdf

Red Approved

Users of the Merchant Organization

	First Name	Middle Name	Position	Status
und				



Republic of the Philippines

Province of Oriental Mindoro

MUNICIPALITY OF VICTORIA

ALL MEN BY THESE PRESENT

quant to the provision of Tax Ordinance Number 06-2012, otherwise known as the
vised Revenue Code of Victoria, Oriental Mindoro, after the taxes and Charges,
and compliance with the existing requirements permit is hereby granted to herein
taxpayer.

Mayor's Permit of Business

Renew	Permit Number: 888-0570	Date of Issuance: 15 Jan 2025 A	Date of Expiration: December 31, 2025
Number: 7649	O.R. Date: 1/15/2025	Amount Paid: 5,645.00	Capital Gross Sales: 360,000.00

Name:

MACAPANAS, ERNIE BOY C.

Name:

INFINITE PRINCE FOOD KIOSK

Business:

CANTEEN AND SCHOOL SUPPLIES

LOCATE, Victoria, Oriental Mindoro

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

y:

JOSELITO C. MALABANAN
Municipal Mayor

Permit and Official Receipt shall be displayed or posted for
conspicuous place within the place of business of undertaking.

2019

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



OCN: 063RC20240000004644

Date OCN Generated: September 17, 2024

UPDATED ON SEP 17 2024

CERTIFICATE OF REGISTRATION

BRANCH CODE 53-00001	NAME OF TAXPAYER MACAPANAS, ERNIE BOY CADAYONG	TIN ISSUANCE DATE June 9, 2022
REGISTERED OFFICE	Head Office	<input checked="" type="checkbox"/> Branch
REGISTERED ADDRESS 5205 VICTORIA ORIENTAL MINDORO PHILIPPINES		

TAX TYPES	FORM TYPES	FILING START DATE	FILING FREQUENCY	FILING DUE DATE
TAX TYPE/S	SINGLE PROPRIETORSHIP ONLY (RESIDENT CITIZEN)			

INFORMATION DETAILS

		CATEGORY	REGISTRATION DATE
NAME 1	INFINITE PRINCE FOOD KIOSK		June 9, 2022
TAX TYPE	47610-RETAIL SALE OF BOOKS, NEWSPAPERS AND STATIONERY IN SPECIALIZED STORES	Secondary	
BUSINESS	RETAIL SALE OF BOOKS, NEWSPAPERS AND STATIONERY IN SPECIALIZED STORES		
TAX TYPE	56109-OTHER RESTAURANTS AND MOBILE FOODS SERVICE ACTIVITIES, N.E.C.	Primary	
BUSINESS	OTHER RESTAURANTS AND MOBILE FOODS SERVICE ACTIVITIES, N.E.C.		

NOTES:

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.

Filing of required tax return/s to conform with the above tax types, whether with or without business registration, to avoid penalties.

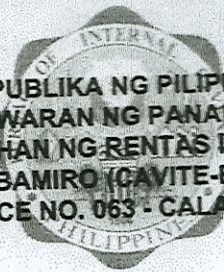
For new business registrants, application for registration of manual Books of Accounts (B/As) shall be before the deadline for filing of the initial quarterly income tax return or annual income tax return whichever comes earlier, from the date of registration. Registration of new set of manual B/As shall be before its use.

Immediately inform the district office in case of transfer/cessation of business and other changes in registration information by filing BIR Form No. 1905.

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

IL 2019

REPUBLICA 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: 063RC20240000004644
Date OCN Generated: September 17, 2024
UPDATED ON SEP 17 20

CERTIFICATE OF REGISTRATION

ANCH CODE 553-00001	NAME OF TAXPAYER MACAPANAS, ERNIE BOY CADAYONG	TIN ISSUANCE DATE June 9, 2022
RING OFFICE	Head Office	<input checked="" type="checkbox"/> Branch
RED ADDRESS E 5205 VICTORIA ORIENTAL MINDORO PHILIPPINES		



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

Regina P. Reforma CHRISTINE M. CARDONA
REGINA P. REFORMA REVENUE DISTRICT OFFICER
OIC-Asst. Revenue District Officer (Signature over Printed Name)

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

This certifies that

INFINITE PRINCE FOOD KIOSK
(REGIONAL)

REGION IV-B (MIMAROPA)

ss name registered in this office pursuant to the provisions of Act 3883, as amended by Act 4147
ublic Act No. 863, and in compliance with the applicable rules and regulations prescribed by the
Department of Trade and Industry.
This certificate issued to

ERNIE BOY CADAYONG MACAPAÑAS

valid from 03 July 2020 to 03 July 2025 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


RAMON M. LOPEZ
Secretary

Business Name No. 1917846

and issue the same on 03 July 2020 in the Philippines.

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



SPJP649111193189

BIR PAYMENT SLIP

For Over-the-Counter transaction (OTC), this is your receipt when machine validated

Account Name BUREAU OF THE TREASURY - BIR		Branch Client Code 000		Drawee Bank/Cash CASH	
TAX IDENTIFICATION NUMBER 303 699 553		Tax Type 17		Form Type 17010	
Revenue District Office 067		Accounting Type (F/C) C		Validation 2:31 000052 26DE Bir Pymt Coll	
Quarter No. (0, 1, 2, 3, or 4) 3		Tax Period/Fiscal Year-End (mmddyy) 097020		Calapan San Vicente BranchCash Payment	
Name of Taxpayer/Representative MACAPANG, ERNESTO CADAYONG		Institution Name BIR - Calapan San Vicente		9942240420	
Signature of Taxpayer/Representative <i>[Signature]</i>		Institution Acct No 303699553000CASH		0630117010	
Contact Number 0959452094		Branch Code 3093024		Amount PHP2,208.00	
Amount 0.00					

CASH BREAKDOWN			CHECK PAYMENT
NO. OF PIECES	DENOMINATION	AMOUNT	
2	P1,000.00	PESOS 2,000	
	500.00	-	
1	200.00	200	
	100.00	-	
	50.00	-	
	20.00	-	
	COINS	-	
TOTAL CASH PAYMENT		2,208	

FOR PAYMENT VIA DEBIT FROM ACCOUNT		AMOUNT
BANK DEBIT ADVISE NUMBER	ACCOUNT NUMBER	

DEPOSITOR'S SIGNATURE	Signature Verified by:	Approved by:	Posted by:

Taxpayer's Copy

REVISED OCTOBER 2016

For BIR BCS/
Use Only Item:Republic of the Philippines
Department of Finance
Bureau of Internal RevenueBIR Form No.
1701Q**Quarterly Income Tax Return
for Individuals, Estates and Trusts**January 2018 (ENCS)
Page 1

Enter all required information in CAPITAL LETTERS using BLACK ink. Mark all applicable boxes with an "X". Two copies MUST be filed with the BIR and one held by the Tax Filer.

1701Q 01/18ENCS P1

1 For the Year 2024 2 Quarter 3 Amended Return? Yes No 4 Number of Sheet/s Attached 0

PART I - BACKGROUND INFORMATION ON TAXPAYER/FILER

5 Taxpayer Identification Number (TIN) 803 - 599 - 553 - 000 6 RDO Code 053

7 Taxpayer/Filer Type ☒ Single Proprietor ☐ Professional ☐ Estate ☐ Trust

8 Alphabetic Tax Code (ATC) ☒ 1012 Business Income-Graduated IT Rates ☐ 1014 Income from Profession-Graduated IT Rates ☐ 1013 Mixed Income-Graduated IT Rates
☐ 1015 Business Income-8% IT Rate ☐ 1017 Income from Profession-8% IT Rate ☐ 1016 Mixed Income-8% IT Rate

9 Taxpayer/Filer's Name (Last Name, First Name, Middle Name for Individual/ESTATE of (First Name, Middle Name, Last Name)/TRUST FID (First Name, Middle Name, Last Name)
 MACAPANAS, ERNIE BOY, CADAYONG

10 Registered Address (Indicate complete address; if branch, indicate the branch address. If the registered address is different from the current address, go to the RDO to update registered address by using BIR Form No. 1905)
 MASIPIT, CALAPAN CITY 10A Zip Code 8200

11 Date of Birth (MM/DD/YYYY) 12 Email Address infanteprince10252005@gmail.com

13 Citizenship FILIPINO 14 Foreign Tax Number (if applicable) 15 Claiming Foreign Tax Credits? ☐ Yes ☐ No

16 Tax Rate* (choose one, for income from business/ ☐ 8% on gross sales/receipts & other non-operating income in lieu of Graduated Rates under Sec. 24(A)(2)(a) & Percentage Tax under Sec. 116 of the NIRC, as profession) amended [available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)] 16A Method of Deduction ☒ Itemized Deduction [Sec. 34(A-J), NIRC] ☐ Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]]

PART II - BACKGROUND INFORMATION ON SPOUSE (if applicable)

17 Spouse's TIN 18 RDO Code

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

20 ATC ☐ 1012 Business Income-Graduated IT Rates ☐ 1014 Income from Profession-Graduated IT Rates ☐ 1013 Mixed Income-Graduated IT Rates ☐ 1011 Compensation Income
☐ 1015 Business Income-8% IT Rate ☐ 1017 Income from Profession-8% IT Rate ☐ 1016 Mixed Income-8% IT Rate

21 Spouse's Name (Last Name, First Name, Middle Name)

22 Citizenship 23 Foreign Tax Number, if applicable 24 Claiming Foreign Tax Credits? ☐ Yes ☐ No

25 Tax Rate* (choose one, for income from business/ ☐ 8% on gross sales/receipts & other non-operating income in lieu of Graduated Rates under Sec. 24(A)(2)(a) & Percentage Tax under Sec. 116 of the NIRC, as profession) amended [available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)] 25A Method of Deduction ☐ Itemized Deduction [Sec. 34(A-J), NIRC] ☐ Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]]

PART III - TOTAL TAX PAYABLE (DO NOT enter Centavos; 40 Centavos or less drop down; 50 or more round up)

Particulars	A) Taxpayer/Filer	B) Spouse
26 Tax Due	26A 22,988.00	26B 0.00
27 Less: Tax Credits/Payments	27A 20,781.00	27B 0.00
28 Tax Payable/(Overpayment) (Item 26 Less Item 27)	28A 2,208.00	28B 0.00
29 Add: Total Penalties	29A 0.00	29B 0.00
30 Total Amount Payable/(Overpayment) (Sum of Items 28 and 29)	30A 2,208.00	30B 0.00
31 Aggregate Amount Payable/(Overpayment) (Sum of Items 30A and 30B)	2,208.00	

I declare under the penalties of perjury that this remittance return, and all its attachments, have been made in good faith, verified by me, and to the best of my knowledge and belief, are true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If Authorized Representative, attach authorization letter and indicate TIN)

Signature and Printed Name of Taxpayer/Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

PART IV - DETAILS OF PAYMENT

Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount
32 Cash/Bank Debit Memo				
33 Check				
34 Tax Debit Memo				
35 Others (specify)				

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)

*I understand that this choice is irrevocable for this taxable year. However, the 8% income tax (IT) Rate option if initially selected shall automatically be changed to graduated IT rates when taxpayer's gross sales/receipts and other non-operating income exceed Three million pesos (P3M).

For BIR BCS/
Use Only Item:Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No.

1701Q

January 2018 (ENCS)

Page 2

**Quarterly Income Tax Return
for Individuals, Estates and Trusts**

1701Q 01/18ENCS P2

TIN: 903 699 653 000 Taxpayer/Filer's Last Name: MACAPANAS

PART V - COMPUTATION OF TAX DUE (DO NOT enter Centavos; 49 Centavos or less drop down; 50 or more round up)**Declaration this Quarter****A) Taxpayer/Filer****B) Spouse**

If graduated rate, fill in items 36 to 46; if 8%, fill in items 47 to 54

Schedule I - For Graduated IT Rate

36 Sales/Revenues/Receipts/Fees (net of sales returns, allowances and discounts)	36A 748,720.00	36B 0.00
37 Less: Cost of Sales/Services (applicable only if availing Itemized Deductions)	37A 630,850.00	37B 0.00
38 Gross Income/(Loss) from Operation (Item 36 Less Item 37)	38A 117,870.00	38B 0.00
Less: Allowable Deductions		
39 Total Allowable Itemized Deductions	39A 0.00	39B 0.00
OR		
40 Optional Standard Deduction (OSD) (40% of Item 38)	40A 0.00	40B 0.00
41 Net Income/(Loss) This Quarter (Item 38 Less Either Item 39 OR 40)	41A 117,870.00	41B 0.00
Add: 42 Taxable Income/(Loss) Previous Quarter/s	42A 284,575.00	42B 0.00
43 Non-Operating Income (specify) _____	43A 0.00	43B 0.00
44 Amount Received/Share in Income by a Partner from General Professional Partnership (GPP)	44A 0.00	44B 0.00
45 Total Taxable Income/(Loss) To Date (Sum of Items 41 to 44)	45A 402,445.00	45B 0.00
46 Tax Due (Item 45 x Applicable Tax Rate based on Tax Table below)	46A 22,989.00	46B 0.00

Schedule II - For 8% IT Rate

47 Sales/Revenues/Receipts/Fees (net of sales returns, allowances and discounts)	47A 0.00	47B 0.00
48 Add: Non-Operating Income (specify) _____	48A 0.00	48B 0.00
49 Total Income for the quarter (Sum of Items 47 and 48)	49A 0.00	49B 0.00
50 Add: Total Taxable Income/(Loss) Previous Quarter (Item 51 of previous quarter)	50A 0.00	50B 0.00
51 Cumulative Taxable Income/(Loss) as of This Quarter (Sum of Items 49 and 50)	51A 0.00	51B 0.00
52 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	52A 0.00	52B 0.00
53 Taxable Income/(Loss) To Date (Items 51 Less Item 52)	53A 0.00	53B 0.00
54 Tax Due (Item 53 x 8% Tax Rate)	54A 0.00	54B 0.00

Schedule III - Tax Credits/Payments

55 Prior Year's Excess Credits	55A 1,723.00	55B 0.00
56 Tax Payment/s for the Previous Quarter/s	56A 0.00	56B 0.00
57 Creditable Tax Withheld for the Previous Quarter/s	57A 6,491.95	57B 0.00
58 Creditable Tax Withheld per BIR Form No. 2307 for this Quarter	58A 10,565.98	58B 0.00
59 Tax Paid in Return Previously Filed, if this is an Amended Return	59A 0.00	59B 0.00
60 Foreign Tax Credits, if applicable	60A 0.00	60B 0.00
61 Other Tax Credits/Payments (specify) _____	61A 0.00	61B 0.00
62 Total Tax Credits/Payments (Sum of Items 55 to 61)	62A 20,781.00	62B 0.00
63 Tax Payable/(Overpayment) (Item 46 or 54, Less Item 62)	63A 2,208.00	63B 0.00

Schedule IV - Penalties

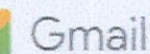
64 Surcharge	64A 0.00	64B 0.00
65 Interest	65A 0.00	65B 0.00
66 Compromise	66A 0.00	66B 0.00
67 Total Penalties (Sum of Items 64 to 66)	67A 0.00	67B 0.00
68 Total Amount Payable/(Overpayment) (Sum of Items 63 and 67)	68A 2,208.00	68B 0.00

TABLE 1 - Tax Rates (effective January 1, 2018 to December 31, 2022)

If Taxable Income is:	Tax Due is:
Not over P250,000	0%
Over P250,000 but not over P400,000	20% of the excess over P250,000
Over P400,000 but not over P800,000	P30,000 + 25% of the excess over P400,000
Over P800,000 but not over P2,000,000	P130,000 + 30% of the excess over P800,000
Over P2,000,000 but not over P8,000,000	P490,000 + 32% of the excess over P2,000,000
Over P8,000,000	P2,410,000 + 35% of the excess over P8,000,000

TABLE 2 - Tax Rates (effective January 1, 2023 and onwards)

If Taxable Income is:	Tax Due is:
Not over P250,000	0%
Over P250,000 but not over P400,000	15% of the excess over P250,000
Over P400,000 but not over P800,000	22,500 + 20% of the excess over P400,000
Over P800,000 but not over P2,000,000	102,500 + 25% of the excess over P800,000
Over P2,000,000 but not over P8,000,000	402,500 + 30% of the excess over P2,000,000
Over P8,000,000	P2,202,500 + 35% of the excess over P8,000,000



Ernie Boy Macapanas <infiniteprince10252006@gmail.com>

Return Receipt Confirmation

Message

forms-noreply@bir.gov.ph <ebirforms-noreply@bir.gov.ph>
infiniteprince10252006@gmail.com

Tue, Nov 5, 2024 at 12:02 PM

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

File name: 303699553000-1701Qv2018-2024Q3.xml

File received by BIR: 5 November 2024

File received by BIR: 11:44 AM

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

BIR 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)

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)

Expayer Agent/ Tax Software Provider-TSP

- (Gcash/PayMaya/MyEG)

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

Bureau of Internal Revenue

APANAS, ERNIE BOY 1701Q SAWT 3RD QUARTER 2024

ages

Ernie Boy Macapanas <infiniteprince10252006@gmail.com>
Submission@bir.gov.ph

Fri, Oct 11, 2024 at 2:51 PM

03-699-553-000
REGISTERED NAME:
NAME: MACAPANAS
TAXPAYER NAME: ERNIE BOY
PLACE NAME: CADAYONG
ADDRESS: MASIPIT, CALAPAN CITY
REGISTRATION REFERENCE NUMBER:
FILE 1:
FILE 2:
FILE 3:

Attachments

30369955300000820241701Q.DAT
1K
30369955300000920241701Q.DAT
1K
30369955300000720241701Q.DAT
1K

Submission@bir.gov.ph <esubmission@bir.gov.ph>
Ernie Boy Macapanas <infiniteprince10252006@gmail.com>

Fri, Oct 11, 2024 at 2:56 PM

BIR has received your data file(s). Please be informed that you will receive another email on the file structure and validation results of your submission, but no further email will be received on the TIN validation results. Hence, please ensure that the TIN of the Withholding Agent is valid for a successful submission of your Alphalist (or SLSP, as the case may be).

Thank you.

Submission Validation Report

Page

Submission <esubmission@bir.gov.ph>
infiniteprince10252006@gmail.com

Sat, Oct 12, 2024 at 4:12 AM

ACKNOWLEDGEMENT RECEIPT NUMBER: 20241012-B158940

to confirm receipt of the file(s) as stated below:

Total attachment/file(s) received : 3

Number of valid file(s) : 3
Number of invalid file(s) : 0

We have validated your submission in compliance with existing BIR regulations.

Below are the details of your submission:

Date of Submission: 10/11/2024 2:56:34 PM

Attachment(s):
Attachment : 30369955300000820241701Q.DAT
30369955300000820241701Q.DAT - VALID
CONFIRMATION RECEIPT NUMBER - 2024-0000348399
Attachment : 30369955300000920241701Q.DAT
30369955300000920241701Q.DAT - VALID
CONFIRMATION RECEIPT NUMBER - 2024-0000348400
Attachment : 30369955300000720241701Q.DAT
30369955300000720241701Q.DAT - VALID
CONFIRMATION RECEIPT NUMBER - 2024-0000348401

VALIDATION REPORT:

Attachment : 30369955300000820241701Q.DAT

Number of Withholding Agent TIN: 303699553-0000
Alphalist Form : 1701Q
Taxable Month : 08/2024

TAXPAYER IDENTIFICATION NUMBER	SCHEDULE	ERROR DESCRIPTION
000000000		No Errors Encountered

Attachment : 30369955300000920241701Q.DAT

Number of Withholding Agent TIN: 303699553-0000
Alphalist Form : 1701Q
Taxable Month : 09/2024

TAXPAYER IDENTIFICATION NUMBER	SCHEDULE	ERROR DESCRIPTION
000000000		No Errors Encountered

Attachment : 30369955300000720241701Q.DAT

Number of Withholding Agent TIN: 303699553-0000
Alphalist Form : 1701Q
Taxable Month : 07/2024

TAXPAYER IDENTIFICATION NUMBER	SCHEDULE	ERROR DESCRIPTION
000000000		No Errors Encountered

PLEASE BE INFORMED THAT THIS IS THE FINAL EMAIL ON THE VALIDATION PROCESS OF YOUR SUBMISSION. HOWEVER, A VALIDATION OF THE TIN OF THE WITHHOLDING AGENT WILL STILL BE UNDERTAKEN. ACCORDINGLY, PLEASE ENSURE THAT THE TIN IS VALID FOR A SUCCESSFUL SUBMISSION OF YOUR ALPHALIST (SLSP, AS THE CASE MAY BE).

Thank You.

This is a system generated report. For inquiries, please email us at contact_us@bir.gov.ph
or call us at (2) 8538-3200



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

1426

No.

07
(ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

able spaces. Mark all appropriate boxes with an "X".

Period From **07/01/2024** (MM/DD/YYYY) To **07/31/2024** (MM/DD/YYYY)

Part I - Payee Information

Identification Number (TIN) **303 - 699 - 553 - 00001**

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

PRINCE FOOD KIOSK

Address **4A ZIP Code**

City **ZIP Code**

Address, if applicable

Part II - Payor Information

Identification Number (TIN) **004 - 178 - 211 - 0000**

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

State College of Agriculture and Technology

Address **8A ZIP Code**

Victoria, Oriental Mindoro **5205**

Part III - Details of Monthly Income Payments and Taxes Withheld

Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Payments made by the Government and government-owned corporations (GOCCs) to independent suppliers of services whose payments are covered by other rates of withholding tax	WI 157					
		7,000.00	-	-	7,000.00	140.00
Total		7,000.00	-	-	7,000.00	140.00
Payments Subject to Withholding of Tax (Government & Private)						
Payments exempt from VAT under Sec. 122 (Taxable Creditable)-Government Withholding Agent	WB 080					
		7,000.00	-	-	7,000.00	210.00
Total		7,000.00	-	-	7,000.00	210.00

I, the undersigned, under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and correct in accordance with the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to the use of our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MARIA CRISTINA D. SISCAR, CPA
Accountant III 239-138-048

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Credentiation No./ No. (if applicable) **CONFORME** Date of Issue (MM/DD/YYYY) **CONFORME** Date of Expiry (MM/DD/YYYY)

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

1427

No.
07
(ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

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Period From **07/01/2024** (MM/DD/YYYY) To **07/31/2024** (MM/DD/YYYY)

Part I - Payee Information

Identification Number (TIN) **303 - 699 - 553 - 00001**

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

INFINITE PRINCE FOOD KIOSK

Address

4A ZIP Code

City

Address, if applicable

Part II - Payor Information

Identification Number (TIN) **004 - 178 - 211 - 0000**

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

State College of Agriculture and Technology

Address

8A ZIP Code

, Victoria, Oriental Mindoro

5205

Part III - Details of Monthly Income Payments and Taxes Withheld

Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
payments made by the t and government-owned ed corporations (GOCCs) to ident suppliers of services those covered by other rates withholding tax	WI 157					
		113,600.00	-	-	113,600.00	2,272.00
Total		113,600.00	-	-	113,600.00	2,272.00
Payments Subject to Withholding of Tax (Government & Private)						
empt from VAT under Sec. reditable)-Government ithholding Agent	WB 080					
		113,600.00	-	-	113,600.00	3,408.00
Total		113,600.00	-	-	113,600.00	3,408.00

I, the undersigned, under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and correct in all its contents, and that the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to the use of our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MARIA CRISTINA D. SISCAR, CPA
Accountant No. 238-138-048

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Accreditation No. / (If applicable) Date of Issue (MM/DD/YYYY) Date of Expiry (MM/DD/YYYY)

CONFORME

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent

CS/
em:
 Republic of the Philippines
 Department of Finance
 Bureau of Internal Revenue

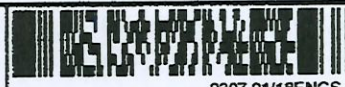
1433

Form No.

07

18 (ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

Available spaces. Mark all appropriate boxes with an "X".

 Period From **07/01/2024** (MM/DD/YYYY) To **07/31/2024** (MM/DD/YYYY)

Part I - Payee Information

Tax Identification Number (TIN)

303 - 699 - 553 - 00001

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

WHITE PRINCE FOOD KIOSK

Registered Address

4A ZIP Code

(Pob), Calapan City, Oriental Mindoro

Address, if applicable

Part II - Payor Information

Tax Identification Number (TIN)

004 - 178 - 211 - 0000

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

Loro State College of Agriculture and Technology

Registered Address

8A ZIP Code

te, Victoria, Oriental Mindoro

5205

Part III - Details of Monthly Income Payments and Taxes Withheld

Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
The payments made by the tenant and government-owned or controlled corporations (GOCCs) to resident suppliers of services and those covered by other rates of withholding tax	WI 157					
		162,150.00	-	-	162,150.00	3,243.00
Total		162,150.00	-	-	162,150.00	3,243.00
Payments Subject to Withholding of Income Tax (Government & Private)						
Exempt from VAT under Sec. 122 (creditable)-Government Withholding Agent	WB 080					
		162,150.00	-	-	162,150.00	4,864.50
Total		162,150.00	-	-	162,150.00	4,864.50

I declare under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and accurate in accordance with the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to the use of our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

 MARIA CRISTINA D. SISCAR, CPA
 Accountant III 235-138-048

 Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
 (Indicate Title/Designation and TIN)

 Accreditation No./
 Roll No. (if applicable)

 Date of Issue
 (MM/DD/YYYY)

 Date of Expiry
 (MM/DD/YYYY)

CONFIRMED

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

 Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
 (Indicate Title/Designation and TIN)

 Accreditation No./
 Roll No. (if applicable)

 Date of Issue
 (MM/DD/YYYY)

 Date of Expiry
 (MM/DD/YYYY)

The BIR Data Privacy is in the BIR website (www.bir.gov.ph)



1449

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m No.

07

B (ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

able spaces. Mark all appropriate boxes with an "X".

Period From **07/01/2024** (MM/DD/YYYY) To **07/31/2024** (MM/DD/YYYY)

Part I - Payee Information

Identification Number (TIN) **303 - 699 - 553 - 00001**

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

INFINITE PRINCE FOOD KIOSK

Address

n City

Address, if applicable

4A ZIP Code

Part II - Payor Information

Identification Number (TIN) **004 - 178 - 211 - 0000**

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

Pro State College of Agriculture and Technology

Address

, Victoria, Oriental Mindoro

8A ZIP Code

5205

Part III - Details of Monthly Income Payments and Taxes Withheld

Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
payments made by the t and government-owned ed corporations (GOCCs) to ident suppliers of services ose covered by other rates withholding tax	WI 157					
		13,720.00	-	-	13,720.00	274.40
Total		13,720.00	-	-	13,720.00	274.40
Payments Subject to Withholding of Tax (Government & Private)						
Amount from VAT under Sec. Creditable)-Government Withholding Agent	WB 080					
		13,720.00	-	-	13,720.00	411.60
Total		13,720.00	-	-	13,720.00	411.60

under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and
ent to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to
of our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MARIA CRISTINA D. SISCAR, CPA
Accountant No. 239-138-048

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Credentiation No. /
No. (if applicable) Date of Issue (MM/DD/YYYY) Date of Expiry (MM/DD/YYYY)

CONFORME:

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Credentiation No. /
No. (if applicable) Date of Issue (MM/DD/YYYY) Date of Expiry (MM/DD/YYYY)



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

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Form No.

07

18 (ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

able spaces. Mark all appropriate boxes with an "X".

Period From **07/01/2024** (MM/DD/YYYY) To **07/31/2024** (MM/DD/YYYY)

Part I - Payee Information

Identification Number (TIN) **303 - 699 - p - 00001**

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

ITE PRINCE FOOD KIOSK

Address **4A ZIP Code**

(Pob), Calapan City, Oriental Mindoro

Address, if applicable

Part II - Payor Information

Identification Number (TIN) **004 - 178 - 211 - 0000**

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

oro State College of Agriculture and Technology

Address **8A ZIP Code**

re, Victoria, Oriental Mindoro

5205

Part III - Details of Monthly Income Payments and Taxes Withheld

Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
e payments made by the ent and government-owned lled corporations (GOCCs) to esident suppliers of services those covered by other rates of withholding tax	WI 157					
		18,000.00	-	-	18,000.00	360.00
Total		18,000.00	-	-	18,000.00	360.00
ments Subject to Withholding of Tax (Government & Private)						
xempt from VAT under Sec. (creditable)-Government Withholding Agent	WB 080					
		18,000.00	-	-	18,000.00	540.00
Total		18,000.00	-	-	18,000.00	540.00

are under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and
uant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to
ng of our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MARIA CRISTINA D. SISCAR, CPA
Accountant (U / 238-138-048)

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Accreditation No. / Date of Issue (MM/DD/YYYY) Date of Expiry (MM/DD/YYYY)

CONFORME:

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Accreditation No. / Date of Issue (MM/DD/YYYY) Date of Expiry (MM/DD/YYYY)

BIR Data Privacy is in the BIR website (www.bir.gov.ph)



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

1469

No.
07
(ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

able spaces. Mark all appropriate boxes with an "X".

Period From **07/01/2024** (MM/DD/YYYY) To **07/31/2024** (MM/DD/YYYY)

Part I - Payee Information

Identification Number (TIN) **303 - 699 - 553 - 00001**

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

PRINCE FOOD KIOSK

Address **4A ZIP Code**

City **5205**

Address, if applicable

Part II - Payor Information

Identification Number (TIN) **004 - 178 - 211 - 0000**

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

State College of Agriculture and Technology

Address **8A ZIP Code**

Victoria, Oriental Mindoro **5205**

Part III - Details of Monthly Income Payments and Taxes Withheld

Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Payments made by the State and government-owned corporations (GOCCs) to ident suppliers of services whose covered by other rates withholding tax	WI 157					
		9,580.00	-	-	9,580.00	191.60
Total		9,580.00	-	-	9,580.00	191.60
Payments Subject to Withholding of Tax (Government & Private)	WB 080					
		9,580.00	-	-	9,580.00	287.40
Total		9,580.00	-	-	9,580.00	287.40

I, the undersigned, under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and
complies with the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to
the use of our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MARIA CRISTINA D. SISCAR, CPA
Accountant No. 239-138-048

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Accreditation No./
TIN No. (if applicable) **Date of Issue** **(MM/DD/YYYY)** **Date of Expiry** **(MM/DD/YYYY)**

CONFORME.

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

1490

Certificate of Creditable Tax Withheld at Source



2307 01/18ENC5

CS)

spaces. Mark all appropriate boxes with an "X".

From

07/01/2024

(MM/DD/YYYY)

To

07/31/2024

(MM/DD/YYYY)

Part I - Payee Information

ification Number (TIN)

303 - 699 - 553 - 00001

(Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

PRINCE FOOD KIOSK

4A ZIP Code

dress

ity

ss, if applicable

Part II - Payor Information

ification Number (TIN)

004 - 178 - 211 - 0000

(Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

State College of Agriculture and Technology

8A ZIP Code

dress

5205

Victoria, Oriental Mindoro

Part III - Details of Monthly Income Payments and Taxes Withheld

Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Payments made by the and government-owned corporations (GOCCs) to ent suppliers of services se covered by other rates withholding tax	WI 157	6,400.00	-	-	6,400.00	128.00
Total		6,400.00	-	-	6,400.00	128.00
Payments Subject to Withholding of Tax (Government & Private)						
Exempt from VAT under Sec. (Creditable)-Government Withholding Agent	WB 080	6,400.00	-	-	6,400.00	192.00
Total		6,400.00	-	-	6,400.00	192.00

under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and
ent to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to
of our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MARIA CRISTINA D. SISCAR, CPA
Accountant III 239-138-048

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

creditation No./
No. (if applicable)

Date of Issue
(MM/DD/YYYY)

Date of Expiry
(MM/DD/YYYY)

CONFORME:

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

1513

No.
7
ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

Use the spaces. Mark all appropriate boxes with an "X".

Period From **07/01/2024** (MM/DD/YYYY) To **07/31/2024** (MM/DD/YYYY)

Part I - Payee Information

Identification Number (TIN) **303 - 699 - 553 - 00001**

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

PRINCE FOOD KIOSK

Address **4A ZIP Code**

Calapan City, Oriental Mindoro

Address, if applicable

Part II - Payor Information

Identification Number (TIN) **004 - 178 - 211 - 0000**

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

State College of Agriculture and Technology

Address **8A ZIP Code**

Victoria, Oriental Mindoro

Part III - Details of Monthly Income Payments and Taxes Withheld

Amounts Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Payments made by the taxpayer and government-owned and corporations (GOCCs) to dependent suppliers of services whose cost is covered by other rates of withholding tax	WI 157	1,800.00	-	-	1,800.00	36.00
Total		1,800.00	-	-	1,800.00	36.00
Amounts Subject to Withholding of Tax (Government & Private)	WB 080	1,800.00	-	-	1,800.00	54.00
Total		1,800.00	-	-	1,800.00	54.00

I, the undersigned, under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and correct, and that the information furnished herein is true and correct, and that the regulations issued under authority thereof. Further, we give our consent to the use of our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MARIA CRISTINA D. SISCAR, CPA
Accountant III / 235-138-048

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Accreditation No. /
TIN No. (if applicable) **303-699-553-00001** Date of Issue (MM/DD/YYYY) **07/01/2024** Date of Expiry (MM/DD/YYYY) **07/31/2024**

CONFIRME:

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Accreditation No. /
TIN No. (if applicable) **303-699-553-00001** Date of Issue (MM/DD/YYYY) **07/01/2024** Date of Expiry (MM/DD/YYYY) **07/31/2024**

BIR Data Privacy is in the BIR website (www.bir.gov.ph)



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

15/3

Certificate of Creditable Tax Withheld at Source



2307 01/18 ENCS

spaces. Mark all appropriate boxes with an "X".

From **08/01/2024** (MM/DD/YYYY) To **08/31/2024** (MM/DD/YYYY)

Part I - Payee Information

Identification Number (TIN) **303 - 699 - 553 - 00001**

(Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

PRINCE FOOD KIOSK

Address

4A ZIP Code

Calapan City, Oriental Mindoro

Business, if applicable

Part II - Payer Information

Identification Number (TIN) **004 - 178 - 211 - 0000**

(Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

State College of Agriculture and Technology

Address

8A ZIP Code

Victoria, Oriental Mindoro

Part III - Details of Monthly Income Payments and Taxes Withheld

Amounts Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Payments made by the and government-owned corporations (GOCCs) to ent suppliers of services se covered by other rates withholding tax	WI 157	-	5,440.00	-	5,440.00	108.80
Total		-	5,440.00	-	5,440.00	108.80
Amounts Subject to Withholding of Tax (Government & Private)	WB 080	-	5,440.00	-	5,440.00	163.20
Total		-	5,440.00	-	5,440.00	163.20

under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and
ent to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to
of our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MARIA CRISTINA D. SISCAR, CPA
Accountant III / 239-138-048

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Accreditation No. /
No. (if applicable) Date of Issue (MM/DD/YYYY) Date of Expiry (MM/DD/YYYY)

CONFORME

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Accreditation No. /
No. (if applicable) Date of Issue (MM/DD/YYYY) Date of Expiry (MM/DD/YYYY)

IR Data Privacy is in the BIR website (www.bir.gov.ph)



15/4

Certificate of Creditable Tax Withheld at Source



2307 01/18ENC5

spaces. Mark all appropriate boxes with an "X"

From 07/01/2024

(MM/DD/YYYY)

To

07/31/2024

(MM/DD/YYYY)

Part I - Payee Information

ification Number (TIN)

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(Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

PRINCE FOOD KIOSK

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Part II - Payor Information

ification Number (TIN)

004

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(Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

State College of Agriculture and Technology

ress

8A ZIP Code

5205

ctoria, Oriental Mindoro

Part III - Details of Monthly Income Payments and Taxes Withheld

Amounts Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Payments made by the and government-owned corporations (GOCCs) to ent suppliers of goods e covered by other rates withholding tax	WI 640					
		9,000.00	-	-	9,000.00	90.00
Total		9,000.00	-	-	9,000.00	90.00
Amounts Subject to Withholding of (Government & Private)						
Amounts exempt from VAT under Sec. Creditable)-Government Withholding Agent	WB 080					
		9,000.00	-	-	9,000.00	270.00
Total		9,000.00	-	-	9,000.00	270.00

under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and
to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to
our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MARIA CRISTINA D. SISCAR, CPA

Accountant III / 239-138-048

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

redemption No./

No. (if applicable)

Date of Issue

(MM/DD/YYYY)

Date of Expiry

(MM/DD/YYYY)

CONFORME:

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

redemption No./

No. (if applicable)

Date of Issue

(MM/DD/YYYY)

Date of Expiry

(MM/DD/YYYY)



1514

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

spaces. Mark all appropriate boxes with an "X".

From **07/01/2024**

(MM/DD/YYYY)

To

07/31/2024

(MM/DD/YYYY)

Part I - Payee Information

ification Number (TIN)

303

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(Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

PRINCE FOOD KIOSK

ress

4A ZIP Code

s, if applicable

Part II - Payor Information

ification Number (TIN)

004

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178

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211

-

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(Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

State College of Agriculture and Technology

ress

8A ZIP Code

ctoria, Oriental Mindoro

5205

Part III - Details of Monthly Income Payments and Taxes Withheld

Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Payments made by the and government-owned corporations (GOCCs) to ent suppliers of goods e covered by other rates withholding tax	WI 640					
		9,000.00	-	-	9,000.00	90.00
Total		9,000.00	-	-	9,000.00	90.00
ot from VAT under Sec. - Government holding Agent	WB 080					
		9,000.00	-	-	9,000.00	270.00
Total		9,000.00	-	-	9,000.00	270.00

under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and
to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to
our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MARIA CRISTINA D. SISCAR, CPA

Accountant III / 239-138-048

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

edication No./

o. (if applicable)

Date of Issue

(MM/DD/YYYY)

Date of Expiry

(MM/DD/YYYY)

CONFORME:

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

edication No./

o. (if applicable)

Date of Issue

(MM/DD/YYYY)

Date of Expiry

(MM/DD/YYYY)



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

15/5

Certificate of Creditable Tax Withheld at Source



2307 01/18ENC5

Spaces: Mark all appropriate boxes with an "X"

From **08/01/2024**

(MM/DD/YYYY)

To

08/31/2024

(MM/DD/YYYY)

Part I - Payee Information

Identification Number (TIN)

303 - 699 - 553 - 00001

Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual

PRINCE FOOD KIOSK

Address

4A ZIP Code

City

State, if applicable

Part II - Payor Information

Identification Number (TIN)

004 - 178 - 211 - 0000

Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual

State College of Agriculture and Technology

Address

8A ZIP Code

Sta. Victoria, Oriental Mindoro

5205

Part III - Details of Monthly Income Payments and Taxes Withheld

Subject to Expanded
Withholding Tax

ATC

AMOUNT OF INCOME PAYMENTS

1st Month of the
Quarter

2nd Month of the
Quarter

3rd Month of the
Quarter

Total

Tax Withheld for the
Quarter

Payments made by the
and government-owned
corporations (GOCCs) to
suppliers of services
covered by other rates
withholding tax

WI 157

-

21,228.00

-

21,228.00

424.56

Total
Subject to Withholding of
Government & Private)

-

21,228.00

-

21,228.00

424.56

Exempt from VAT under Sec.
(table)-Government
Withholding Agent

WB 080

-

21,228.00

-

21,228.00

636.84

Total
Under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and
the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to
our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MARIA CRISTINA D. SISCAR, CPA

Accountant III (238-138-048)

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent

(Indicate Title/Designation and TIN)

Identification No. /

(if applicable)

Date of Issue

(MM/DD/YYYY)

Date of Expiry

(MM/DD/YYYY)

CONFORME

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent

(Indicate Title/Designation and TIN)



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

1544

Certificate of Creditable Tax Withheld at Source



2307 01/18ENC5

spaces. Mark all appropriate boxes with an "X".

From 08/01/2024

(MM/DD/YYYY)

To 08/31/2024

(MM/DD/YYYY)

Part I - Payee Information

Identification Number (TIN)

303 - 699 - 553 - 00001

(Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

PRINCE FOOD KIOSK

Address

4A ZIP Code

City

State, if applicable

Part II - Payor Information

Identification Number (TIN)

004 - 178 - 211 - 0000

(Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

State College of Agriculture and Technology

Address

8A ZIP Code

5205

Victoria, Oriental Mindoro

Part III - Details of Monthly Income Payments and Taxes Withheld

Amounts Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Payments made by the and government-owned corporations (GOCCs) to ent suppliers of services e covered by other rates withholding tax	WI 157	-	11,200.00	-	11,200.00	224.00
Total		-	11,200.00	-	11,200.00	224.00
Amounts Subject to Withholding of (Government & Private)						
Amounts exempt from VAT under Sec. (Creditable)-Government Withholding Agent	WB 080	-	11,200.00	-	11,200.00	336.00
Total		-	11,200.00	-	11,200.00	336.00

under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and
to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to
our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MARIA CRISTINA D. SISCAR, CPA

Accountant III, 239-138-048

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent

(Indicate Title/Designation and TIN)

Redemption No./

(if applicable)

Date of Issue

(MM/DD/YYYY)

Date of Expiry

(MM/DD/YYYY)

CONFORME:

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent



1545

Certificate of Creditable Tax Withheld at Source



2307 01/18ENC5

spaces. Mark all appropriate boxes with an "X".

From 08/01/2024 (MM/DD/YYYY) To 08/31/2024 (MM/DD/YYYY)

Part I - Payee Information

Identification Number (TIN) 303 - 699 - 553 - 00001

(Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

PRINCE FOOD KIOSK

Address 4A ZIP Code

Business, if applicable

Part II - Payor Information

Identification Number (TIN) 004 - 178 - 211 - 0000

(Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

State College of Agriculture and Technology

Address 8A ZIP Code

Victoria, Oriental Mindoro

Part III - Details of Monthly Income Payments and Taxes Withheld

Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Payments made by the and government-owned corporations (GOCCs) to dependent suppliers of goods and services covered by other rates of withholding tax	WI 640	-	10,000.00	-	10,000.00	100.00
Total		-	10,000.00	-	10,000.00	100.00
Payments Subject to Withholding of Tax (Government & Private)	WB 080	-	10,000.00	-	10,000.00	300.00
Total		-	10,000.00	-	10,000.00	300.00

under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and
conform to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to
the use of our information as contemplated under the Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MARIA CRISTINA D. SISCAR, CPA
Accountant III, 239-138-048

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Accreditation No./ Date of Issue Date of Expiry
(if applicable) (MM/DD/YYYY) (MM/DD/YYYY)

CONFORME:

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Accreditation No./ Date of Issue Date of Expiry
(if applicable) (MM/DD/YYYY) (MM/DD/YYYY)



1545

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

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le spaces. Mark all appropriate boxes with an "X".

od From **08/01/2024** (MM/DD/YYYY) To **08/31/2024** (MM/DD/YYYY)

Part I - Payee Information

entification Number (TIN) **303 - 699 - 553 - 00001**

ne (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

PRINCE FOOD KIOSK

address **4A ZIP Code**

ess, if applicable

Part II - Payor Information

entification Number (TIN) **004 - 178 - 211 - 0000**

ne (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

State College of Agriculture and Technology

address **8A ZIP Code**

Victoria, Oriental Mindoro

5205

Part III - Details of Monthly Income Payments and Taxes Withheld

ents Subject to Expanded itholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
payments made by the and government-owned d corporations (GOCCs) to cent suppliers of goods se covered by other rates withholding tax	WI 640					
		-	10,000.00	-	10,000.00	100.00
Total		-	10,000.00	-	10,000.00	100.00
ts Subject to Withholding of x (Government & Private)						
mpt from VAT under Sec. editable)-Government hholding Agent	WB 080					
		-	10,000.00	-	10,000.00	300.00
Total		-	10,000.00	-	10,000.00	300.00

under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and
t to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to
of our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MARIA CRISTINA D. SISCAR, CPA
Accountant No. 239-138-048

Signature over Printed Name of Payor/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

creditation No./ No. (if applicable) Date of Issue (MM/DD/YYYY) Date of Expiry (MM/DD/YYYY)

CONFORME:

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

creditation No./ No. (if applicable) Date of Issue (MM/DD/YYYY) Date of Expiry (MM/DD/YYYY)



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

1473

No.
07
(ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

able spaces. Mark all appropriate boxes with an "X".

Period From **09/01/2024** (MM/DD/YYYY) To **09/30/2024** (MM/DD/YYYY)

Part I - Payee Information

Identification Number (TIN) **303 - 699 - 553 - 00001**

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

E PRINCE FOOD KIOSK

Address

4A ZIP Code

n City, Oriental Mindoro

Address, if applicable

Part II - Payor Information

Identification Number (TIN) **004 - 178 - 211 - 0000**

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

ro State College of Agriculture and Technology

Address

8A ZIP Code

Victoria, Oriental Mindoro

5205

Part III - Details of Monthly Income Payments and Taxes Withheld

Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
payments made by the t and government-owned ed corporations (GOCCs) to ident suppliers of services hose covered by other rates withholding tax	WI 157	-	-	9,100.00	9,100.00	182.00
Total		-	-	9,100.00	9,100.00	182.00
Payments Subject to Withholding of Tax (Government & Private)						
empt from VAT under Sec. reditable)-Government ithholding Agent	WB 080	-	-	9,100.00	9,100.00	273.00
Total		-	-	9,100.00	9,100.00	273.00

under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and
to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to
of our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MARIA CRISTINA D. SISCAR, CPA
Accountant III / 239-138-048

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Accreditation No. / Date of Issue (MM/DD/YYYY) Date of Expiry (MM/DD/YYYY)

CONFORME:

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Accreditation No. / Date of Issue (MM/DD/YYYY) Date of Expiry (MM/DD/YYYY)

BIR Data Privacy is in the BIR website (www.bir.gov.ph)



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

Form No.
07
8 (ENCS)

Available spaces. Mark all appropriate boxes with an "X".

Period From **09/01/2024** (MM/DD/YYYY) To **09/30/2024** (MM/DD/YYYY)

Part I - Payee Information

Identification Number (TIN) **303 - 699 - 553 - 00001**

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

INFINITE PRINCE FOOD KIOSK

Address

4A ZIP Code

(Pob), Calapan City, Oriental Mindoro

Address, if applicable

Part II - Payor Information

Identification Number (TIN) **004 - 178 - 211 - 0000**

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

Ororo State College of Agriculture and Technology

Address

8A ZIP Code

Ororo, Victoria, Oriental Mindoro

5205

Part III - Details of Monthly Income Payments and Taxes Withheld

Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Payments made by the Government and government-owned corporations (GOCCs) to resident suppliers of services those covered by other rates of withholding tax	WI 157	-	-	14,400.00	14,400.00	288.00
Total		-	-	14,400.00	14,400.00	288.00
Payments Subject to Withholding of Tax (Government & Private)						
Exempt from VAT under Sec. (Creditable)-Government Withholding Agent	WB 080	-	-	14,400.00	14,400.00	432.00
Total		-	-	14,400.00	14,400.00	432.00

I declare under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and
quant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to
ing of our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MARIA CRISTINA D. SISCAR, CPA
Accountant III / 239-138-048

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Accreditation No. / Roll No. (if applicable) Date of Issue (MM/DD/YYYY) Date of Expiry (MM/DD/YYYY)

CONFORME:

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Accreditation No. / Roll No. (if applicable) Date of Issue (MM/DD/YYYY) Date of Expiry (MM/DD/YYYY)

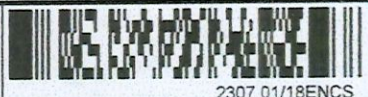
See BIR Data Privacy in the BIR website (www.bir.gov.ph)



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

89,196
1474

Certificate of Creditable Tax Withheld at Source



2307 01/18ENC5

spaces. Mark all appropriate boxes with an "X"

From **09/01/2024** (MM/DD/YYYY) To **09/30/2024** (MM/DD/YYYY)

Part I - Payee Information

Identification Number (TIN) **303 - 699 - 553 - 00001**

(Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

PRINCE FOOD KIOSK

Address 4A ZIP Code

City | | |

Business, if applicable

Part II - Payor Information

Identification Number (TIN) **004 - 178 - 211 - 0000**

(Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

State College of Agriculture and Technology

Address 8A ZIP Code

Victoria, Oriental Mindoro **5205**

Part III - Details of Monthly Income Payments and Taxes Withheld

Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Payments made by the and government-owned corporations (GOCCs) to ent suppliers of services e covered by other rates ithholding tax	WI 157	-	-	8,000.00	8,000.00	160.00
Total		-	-	8,000.00	8,000.00	160.00
Payments Subject to Withholding of (Government & Private)						
Payments from VAT under Sec. Creditable)-Government Withholding Agent	WB 080	-	-	8,000.00	8,000.00	240.00
Total		-	-	8,000.00	8,000.00	240.00

Under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and correct in accordance with the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to the use of our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MARIA CRISTINA D. SISCAR, CPA
Accountant III 239-138-048

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Identification No./ (if applicable) Date of Issue (MM/DD/YYYY) Date of Expiry (MM/DD/YYYY)

CONFORME

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Certificate of Creditable Tax Withheld at Source



2307 01/18ENC5

Use spaces. Mark all appropriate boxes with an "X".

From **09/01/2024** (MM/DD/YYYY) To **09/30/2024** (MM/DD/YYYY)

Part I - Payee Information

Identification Number (TIN) **303 - 699 - 553 - 00001**

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

PRINCE FOOD KIOSK

Address

4A ZIP Code

City

Business, if applicable

Part II - Payor Information

Identification Number (TIN) **004 - 178 - 211 - 0000**

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

State College of Agriculture and Technology

Address

8A ZIP Code

Victoria, Oriental Mindoro

Part III - Details of Monthly Income Payments and Taxes Withheld

Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Payments made by the and government-owned corporations (GOCCs) to ent suppliers of services se covered by other rates withholding tax	WI 157					
		-	-	1,680.00	1,680.00	33.60
Total		-	-	1,680.00	1,680.00	33.60
Payments Subject to Withholding of Tax (Government & Private)	WB 080					
		-	-	1,680.00	1,680.00	50.40
Total		-	-	1,680.00	1,680.00	50.40

Under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and
conforms to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to
the use of our information as contemplated under the "Data Privacy Act of 2017 (R.A. No. 10173) for legitimate and lawful purposes.

MARIA CRISTINA D. SISCAR, CPA
Accountant III / 235-138-048

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Credentiation No. /
No. (if applicable) Date of Issue (MM/DD/YYYY) Date of Expiry (MM/DD/YYYY)

CONFORME:

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent

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Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

1457

No. 7 (ENCs)	Certificate of Creditable Tax Withheld at Source	 2307 01/18ENCs
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Period	From	09/01/2024 (MM/DD/YYYY)	To	09/30/2024 (MM/DD/YYYY)	
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Part I - Payee Information							
Identification Number (TIN)	303	-	699	-	553	-	00001

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

PRINCE FOOD KIOSK

Address 4A ZIP Code

City

Address, if applicable

Part II - Payor Information							
Identification Number (TIN)	004	-	178	-	211	-	0000

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

State College of Agriculture and Technology

Address 8A ZIP Code

Victoria, Oriental Mindoro **5205**

Part III - Details of Monthly Income Payments and Taxes Withheld						
Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Payments made by the and government-owned corporations (GOCCs) to rent suppliers of services se covered by other rates withholding tax	WI 157					
		-	-	70,000.00	70,000.00	1,400.00
Total		-	-	70,000.00	70,000.00	1,400.00
Payments Subject to Withholding of Tax (Government & Private)						
Exempt from VAT under Sec. (Creditable)-Government Withholding Agent	WB 080					
		-	-	70,000.00	70,000.00	2,100.00
Total		-	-	70,000.00	70,000.00	2,100.00

Under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and
to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to
our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MARIA CRISTINA D. SISCAR, CPA
Accountant No. 239-138-048

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Redemption No./ o. (if applicable)		Date of Issue (MM/DD/YYYY)		Date of Expiry (MM/DD/YYYY)	
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CONFORME:

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

1455

No.
7
ENCS)

Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

Use spaces. Mark all appropriate boxes with an "X".

Period From **09/01/2024** (MM/DD/YYYY) To **09/30/2024** (MM/DD/YYYY)

Part I - Payee Information

Identification Number (TIN) **303 - 699 - 553 - 00001**

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

PRINCE FOOD KIOSK

Address 4A ZIP Code

City | | | |

Business, if applicable

Part II - Payor Information

Identification Number (TIN) **004 - 178 - 211 - 0000**

Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

State College of Agriculture and Technology

Address 8A ZIP Code

Victoria, Oriental Mindoro **5205**

Part III - Details of Monthly Income Payments and Taxes Withheld

Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Payments made by the and government-owned corporations (GOCCs) to ent suppliers of services se covered by other rates withholding tax	WI 157					
		-	-	12,000.00	12,000.00	240.00
Total		-	-	12,000.00	12,000.00	240.00
Payments Subject to Withholding of (Government & Private)						
Payments from VAT under Sec. (Creditable)-Government Withholding Agent	WB 080					
		-	-	12,000.00	12,000.00	360.00
Total		-	-	12,000.00	12,000.00	360.00

Under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and
to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to
our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MARIA CRISTINA D. SISCAR, CPA
Accountant No. 239-138-048

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Creditation No. / Date of Issue (MM/DD/YYYY) Date of Expiry (MM/DD/YYYY)

CONFORME:

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

1456

Certificate of Creditable Tax Withheld at Source



2307 01/18ENC5

Period From **09/01/2024** (MM/DD/YYYY) To **09/30/2024** (MM/DD/YYYY)

Part I - Payee Information

Identification Number (TIN) **303 - 699 - 553 - 00001**
Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)
INFINITE PRINCE FOOD KIOSK
Address
City
Address, if applicable

Part II - Payor Information

Identification Number (TIN) **004 - 178 - 211 - 0000**
Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)
Pro State College of Agriculture and Technology
Address
, Victoria, Oriental Mindoro

Part III - Details of Monthly Income Payments and Taxes Withheld

Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Payments made by the private and government-owned corporations (GOCCs) to independent suppliers of services whose rates of withholding tax	WI 157	-	-	24,000.00	24,000.00	480.00
Total		-	-	24,000.00	24,000.00	480.00
Payments Subject to Withholding of Tax (Government & Private)	WB 080	-	-	24,000.00	24,000.00	720.00
Total		-	-	24,000.00	24,000.00	720.00

We, the undersigned, under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and correct in accordance with the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to the use of our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MARIA CRISTINA D. SISCAR, CPA
Accountant No. / 239-138-048

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Accreditation No. / (If applicable) Date of Issue (MM/DD/YYYY) Date of Expiry (MM/DD/YYYY)

CONFORME

INFINITE PRINCE FOOD KIOSK / 303-699-553-00001

Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent

Omnibus Sworn Statement

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

AFFIDAVIT

I, Ernie Boy Macapanas, of legal age, Married, Filipino and residing at Blk. 22 lot 4 Neo Calapan Realty Barangay Bulusan Calapan City Oriental Mindoro, after having been duly sworn in accordance with law, do hereby depose and state that:

1. I am the sole proprietor or authorized representative of Infinite Prince Food Kiosk with office address at Masipit Calapan City Oriental Mindoro];
2. As the owner and sole proprietor, or authorized representative of Infinite Prince Food Kiosk, I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for 4th ANNIVERSARY CELEBRATION of the MINDORO STATE UNIVERSITY, as shown in the attached duly notarized Special Power of Attorney;
3. Infinite Prince Food Kiosk 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. Infinite Prince Food Kiosk 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. Infinite Prince Food Kiosk complies with existing labor laws and standards; and

8. Infinite Prince Food Kiosk is aware of and has undertaken the responsibilities as a Bidder in compliance with the Philippine Bidding Documents, which includes:

- a. Carefully examining all of the Bidding Documents;
- b. Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;
- c. Making an estimate of the facilities available and needed for the contract to be bid, if any; and
- d. Inquiring or securing Supplemental/Bid Bulletin(s) issued for the 4th Anniversary Celebration

9. Infinite Prince Food Kiosk did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.

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

IN WITNESS WHEREOF, I have hereunto set my hand this 10th day of March, 2025 at CALAPAN CITY, Philippines.

SUBSCRIBED AND SWORN TO before me this 10 day of March 2025 at Calapan City, Philippines. The affiant exhibiting to me his/her _____ issued by the _____

Doc. No. 369
Page No. 75
Book No. 139
Series of 20 25

ERNIE BOY CADAYONG MACAPANAS
Affiant
ATTY. RAYMOND JOEL L. BALBUENA
Roll of Attorney's No. 61087
IBP Lifetime No. 010769
PTR No. 1427926 - Calapan City
MCLE Compliance No. VII-0005057
Notarial Commission until December 31, 2026



ABSTRACT OF QUOTATION/S

I. Particulars											
Project Name: <u>Meals Snacks, Uniform and Technical Services for the 4th Magsu Anniversary</u> Lot No.: <u>Lot 2</u>											
Project Location: <u>Magsu</u>											
Implementing Office: _____											
Method of Procurement: _____											
Approved Budget for the Contract (ABC): <u>₱27,500.00</u>											
Deadline of Submission of Quotation: _____											
II. Abstract of Quotations / for SVP											
Evaluation of Document/s Required to be Submitted within the deadline specified in the RFQ											
TWG Report											
Date: _____											
No	Participating Bidder/s	Date and Time of Receipt	Eligibility Requirements		Technical Requirements		Financial Requirements		Bid Amount	Rank	Remarks
1	2025 Supply and Printing Services	/	Pass	Fail	Pass	Fail	Pass	Fail	₱27,500.00	1	SCRQ
III. Recommendation / Resolution											
<input type="checkbox"/> Recommend to Award Contract 'Date: _____											
Lowest / Single Calculated and Responsive Quotation:			2025 Supply and Printing Services			Contract Price Award (in words & figures):			Twenty-seven thousand, five hundred ₱27,500.00		
<input type="checkbox"/> Declaration of Failure under Section 35 of Revised IRR of RA 9184											
<input type="checkbox"/> All prospective bidders are declared ineligible [Sec. 35.1(b)] <input type="checkbox"/> All bids failed to comply with all the bid requirements or fail post-qualification [Sec. 35.1(c)]											
Date: _____											
LINA B. JAVIER TWG Member			MAY C. BERON TWG Member			FELIX A. MINESTERIO TWG Member			MERVIN L. ICALLA TWG Member		
Engr. MARK KEYLORD S. ONAL BAC-TWG Head											

Proceed only if recommended for award of contract

•Main Campus, Alente, Victoria

•Hogabong Campus, Labuan, Hologbong

•Calapan City Campus, Misamis, Calapan City

REQUEST FOR QUOTATION

Supply and Delivery of Meals, Snacks, Uniform and Technical Services for the 4th MinSU Anniversary

JOR No.: JOR25-025

RFQ No. 2025-030

ABC Amount: Php246,520.00

Lot 1: Php49.020.00

Lot 2: Php27,500.00

Lot 3: Php170,000.00

Company Name : ZB2J SUPPLY & PRINTING SERVICES
Address : POB. 1 VICTORIA DR. MD.

Address : POB. 7 VICTORIA OK. MDO.

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.
4. Price validity shall be a period of 30 calendar days.
5. G-EPIS Registration Certificate shall be attached upon submission of the Quotation.
6. Bidders shall submit Original Brochures showing certification of the product being offered (optional).
7. Mode of delivery: ☐ Pick-up (Schedule) ☐ Door to Door Delivery

[illegible]

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

Supplier's Signature over Printed Name

226-089-564-00001

TIN No. of Establishment

Contact Number

March 4, 2025

Date _____

MSU-BAC-FR-05.01

•Main Campus, Alcate, Victoria

•Bongabong Campus, Labasan, Bongabong

•Calapan City Campus, Masipit, Calapan City



General Conditions

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

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

Ocular Inspection

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

Award

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

Evaluation of Quotations

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

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

Instructions

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

Liquidation Damages

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

Warranty

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

Payment

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

MSU-BAC-FR-05.01

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D.A. ALBUERA ENTRPRISES

Garong St., Poblacion 1
Victoria
Oriental Mindoro
Region IV-B
Philippines

Organization Member Type:	Supplier
Organization Number:	169071
Registration Date:	28-Jul-2016
Registration Type:	Red
Form of Organization:	Single Proprietorship
Organization Type:	General Merchandise
Business Category:	Office Supplies and Devices, Communication Equipment & Parts and Accessories, C
Business Tax Identification Number:	194-223-285-000
DTI Certificate Number:	04033950
DTI Registration Date:	13-Apr-2016
Capitalization:	Php 300,000.00
Agency Registration:	No
Blacklisted:	No
Organization Status:	Active

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OMNIBUS SWORN STATEMENT

REPUBLIC OF THE PHILIPPINES)
MUNICIPALITY OF _____) S.S

AFFIDAVIT

I, **DANTE A. ALBUERA** legal age, *Filipino*, and residing at **BABANGONAN, VICTORIA, ORIENTAL MINDORO** after having been duly sworn in accordance with law, do hereby depose and state that:

I am the authorized representative of **D.A. ALBUERA ENTERPRISES** with office address at **POBLACION I, VICTORIA, ORIENTAL MINDORO**

As the authorized representative **D.A. ALBUERA ENTERPRISES** I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for **SUPPLY AND DELIVERY OF OTHER SUPPLIES, UNIFORM, SPORTS EQUIPMENT AND OFFICE SUPPLIES FOR THE 4TH ANNIVERSARY CELEBRATION OF MINSU**

D.A. ALBUERA ENTERPRISES 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;

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;

D.A. ALBUERA ENTERPRISES is authorizing the Head of the Procuring Entity or its duly authorized representative to verify all the documents submitted.

I am not related to the Head of 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 third civil degree;

D.A. ALBUERA ENTERPRISES complies with existing labor laws and standards; and

D.A. ALBUERA ENTERPRISES is aware of and has undertaken the following responsibilities as a Bidder:

- Carefully examine all of the Bidding Documents;
- Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
- Made an estimate of the facilities available and needed for the contract to be bid, if any; and

Inquire or secure Supplemental/Bid Bulletin issued for the for **SUPPLY AND DELIVERY OF OTHER SUPPLIES, UNIFORM, SPORTS EQUIPMENT AND OFFICE SUPPLIES FOR THE 4TH ANNIVERSARY CELEBRATION OF MINSU**

D.A. ALBUERA ENTERPRISES 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;

IN WITNESS WHEREOF, I have hereunto set my hand this MAR 11 2025 day of _____, 2025 at _____, Philippines.


DANTE A. ALBUERA

Bidder's Representative / Authorized Signatory

SUBSCRIBED AND SWORN to before me this MAR 11 2025 day of _____, 2025 at _____, Philippines. Affiant is personally known to me and was identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial practice (A.M.) No. 02-8-13-SC). Affiant exhibited to me his/her _____ with his/her photograph and signature appearing thereon, with no. _____ and his/her Community Tax Certificate No. _____ issued on _____, 2025 at _____.

Witness my hand and seal this MAR 11 2025 day of _____, 2025.

NAME OF NOTARIAL PUBLIC

Serial No. of Commission _____


Notary Public for _____ until _____

Roll of Attorney's No. _____

PTR No. _____

IBP No. _____

Doc. No. 283
Page No. 58
Book No. 12
Series of 2025


ATTY. VERONICA GOCO CHAN
Notary Public
Notarial Commission No. NP-23-273
Until December 31, 2025
Roll of Attorney's No. 80113
IBP No. 488363/12-27-24- Oriental Mindoro
PTR No. 4333114A/01-02-25-Victoria
MCLE Compliance No. VIII-0007740 / 14 APR. 2025



Republic of the Philippines
Province of Oriental Mindoro
MUNICIPALITY OF VICTORIA

KNOW ALL MEN BY THESE PRESENT

Pursuant to the provision of Tax Ordinance Number 06-2012, 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: 888-0243	Date of Issuance: 08 Jan 2025 A	Date of Expiration: December 31, 2025
O.R. Number: 4334903	O.R. Date: 1/07/2025	Amount Paid: 16,943.00	Capital Gross Sales: 901,300.00
Taxpayer's Name: ALBUERA, DANTE			
Business Name: D. A. ALBUERA ENTERPRISES			
Nature of Business: PRINTING SERVICES/PARTS AND TRADING			
Address: OLD MARKET, POBLACION I, 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:

By the Authority of the Mayor

JOSELITO C. 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.

REPUBLIKA NG PILIPINAS
KAGAWARAN NG PANANALAPI
KAWANIHAN NG RENTAS INTERNAS
REVENUE REGION NO.063
REVENUE DISTRICT NO.

BIR
 Form No. **2303**
 Revised July 1997

1RC0001395992

OCN

CERTIFICATE OF REGISTRATION

TIN 194-223-285-000	NAME ALBUERA, DANTE ABEL	REGISTRATION DATE 05/23/2011
-------------------------------	------------------------------------	--

REGISTERED ADDRESS:
 OLD PUBLIC MARKET
 POBLACION IVICTORIA
 OR MINDORO 5205

REGISTERED ACTIVITY(IES)

**INCOME TAX
 REGISTRATION FEE**

PERCENTAGE TAX - QUARTERLY

TRADE NAME

LINE OF BUSINESS / INDUSTRY

D.A. ALBUERA ENTERPRISES

2222 SERVICE ACTIVITIES RELATED TO
 PRINTING
 5239 OTHER RETAIL SALE IN
 SPECIALIZED STORES
 7290 OTHER COMPUTER RELATED
 ACTIVITIES

REMINDEES: FILE and PAY
TAX TYPE: IT/RF/PT
Single Proprietor

1. Payment of Annual Registration Fee of P500.00 on or before January 31 of each year.
2. Ending Inventory - on or before January 30 of each year.
3. Percentage Tax Quarterly - on or before April 15, July 15, October 15, and January 15 of each year.
- 1st Qtr. - on or before Apr. 15 - Form 2551Q
- 2nd Qtr. - on or before Jul. 15 - Form 2551Q
- 3rd Qtr. - on or before Oct. 15 - Form 2551Q
- Final 1TR - on or before Jan. 25 - Form 2551Q
- Final 1TR - on or before Apr. 15 - Form 1701Q

4. Update Registration Information for any changes in Status, Location and Tax Types (1905 Form)
5. Register Book of Accounts
6. IN CASE OF CLOSURE/RETIREMENT OF BUSINESS, NOTIFY IMMEDIATELY REVENUE DISTRICT OFFICE TAXPAYER SERVICE SECTION

UPDATED ON MAR 12 2021

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

ATTY. EMELITA R. ABO

MERIAN Z. ROMERO
 CHIEF, CLIENT SUPPORT SECTION

REVENUE DISTRICT OFFICER (signature over printed name)

THIS CERTIFICATE MUST BE EXHIBITED CONSPICUOUSLY IN THE PLACE OF BUSINESS

EN



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

For BIR
Use Only

SCS/
Item:

BIR Form No. 1701 January 2018 (ENCS) Page 1	Annual Income Tax Return Individuals (including MIXED Income Earner), Estates and Trusts Enter all required information in CAPITAL LETTERS using BLACK ink. Mark all applicable boxes with an "X". Two copies MUST be filed with the BIR and one held by the Taxpayer.	 1701 01/18ENCS P1
--	---	-----------------------

1 For the year 12 / 20 24	2 Amended Return? Yes No	3 Short Period Return? Yes No
---------------------------	--------------------------	-------------------------------

PART I - Background Information on Taxpayer/Filer

4 Taxpayer Identification Number (TIN) 194 - 223 - 285 - 000	5 RDO Code 053
6 Taxpayer Type <input type="checkbox"/> Single Proprietor <input type="checkbox"/> Professional <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Compensation Earner	

7 Alphabetic Tax Code (ATC) <input type="checkbox"/> 1012 Business Income - Graduated IT Rates <input type="checkbox"/> 1014 Income from Profession - Graduated IT Rates <input type="checkbox"/> 1013 Mixed Income - Graduated IT Rates <input type="checkbox"/> 1011 Compensation Income - 8% IT Rate <input type="checkbox"/> 1015 Business Income - 8% IT Rate <input type="checkbox"/> 1017 Income from Profession - 8% IT Rate <input type="checkbox"/> 1016 Mixed Income - 8% IT Rate

8 Taxpayer's Name (Last Name, First Name, Middle Name for individual) / ESTATE OF (First Name, Middle Name, Last Name) / TRUST FIDUCIARY (First Name, Middle Name, Last Name) ALBUERA, DANTE ABEL
--

9 Registered Address (Indicate complete address. If the registered address is different from the current address, go to the RDO to update registered address by using BIR Form 1805) OLD PUBLIC MARKET POBLACION I OR MINDORO
--

10 Date of Birth (MM/DD/YYYY) 01/20/1976	11 Email Address dantealbuera@yahoo.com
---	--

12 Citizenship FILIPINO	13 Claiming Foreign Tax Credits? Yes No	14 Foreign Tax Number (if applicable)
----------------------------	--	---------------------------------------

15 Contact Number 15 (Landline/Cellphone No.) 0908664428	16 Civil Status (if applicable) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widower
---	---

17 If married, spouse has income? Yes No	18 Filing Status <input type="checkbox"/> Joint Filing <input type="checkbox"/> Separate Filing
---	--

19 Income EXEMPT from Income Tax? Yes No (If yes, fill out also consolidation of ALL activities per Tax Regime (Part X))	20 Income subject to SPECIAL/PREFERENTIAL RATE? Yes No (If yes, fill out also consolidation of ALL activities per Tax Regime (Part X))
--	--

21 Tax Rate* (choose one) Graduated Rates (Choose Method of Deduction in Item 21A) 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))

21A Method of Deduction (choose one) <input type="checkbox"/> Itemized Deduction (Sec. 34(A-J), NIRC) <input type="checkbox"/> Optional Standard Deduction (OSD) (40% of Gross Sales/Receipts/Revenues/Fees (Sec. 34(L), NIRC)

PART II - Total Tax Payable

Particulars	A. Taxpayer/Filer	B. Spouse
22 Tax Due (From Part VI Item 5)	14,364	0
23 Less: Total Tax Credits / Payments (From Part VII Item 10)	6,240	0
24 Tax Payable (Overpayment) (Item 22 Less Item 23)	8,124	0
25 Less: Portion of Tax Payable Allowed for 2nd Installment to be paid on or before October 15 (50% or less of Item 22)	0	0
26 Amount of Tax Payable (Overpayment) (Item 24 Less Item 25)	8,124	0
Add: Penalties 27 Interest	0	0
28 Surcharge	0	0
29 Compromise	0	0
30 Total Penalties (Sum of Items 27 to 29)	0	0
31 Total Amount Payable (Overpayment) (Sum of Items 26 & 30)	8,124	0
32 Aggregate Amount Payable (Overpayment) (Sum of Items 31A & 31B)		8,124
If overpayment, mark one (1) box only. (Once the choice is made, the same is irrevocable)		
<input type="checkbox"/> To be refunded <input type="checkbox"/> To be issued a Tax Credit Certificate (TCC) <input type="checkbox"/> To be carried over as tax credit for next year/quarter		

I declare under the penalties of perjury that this return, and all its attachments, have been made in good faith, verified by me, and to the best of my knowledge and belief, are true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes as defined by an Authorized Representative. Indicate TIN and attach authorization letter.

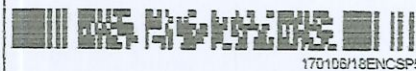
Printed Name and Signature of Taxpayer/Authorized Representative DANTE A. ALBUERA	33 Number of Attachments 0
---	-------------------------------

PART III - Details of Payment

Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount
34 Cash/Bank Debit Memo				
35 Check				
36 Tax Debit Memo				
37 Others (Specify Below)				

Machine Validation / Revenue Official Receipt Details (if not filed with an Authorized Agent Bank)	Stamp of Receiving Office/AAS and Date of Receipt (RO's Signature/Bank Teller's Initial)
--	--

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



170108/18ENCSP5

194 - 223 - 285 - 000		Tax Filer's Last Name ALBUERA	
PART IV - Background Information of Spouse			
1 Spouse's Taxpayer Identification Number		2 RDO Code	
3 Filer's Spouse Type		Single Proprietor <input type="checkbox"/> Professional <input type="checkbox"/> Compensation Earner <input type="checkbox"/>	
4 Alphanumeric Tax Code (ATC)	II012 Business Income-Graduated IT Rates	II014 Income from Profession-Graduated IT Rates	II013 Mixed Income-Graduated IT Rates
	II011 Compensation Income	II015 Business Income - 8% IT Rate	II017 Income from Profession - 8% IT Rate
			II016 Mixed Income - 8% IT Rate
5 Spouse's Name (Last Name, First Name, Middle Name)			
6 Contact Number		7 Citizenship	
8 Claiming Foreign Tax Credits? Yes <input type="checkbox"/> No <input type="checkbox"/>		9 Foreign Tax Number (if applicable)	
10 Income EXEMPT from income Tax? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, fill out also consolidation of ALL Activities per Tax Regime (Part X))</i>		11 Income subject to SPECIAL/PREFERENTIAL RATE? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, fill out also consolidation of ALL activities per Tax Regime (Part X))</i>	
12 Tax Rate* (choose one) Graduated Rates (Choose Method of Deduction in Item 12A) 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))			
12A Method of Deduction (choose one) Itemized Deduction [Sec. 34(A-J), NIRC] Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]			

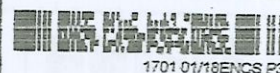
PART V - Computation of Tax			
Schedule 1 - Gross Compensation Income and Tax Withheld (Attach Additional Sheet/s, if necessary)			
On Items 1 and 2, enter the required information for each of your employer/s and mark (X) whether the information is for the Taxpayer or the Spouse. On Item 3A, enter the Total Gross Compensation and Total Tax Withheld for the Taxpayer and on Item 3B, for the Spouse. (DO NOT enter Centavos; 49 Centavos or Less drop down; 50 or more round up)			
a. Name of Employer			
1	Taxpayer		
	Spouse	b. Employer's TIN	
2	Taxpayer		
	Spouse	b. Employer's TIN	
(Continuation of Table Above)			
	c. Compensation Income	d. Tax Withheld	
1		0	0
2		0	0
3A	Gross Compensation Income and Total Tax Withheld for TAXPAYER (To Part V Schedule 2 Item 4A and Part VII Item 5A)	0	0
3B	Gross Compensation Income and Total Tax Withheld for SPOUSE (To Part V Schedule 2 Item 4B and Part VII Item 5B)	0	0

Schedule 2 - Taxable Compensation Income (DO NOT enter Centavos; 49 Centavos or Less drop down; 50 or more round up)		
Particulars	A. Taxpayer/Filer	B. Spouse
4 Gross Compensation Income (From Part V Schedule 2 Item 3A/3B)	0	0
5 Less: Non-Taxable / Exempt Compensation	0	0
6 Taxable Compensation Income (Item 4 Less Item 5)	0	0
7 Tax Due-Compensation Income (Item 6 x applicable Income Tax Rate)	0	0

Schedule 3 - Taxable Business Income (If graduated rates, fill in items 8 to 24; if 8% flat income tax rate, fill in items 25 to 30)		
3.A - For Graduated Income Tax Rates		
8 Sales/Revenues/Receipts/Fees	1,606,873	0
9 Less: Sales Returns, Allowances and Discounts	0	0
10 Net Sales/Revenues/Receipts/Fees (Item 8 Less Item 9)	1,606,873	0
11 Less: Cost of Sales/Services (applicable only if availing Itemized Deductions)	1,111,952	0
12 Gross Income/(Loss) from Operation (Item 10 Less Item 11)	494,921	0
Less: Deductions Allowable under Existing Laws		
13 Ordinary Allowable Itemized Deductions (From Part V Schedule 4 Item 18)	149,161	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	0
16 Total Allowable Itemized Deductions (Sum of Items 13 to 15)	149,161	0
OR		
17 Optional Standard Deduction (OSD) (40% of Item 10)	0	0
18 Net Income/(Loss) (If Itemized: Item 12 Less Item 16; If OSD: Item 10 Less Item 17)	345,760	0
Add: Other Non-Operating Income (specify below)		
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	0
23 Taxable Income-Business (Sum of Items 18 and 22)	345,760	0
24 Total Taxable Income - Compensation and Business (Sum of Items 6 and 23)	345,760	0
25 Total Tax Due-Compensation and Business Income (under graduated rates) (Item 24 x applicable income tax rate) (To Part VI Item 1)	14,354	0

Annual Income Tax Return

Individuals (including MIXED Income Earner), Estates and Trusts



194	- 223	- 285	- 000	Taxpayer/Filer's Last Name ALBUERA
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3.B - For 8% Flat Income Tax Rate
(Item 30 or more round up)

DO NOT enter Centavos; 48 Centavos or Less drop

Particulars	A) Taxpayer/Filer	B) Spouse
26 Sales/Revenues/Receipts/Fees (net of sales returns, allowances and discounts)	0	0

Add: Other Non-Operating Income (specify below)

27	0	0
28 Total Income (Sum of Items 26 and 27)	0	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 income)

30 Taxable Income/Loss (Item 28 Less Item 29)

31 Tax Due-Business Income (Item 30 x 8% Flat Income Tax Rate)

32 Total Tax Due-Compensation and Business Income (under flat rate)
(Sum of Items 7 and 31) (To Part VI Item 1)

	0	0
--	---	---

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

1 Amortizations	0	0
2 Bad Debts	0	0
3 Charitable and Other Contributions	0	0
4 Depletion	0	0
5 Depreciation	19,667	0
6 Entertainment, Amusement and Recreation	0	0
7 Fringe Benefits	0	0
8 Interest	0	0
9 Losses	0	0
10 Pension Trusts	0	0
11 Rental	0	0
12 Research and Development	0	0
13 Salaries, Wages and Allowances	0	0
14 SSS, GSIS, Philhealth, HDMF and Other Contributions	0	0
15 Taxes and Licenses	54,825	0
16 Transportation and Travel	14,728	0
17 Others (Deductions Subject to Withholding Tax and Other Expenses) (specify below: Add additional sheet/s, if necessary)		
a Janitorial and Messengerial Services	0	0
b Professional Fees	0	0
c Security Services	0	0
d SEE ATTACHED FS	59,941	0
18 Total Ordinary Allowable Itemized Deductions (Sum of Items 1 to 17d) (To Part V, Schedule 3.A Item 13)	149,161	0

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

5.A - Taxpayer/Filer		Legal Basis	Amount
1			0
2			0
3 Total Special Allowable Itemized Deductions-Taxpayer/Filer (Sum of Items 1 and 2) (To Part V Schedule 3.A Item 14A)			0

5.B - Spouse		Legal Basis	Amount
4			0
5			0
6 Total Special Allowable Itemized Deductions-Spouse (Sum of Items 4 and 5) (To Part V Schedule 3.A Item 14B)			0

Schedule 6 - Computation of Net Operating Loss Carry Over NOLCO

6.A - Computation of NOLCO

Description	A. Taxpayer/Filer	B. Spouse
1 Gross Income	0	0
2 Less: Ordinary Allowable Itemized Deductions	0	0
3 Net Operating Loss (Item 1 Less Item 2) (To Schedule 6.A.1 Item 7A &/or Schedule 6.A.2 Item 12A)	0	0

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

Net Operating Loss		B. NOLCO Applied Previous Year/s	C. NOLCO Expired	D. NOLCO Applied Current Year	E. Net Operating Loss (Unapplied) [(E) = A - (B+C+D)]
Year Incurred	A. Amount				
4	0	0	0	0	0
5	0	0	0	0	0
6	0	0	0	0	0
7	0	0	0	0	0
8 Total NOLCO - Taxpayer/Filer (Sum of Items 4D to 7D) (To Part V Schedule 3.A Item 15A)					0

1701

January 2018 (ENCS)

Page 1 of 1

Annual Income Return
Consolidation of ALL Activities per Tax Regime
(Accomplish only if with MULTIPLE Tax Regimes)

Taxpayer Identification Number (TIN)

104 223 285 000

Part X - CONSOLIDATED COMPUTATION
BY TAX REGIME

Instructions: (mark appropriate box)

A. Only one activity/project under EXEMPT and/or SPECIAL Tax Regimes, fill-out the applicable columns below.
B. Two or more activities/projects under EXEMPT and/or SPECIAL Tax Regimes, accomplish Part XI on the corresponding columns below.

TAXPAYER		SPOUSE			
A. Exempt	B. Special	C. Regular	D. Exempt	E. Special	F. Regular
1. Investment Promotion Agency (IPA) Implementing					
2. Legal Basis					
3. Registered Activity Program (Reg. No. 1)					
4. Special Tax Rate					
5. Effectivity Date of Tax Relief/Exemption From (MMDD/YY)					
6. Expiration Date of Tax Relief/Exemption To (MMDD/YY)					
SCHEDULE B - Computation of Income Tax					
Description					
1. Sales/Revenues/Receipts/Fees (EXEMPT/SPECIAL: If letter B of instructions above is marked, from all of Part XI Schedule B Item 2A/1B) (REGULAR: From Part V Schedule 3 A Item 8A/6B)					
2. Less: Sales Returns, Allowances and Discounts (EXEMPT/SPECIAL: If letter B of instructions above is marked, from all of Part XI Schedule B Item 2A/2B) (REGULAR: From Part V Schedule 3 A Item 8A/6B)					
3. Net Sales/Revenues/Receipts/Fees (Item 1 Less Item 2)					
4. Less: Cost of Sales/Services (EXEMPT/SPECIAL: If letter B of instructions above is marked, from all of Part XI Schedule B Item 4A/4B) (REGULAR: From Part V Schedule 3 A Item 11A/11B)					
5. Gross Income/Earnings (Item 3 Less Item 4)					
6. Less: Deductions Allowable under Existing Laws					
7. Ordinary Allowable Itemized Deductions (EXEMPT/SPECIAL: From Schedule C Item 10) and/or (If letter B of instruction above is marked, from all of Part XI Schedule B Item 6A/6B) (REGULAR: From Part V Schedule 3 A Item 13A/13B)					
8. Special Allowable Deductions (EXEMPT/SPECIAL: From Schedule D Item 8) and/or (If letter B of instruction above is marked, from all of Part XI Schedule B Item 7A/7B) (REGULAR: From Part V Schedule 3 A Item 14A/14B)					
9. Allowance for Net Operating Loss Carry Over (NOLCO) From Part V Sched. 3 A Item 15A/15B)					
10. Total Allowable Itemized Deductions (Sum of Items 7 to 9)					
11. Optional Standard Deduction (OSD) (40% of Item 3)					
12. Less (Item 10)					
13. Net Income/(Loss) (Unadjusted: Item 5 Less Item 9, If OSD: Item 10)					
14. Add: Other Non-Operating Income (specify below) (EXEMPT/SPECIAL: If 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 3 A Items 19A/19B and 20A/20B)					
15. Amount Received/Share in Income by a Partner from a GPP (From Part V Schedule 3 A Item 21A/21B)					
16. Total Other Non-Operating Income (Sum of Items 12 to 14)					
17. Total Taxable Income/(Loss) (Sum of Items 11 to 15)					
18. TAX DUE - (Exempt/Item 10A/10B x 0%) and/or (From all of Part XI Schedule B Item 15); Special: (Item 5B x 0% x applicable income tax rate) and/or (From all of Part XI schedule B Item 15); Regular: (From Part V Item 31)					

This certifies that

D.A. ALBUERA ENTERPRISES
(REGIONAL)

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

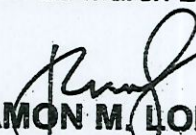
DANTE ABEL ALBUERA

is valid from 14 April 2021 to 14 April 2026 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 20 March 2021 in the Philippines.


RAMON M. LOPEZ
Secretary

Business Name No. 2779154

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



QXUV156812249917



REQUEST FOR QUOTATION

Supply and Delivery of Meals, Snacks, Uniform and Technical Services for the 4th MinSU Anniversary

JOR No.: JOR25-025
RFQ No. 2025-030
ABC Amount: Php246,520.00
Lot 1: Php49,020.00
Lot 2: Php27,500.00
Lot 3: Php170,000.00

Company Name : BXJ ENTERPRISES
Address : BAGUMBAYAN, ROXAS, OR, MINDORO

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

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.
 - 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
		Lot 1 (Food Expenses)			
		March 12-14, 2025			
		Snacks			
1	pax	Snacks (Cheeseburger + Softdrinks)	577		
2	pax	Lunch (rice, water, fried chicken)	120		
		sub-total 1			
		Lot 2 (Uniform Expenses)			
1	pcs	Facilitators Uniform	50		
		sub-total 2			
		Lot 3 (Rental)			
1	lot	Lights and Sounds	1		148,000.00
2	lot	Stage Design	1		19,000.00
		sub-total 3			
XX					
TOTAL					167,000.00

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

JASPER NINO G. DELA CRUZ
Supplier's Signature over Printed Name
257-093-443-006
TIN No. of Establishment/
0956-281-03-54/0998-547-44-60
Contact Number
MARCH 04, 2025
Date



Mindoro State University
Victoria, Oriental Mindoro 5205 Philippines

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



General Conditions

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

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

Ocular Inspection

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

Award

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

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

Liquidation Damages

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

Warranty

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

Payment

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

MSU-BAC-FR-05.01



View Red Registration

[Back \(https://philgeps.gov.ph/SupDashboards/dashboard\)](https://philgeps.gov.ph/SupDashboards/dashboard)

My Contact Details

Salutation	Mr	First Name	Jasper Nino
Middle Name	Gregorio	Last Name	Dela Cruz
Gender	Male	Position	owner
Landline Area Code	043	Landline Number	7485956
Landline Extension Number			
Fax Area Code		Fax Number	
Fax Extension Number			
Country Code	63	Mobile Number	9985474460
Email Address	jasperminodelacruz@gmail.com		

Organization Details

Organization Id	163217	Registration Date	11-May-2017 06:45 PM
Registration Status	active		
Organization Name	BXJ ENTERPRISES	Form Of Organization	Single Proprietorship
Business Category	Electronic hardware and component parts and accessories,Lamps and lightbulbs and lamp components,Lighting Fixtures and Accessories,Electrical equipment and components and supplies,Electrical wire management devices and accessories and supplies,Arts and crafts equipment and accessories and supplies,Musical Instruments and parts and accessories,Telecommunications media services,Entertainment services		
Location	local	Organization Type	Distributor,Exclusive / Sole Distributor,General Contractor,Information Technology,Services,System integrator,Telecommunications Solutions Provider,Trading,General Merchandise
Business Tax Identification Number	257093443000	Capitalization	₱ 300,000.00

Single Proprietorship Details

DTI Certificate Number	1729824	DTI Registration Date	03-Jun-2020
Expiration Date	03-Jun-2025	DTI Business Scope	city/municipality
Signatory	JASPER NINO G DELA CRUZ		

Local Organization Address

Country Name	Philippines	Region	Region IV-B
Province	Oriental Mindoro	City/Municipality	Roxas
Street Address	J DELA CRUZ STREET	Zip Code	5212

Bank Account Details

Bank Name	PNB	Branch Code	
Bank Branch	ROXAS	Account Name	BXJ ENTERPRISES
Account Number	630370009921		

Uploaded Supporting Document

Uploaded	1713342889_BXJ DTI.jpg
Supporting Document	(https://philgeps.gov.ph/portal_documents/merchant_reg_documents/user_163217/documents/1713342889_BXJ DTI.jpg)

Status

Status	Red Approved
--------	--------------

List of Active Users of the Merchant Organization

Last Name	First Name	Middle Name	Position	Status
No Records Found				



Republic of the Philippines
Province of Oriental Mindoro
Municipality of Roxas
Office of the Municipal Mayor

Mayor's Permit and Business License

BOX ENTERPRISES

Business Name

OTHER BUSINESS SUPPORT SERVICE ACTIVITIES, N.E.C.
OTHER RETAIL SALE OF NEW GOODS IN SPECIALIZED STORES, NEC
LIGHT AND/OR SOUND SYSTEM OPERATION FOR FAIR AND SHOWS, DISCOTHEQUES AND DANCE FLOOR

Line of Business

MORENTE ST. BAGUMBAYAN, ROXAS, ORIENTAL MINDORO

Business Address

This PERMIT can be revoked any time if any of the Conditions and Provisions set forth by the Code is violated and/or the peace and order, health, environment, safety and security of the public are at stake.

JASPER NIÑO GREGORIO DELA CRUZ

D-175212-00119

2025-1705212000-0026

Owner's Name

Business ID No.

Business Permit No.

257-093-443-000

Sole Proprietorship

1729824

Renewal

Business TIN

Type of Business

SEC / DTI Registration No.

Type of Application

Date Issued

Jan. 03, 2025

Valid Until

Dec. 31, 2025

Business Plate No.

No. of Employees

3

Official Receipt No.

4314661

OR Date

Jan. 03, 2025

Payment Mode

Annual

KIND OF FEE

AMOUNT

Mayor's Permit	500.00
Occupational fee	600.00
Sanitary Inspection Fee	150.00
ESO Certificate	50.00
Service Fee	100.00
Health Certificate	100.00
Sticker Fee	100.00
Municipal License	17,921.00
Zoning Clearance	150.00
Fire Safety Inspection Fee	250.00
Garbage Collection Service Fee	1,000.00

Total

20,921.00

LEO G. CUST SR.
MUNICIPAL MAYOR

NOTES:

Remarks

1. Exhibit this Permit in Your Establishment.
2. This Permit is only a privilege and not a right, subject to revocation and closure of Business Establishment for any violation of existing Laws and Ordinances and conditions set forth in the Permit.
3. This Permit must be renewed on or before January 31 of the following year unless sooner revoked for cause. Failure to renew within the time required shall subject the Taxpayer to a surcharge of 25% of the amount of taxes, fees or charges due, plus an interest of 2% per month of the unpaid taxes, fees or charges including surcharges.
4. Your Business Establishment is subject to final inspection or regulatory compliance.
5. Surrender this Permit upon retirement of your Establishment.



OMNIBUS SWORN STATEMENT

REPUBLIC OF THE PHILIPPINES }
MUNICIPALITY OF _____ } S.S

AFFIDAVIT

I, **JASPER NINO G. DELA CRUZ**, legal age, Filipino, and residing at J. dela Cruz Street, Dangay, Roxas, Oriental Mindoro after having been duly sworn in accordance with law, do hereby depose and state that:

I am the authorized representative of **BJX ENTERPRISES** with office address at **ROXAS, ORIENTAL MINDORO - REGION IVB (MIMAROPA)**

As the authorized representative of **BJX ENTERPRISES**, I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for **SUPPLY AND DELIVERY OF TECHNICAL SERVICES FOR THE 4TH MINSU ANNIVERSARY (LOT3)**.

BJX ENTERPRISES 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;

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;

BJX ENTERPRISES is authorizing the Head of the Procuring Entity or its duly authorized representative to verify all the documents submitted. I am not related to the Head of 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 third civil degree;

BJX ENTERPRISES complies with existing labor laws and standards; and

BJX ENTERPRISES is aware of and has undertaken the following responsibilities as a Bidder:

- Carefully examine all of the Bidding Documents;
- Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
- Made an estimate of the facilities available and needed for the contract to be bid, if any; and

inquire or secure Supplemental/Bid Bulletin issued for the for **SUPPLY AND DELIVERY OF TECHNICAL SERVICES FOR THE 4TH MINSU ANNIVERSARY (LOT3)**.

BJX ENTERPRISES 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;

IN WITNESS WHEREOF, I have hereunto set my hand this 04th day of March, 2025 at Roxas, Oriental Mindoro, Philippines.



JASPER NINO G. DELA CRUZ
Bidder's Representative / Authorized Signatory

SUBSCRIBED AND SWORN to before me this ____th day of _____, 2025 at _____, Philippines. Affiant is personally known to me and was identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial practice (A.M.) No. 02-8-13-SC). Affiant exhibited to me his/her _____ with his/her photograph and signature appearing thereon, with no. _____ and his/her Community Tax Certificate No. _____ issued on _____, 2025 at _____.

Witness my hand and seal this ____th day of _____, 2025.

NAME OF NOTARIAL PUBLIC

Serial No. of Commission _____

Notary Public for _____ until _____

Roll of Attorney's No. _____

PTR No. _____

IBP No. _____

Doc. No. 96
Page No. 18
Book No. 107
Series of 2025

Atty. ARNEL T. CALDERON
Notary Public; Until December 31, 2026
PTR No. 4314529A; 01-07-25
IBP OR No. 485596; 12/20/2024
Roll No. 52510/MCLE COC No. VII-0018870/01-14-25
Roxas, Oriental Mindoro

OMNIBUS SWORN STATEMENT

REPUBLIC OF THE PHILIPPINES }
MUNICIPALITY OF _____ } S.S

AFFIDAVIT

I, **JASPER NINO G. DELA CRUZ**, legal age, *Filipino*, and residing at J. dela Cruz Street, Dangay, Roxas, Oriental Mindoro after having been duly sworn in accordance with law, do hereby depose and state that:

I am the authorized representative of **BJX ENTERPRISES** with office address at **ROXAS, ORIENTAL MINDORO - REGION IVB (MIMAROPA)**

As the authorized representative of **BJX ENTERPRISES**, I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for **SUPPLY AND DELIVERY OF TECHNICAL SERVICES FOR THE 4TH MINSU ANNIVERSARY (LOT3)**.

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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;

BJX ENTERPRISES is authorizing the Head of the Procuring Entity or its duly authorized representative to verify all the documents submitted. I am not related to the Head of 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 third civil degree;

BJX ENTERPRISES complies with existing labor laws and standards; and

BJX ENTERPRISES is aware of and has undertaken the following responsibilities as a Bidder:

- Carefully examine all of the Bidding Documents;
- Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
- Made an estimate of the facilities available and needed for the contract to be bid, if any; and

inquire or secure Supplemental/Bid Bulletin issued for the for **SUPPLY AND DELIVERY OF TECHNICAL SERVICES FOR THE 4TH MINSU ANNIVERSARY (LOT3)**.

BJX ENTERPRISES 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;

IN WITNESS WHEREOF, I have hereunto set my hand this 04th day of March, 2025 at Roxas, Oriental Mindoro, Philippines.


JASPER NINO G. DELA CRUZ

Bidder's Representative / Authorized Signatory

SUBSCRIBED AND SWORN to before me this ____th day of _____, 2025 at _____, Philippines. Affiant is personally known to me and was identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial practice (A.M.) No. 02-8-13-SC). Affiant exhibited to me his/her _____ with his/her photograph and signature appearing thereon, with no. _____ and his/her Community Tax Certificate No. _____ issued on _____, 2025 at _____.

Witness my hand and seal this ____th day of _____, 2025.

NAME OF NOTARIAL PUBLIC

Serial No. of Commission _____

Notary Public for _____ until _____

Roll of Attorney's No. _____

PTR No. _____

IBP No. _____

Doc. No. 90
Page No. 18
Book No. 167
Series of 2025


Arnel T. CALDERON
Notary Public; Until December 31, 2026

PTR No. 4314529A; 01-07-25

IBP OR No. 485596; 12/20/2024

Roll No. 58510/MCLE COC No. VII-0018870/01-14-25

Roxas, Oriental Mindoro

OMNIBUS SWORN STATEMENT

REPUBLIC OF THE PHILIPPINES }
MUNICIPALITY OF _____ } S.S

AFFIDAVIT

I, **JASPER NINO G. DELA CRUZ**, legal age, Filipino, and residing at J. dela Cruz Street, Dangay, Roxas, Oriental Mindoro after having been duly sworn in accordance with law, do hereby depose and state that:

I am the authorized representative of **BXJ ENTERPRISES** with office address at **ROXAS, ORIENTAL MINDORO - REGION IVB (MIMAROPA)**

As the authorized representative of **BXJ ENTERPRISES**, I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for **SUPPLY AND DELIVERY OF TECHNICAL SERVICES FOR THE 4TH MINSU ANNIVERSARY (LOT3)**.

BXJ ENTERPRISES 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;

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;

BXJ ENTERPRISES is authorizing the Head of the Procuring Entity or its duly authorized representative to verify all the documents submitted. I am not related to the Head of 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 third civil degree;

BXJ ENTERPRISES complies with existing labor laws and standards; and

BXJ ENTERPRISES is aware of and has undertaken the following responsibilities as a Bidder:

- Carefully examine all of the Bidding Documents;
- Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
- Made an estimate of the facilities available and needed for the contract to be bid, if any; and

inquire or secure Supplemental/Bid Bulletin issued for the for **SUPPLY AND DELIVERY OF TECHNICAL SERVICES FOR THE 4TH MINSU ANNIVERSARY (LOT3)**.

BXJ ENTERPRISES 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;

IN WITNESS WHEREOF, I have hereunto set my hand this 04th day of March, 2025 at Roxas, Oriental Mindoro, Philippines.


JASPER NINO G. DELA CRUZ

Bidder's Representative / Authorized Signatory

SUBSCRIBED AND SWORN to before me this ____th day of _____, 2025 at _____, Philippines. Affiant is personally known to me and was identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial practice (A.M.) No. 02-8-13-SC). Affiant exhibited to me his/her _____ with his/her photograph and signature appearing thereon, with no. _____ and his/her Community Tax Certificate No. _____ issued on _____, 2025 at _____.

Witness my hand and seal this ____th day of _____, 2025.

NAME OF NOTARIAL PUBLIC

Serial No. of Commission _____


Notary Public for _____ until _____

Roll of Attorney's No. _____

PTR No. _____

IBP No. _____

Doc. No. 90
Page No. 18
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ARNEL T. CALDERON
Notary Public; Until December 31, 2026
PTR No. 4314529A; 01-07-25
IBP OR No. 485596; 12/20/2024
Roll No. 58510/MCLE COC No. VII-0018870/01-14-25
Roxas, Oriental Mindoro

BIR FORM
2303

REVISED: APRIL 2019

REPUBLIKA NG PILIPINAS
KAGAWARAN NG PANANALAPI
KAWANIHAN NG RENTAS INTERNAS
REVENUE REGION NO. 09A - CABAMIRO (DAVITE-BATANGAS-MINDORO-ROMBLON)
REVENUE DISTRICT OFFICE NO. 003 - CALAPAN, ORIENTAL MINDORO

OCN: 063RC20240000003793
Date OCN Generated: July 12, 2024

UPDATED ON JUL 12 2024

CERTIFICATE OF REGISTRATION

TIN & BRANCH CODE 257-093-443-00000	NAME OF TAXPAYER DELA CRUZ, JASPER NINO GREGORIO	TIN ISSUANCE DATE January 16, 2008
REGISTERING OFFICE X	Head Office	Branch
REGISTERED ADDRESS MAGSAYSAY AVE. BAGUMBAYAN 5212 ROXAS ORIENTAL MINDORO PHILIPPINES		

TAX TYPES	FORM TYPES	FILING START DATE	FILING FREQUENCY	FILING DUE DATE
PERCENTAGE TAX - QUARTERLY	2551Q	January 1, 2018	QUARTERLY	Within twenty five (25) days after the end of each taxable quarter.
WITHHOLDING TAX - EXPANDED/OTHERS	1604E	September 8, 2015	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 - EXPANDED/OTHERS	0619E	January 1, 2018	MONTHLY	On or before the 10th day of the month following the month in which withholding was made.
WITHHOLDING TAX - EXPANDED/OTHERS	1601EQ	January 1, 2018	QUARTERLY	Not later than the last day of the month following the close of the quarter during which withholding was made.
INDIVIDUAL INCOME TAX	1701Q	January 16, 2008	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	January 16, 2008	ANNUALLY	On or before April 15 of each year covering income for the preceding taxable year.

TAXPAYER TYPE/S	SINGLE PROPRIETORSHIP ONLY (RESIDENT CITIZEN)
-----------------	---

BUSINESS INFORMATION DETAILS			
TRADE NAME 1		CATEGORY	REGISTRATION DATE
(PSIC)	BXJ ENTERPRISES		September 8, 2015
	47739-OTHER RETAIL SALE OF NEW GOODS IN SPECIALIZED STORES, N.E.C.	Primary	
Line of Business	RETAIL SALE OF OTHER GOODS IN SPECIALIZED STORES		
(PSIC)	77295-RENTING OF ELECTRICAL APPLIANCES	Secondary	
Line of Business	RENTING OF ELECTRICAL APPLIANCES		
(PSIC)	82990-OTHER BUSINESS SUPPORT SERVICE ACTIVITIES, N.E.C	Secondary	

BIR FORM

2303

REVISED: APRIL 2019

REPUBLIKA NG PILIPINAS
KAGAWARAN NG PANANALAPI
KAWANIHAN NG RENTAS INTERNAS
REVENUE REGION NO. 08A - CALAMIRO (DAVITE-BATANGAS-MINDORO-ROMBLON)
REVENUE DISTRICT OFFICE NO. 08S - CALAPAN, ORIENTAL MINDORO

OCN: 003RC20240000003703
Date OCN Generated: July 12, 2024

UPDATED ON JUL 12 2024

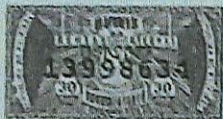
CERTIFICATE OF REGISTRATION

TIN & BRANCH CODE 257-093-443-00000	NAME OF TAXPAYER DELA CRUZ, JASPER NINO GREGORIO	TIN ISSUANCE DATE January 10, 2008
REGISTERING OFFICE	<input checked="" type="checkbox"/> Head Office	<input type="checkbox"/> Branch
REGISTERED ADDRESS MAGSAYSAY AVE. BAGUMBAYAN 5212 ROXAS ORIENTAL MINDORO PHILIPPINES		

Line of Business	OTHER BUSINESS SUPPORT SERVICE ACTIVITIES, N.E.C
------------------	--

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/A's) 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/A's shall be before its use.
4. Immediately inform the district office in case of transfer/cessation of business and other changes in registration information by filing BIR Form No. 1905.
5. For Self-Employed Individuals (SEI) whose gross sales and/or receipts and other non-operating income does not exceed P3,000,000 and who opted to avail of the 8% Income tax rate, the tax type Percentage Tax (PT) shall not be reflected in the Certificate of Registration (COR). However, at the start of each taxable year, such SEI shall be automatically subjected to graduated income tax rates and required to file quarterly percentage tax return (BIR Form No. 2551Q) and option to replace the COR to reflect "PT", unless qualified and opted to avail of the 8% Income tax rate annually.



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

REGINA P. REFORMA
Revenue District Officer

CHRISTINE M. CARDONA
REVENUE DISTRICT OFFICER
(Signature over Printed Name)

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



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

For BIR BCS/
Use Only Item:

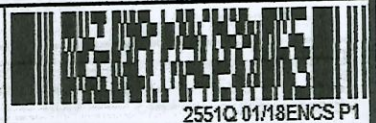
BIR Form No.

2551Q

January 2018(ENCS)
Page 1

Quarterly Percentage Tax Return

Enter all required information in CAPITAL LETTERS using BLACK ink. Mark applicable boxes with an "X". Two copies MUST be filled with the BIR and one held by the Taxpayer.



2551Q 01/18 ENCS P1

1 For the ☒ Calendar ☐ Fiscal

2 Year Ended 12 - December 2024

3 Quarter

☐ 1st ☐ 2nd ☐ 3rd ☒ 4th

4 Amended Return? ☐ Yes ☒ No

5 No. of Sheet/s
Attached 0

Part I - Background Information

6 Taxpayer Identification Number (TIN) 257 093 443 000

7 RDO Code 063

8 Taxpayer's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

DELA CRUZ, JASPER

9 Registered Address (Indicate complete address. If branch, indicate the branch address. If the registered address is different from the current address, go to 9A Zip Code the RDO to update registered address using BIR Form No. 1905)

BAGUMBAYAN, ROXAS, ORIENTAL MINDORO

10 Contact Number (Landline/Cellphone No.)

0

11 Email Address

jezzamaef@gmail.com

12 Are you availing of tax relief under Special Law / International Tax Treaty? ☐ Yes ☒ No

12A If yes, specify

13 Only for individual taxpayers whose sales/receipts are subject to Percentage Tax under section 116 of the Tax Code, as amended:

What income tax rates are you availing? (choose one)

(To be filled out only on the initial quarter of the taxable year)

☐

Graduated Income tax rate on net taxable income

☐

8% income tax rate on gross sales/receipts/others

Part II - Total Tax Payable

14 Total Tax Due (From Schedule 1 Item 7) 9,127.50

Less: Tax Credit/Payment (attach proof)

15 Creditable Percentage Tax Withheld per BIR Form No. 2307

4,008.00

16 Tax Paid in Return Previously Filed, if this is an Amended Return

0.00

17 Other Tax Credit/Payment (specify)

0.00

18 Total Tax Credits/Payments (Sum of Items 15 to 17)

4,008.00

19 Tax Still Payable/(Overpayment) (Item 14 less Item 18)

5,119.50

Add: Penalties

20 Surcharge

0.00

21 Interest

0.00

22 Compromise

0.00

23 Total Penalties (Sum of Items 20 to 22)

0.00

24 TOTAL AMOUNT PAYABLE(Overpayment) (Sum of Items 19 and 23)

5,119.50

If overpayment, mark one box only:

☐ To be refunded

☐ To be issued a Tax Credit Certificate

I/We declare under the penalties of perjury that this return, and all its attachments, have been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012(R.A. No. 10173) for legitimate and lawful purposes. (If Authorized Representative, attach authorization letter)

For Individual:

JASPER DE LA CRUZ

For Non-Individual:

Signature over Printed Name of Taxpayer/Authorized Representative/Tax Agent (Indicate Title/Designation and TIN)

Signature over Printed Name of President/Vice President/ Authorized Officer or Representative/Tax Agent (Indicate Title/Designation and TIN)

Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)

Date of Issue (MM/DD/YYYY)

Date of Expiry (MM/DD/YYYY)

Part III - Details of Payment

Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount
25 Cash/Bank Debit Memo	2551Q			
26 Check				
27 Tax Debit Memo				
28 Others (specify below)				

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

RECEIVED
PNB - OR MINDORO - ROXAS
BANK CODE - 033661

NOTE: Please read the BIR Data Privacy Policy found in the BIR website (www.bir.gov.ph)

RDO
DATE: JAN 21 2025
FILER: 9

Or. Mindoro
You have
of PHP 5,119.50
to BUREAU OF INTERNAL REVENUE
FAVOR: JASPER DE LA CRUZ
ACCOUNT NO. 2551Q
TXN REF: 00000000000000000000
Mode of Payment: Cash
Service Charge: PHP 0.00

Processed
Thank you for banking with us. With PNB, You First!

ebirforms-noreply@bir.gov.ph

to me

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

File name: 257093443000-2551Qv2018-122024Q4.xml

Date received by BIR: 17 January 2025

Time received by BIR: 01:17 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

For BIR BCS/ Use Only Item:

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No.
1701
January 2018 (ENCS)
Page 1

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

1701 01/18ENCS P1

1 Month 12 For the Year (YYYY) 2023 2 Amended Return? Yes No 3 Short Period Return? Yes No

PART I - BACKGROUND INFORMATION OF TAXPAYER/FILER

4 Taxpayer Identification Number (TIN) 257 - 093 - 443 - 000 5 RDO Code 093

6 Taxpayer Type Single Proprietor Professional Estate Trust Compensation Earner

7 Alphanumeric Tax Code (ATC) 0012 Business Income-Graduated IT Rates 0014 Income from Profession-Graduated IT Rates 0013 Mixed Income-Graduated IT Rates 0011 Compensation Income 0015 Business Income-0% IT Rate 0017 Income from Profession-0% IT Rate 0016 Mixed Income-0% IT Rate

8 Taxpayer's Name (Last Name, First Name, Middle Name)/ESTATE OF (First Name, Middle Name, Last Name)/TRUST FAO: (First Name, Middle Name, Last Name) DELA CRUZ, JASPER NINO

9 Registered Address (Indicate complete address. If the registered address is different from the current address, get to the RDO to update registered address by using BIR Form No. 1595) BAGUMBAYAN, ROXAS, ORIENTAL MINDORO 9A ZIP Code 5212

10 Date of Birth (MM/DD/YYYY) 11/04/1976 11 Email Address mjhay2405@yahoo.com

12 Citizenship FILIPINO 13 Claiming Foreign Tax Credits? Yes No 14 Foreign Tax Number, if applicable

15 Contact Number (Landline/Cellphone No.) 16 Civil Status (if applicable) Single Married Legally Separated Widower

17 If married, spouse has income? Yes No 18 Filing Status Joint Filing Separate Filing

19 Income EXEMPT from Income Tax? Yes No 20 Income subject to SPECIAL/PREFERENTIAL RATE? Yes No [If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)] [If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)]

21 Tax Rate* (Choose Method of Deduction in Item 21A) 21A Method of Deduction (choose one) 0 Itemized Deduction [Sec. 34(A-J), NIRC] 1 Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]] 8% in lieu of Graduated Rates under Sec. 24(A) & Percentage Tax under Sec. 115 of NIRC [available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)]

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

Particular A. Taxpayer/Filer B. Spouse

22 Tax Due (From Part VI Item 5) 31,910.00 0.00

23 Less: Total Tax Credits/Payments (From Part VII Item 10) 27,849.00 0.00

24 Tax Payable(Overpayment) (Item 22 Less Item 23) 4,061.00 0.00

25 Less: Portion of Tax Payable Allowed for 2nd Installment to be paid on or before October 15 (50% or less of Item 22) 0.00 0.00

26 Amount of Tax payable(Overpayment) (Item 24 Less Item 25) 4,061.00 0.00

27 Interest 0.00 0.00

28 Surcharge 0.00 0.00

29 Compromise 0.00 0.00

30 Total Penalties (Sum of Items 27 to 29) 0.00 0.00

31 Total Amount Payable(Overpayment) (Sum of Items 26 and 30) 4,061.00 0.00

32 Aggregate Amount Payable(Overpayment) (Sum of Items 26 and 30) 4,061.00 0.00

If overpayment, mark one (1) box only. (Once the choice is made, the same is irrevocable) To be refunded To be issued a Tax Credit Certificate (TCC) To be carried over as a tax credit for next year/quarter

I declare under the penalties of perjury that this return, and all its attachments, have been made in good faith, verified by me, and to the best of my knowledge and belief, are true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If signed by an Authorized Representative, indicate TIN and attach authorization letter)

Printed Name and Signature of Taxpayer/Authorized Representative 33 Number of Attachments 00

PART III - DETAILS OF PAYMENT


Particulars Drawee Bank/Agency Number Date (MM/DD/YYYY) Amount


34 Cash/Bank Debit Memo 35 Check 36 Tax Debit Memo 37 Others (specify below)


Machine Validation/Revenue Official Receipt Details (If not filed with an Authorized Agent Bank) Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)

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

RECEIVED
CAND BANK OF THE PHILS.
ROXAS MINDO
BC 086-145 R00 67
DATE: APR 15 2024

BIR Form No. 1701 January 2018 (ENCS) Page 2		Annual Income Tax Return Individuals (including MIXED Income Earner), Estates and Trusts		 1701 01/10ENCS P2	
TIN 257 093 443 000		Taxpayer/Filer's Last Name DELA CRUZ			
PART IV - Background Information of Spouse					
1 Spouse's Taxpayer Identification Number (TIN)		2 RDO Code			
3 Filer's Spouse Type		Single Proprietor		Professional Compensation Earner	
4 Alphanumeric Tax Code (ATC)		1012 Business Income-Graduated IT Rates		1014 Income from Profession-Graduated IT Rates	
		1011 Compensation Income		1013 Mixed Income-Graduated IT Rates	
		1015 Business Income-4% IT Rate		1017 Income from Profession-4% IT Rate	
				1016 Mixed Income-5% IT Rate	
5 Spouse's Name (Last Name, First Name, Middle Name)					
6 Contact Number					
7 Citizenship					
8 Claiming Foreign Tax Credits? Yes No					
9 Foreign tax number (if applicable)					
10 Income EXEMPT from Income Tax? Yes No					
11 Income subject to SPECIAL/PREFERENTIAL RATE? Yes No					
[If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)]					
12A Method of Deduction (choose one)					
12 Tax Rate* (Choose Method of Deduction in Item 12A)					
Graduated Rates					
Itemized Deduction [Sec. 34(A-J), NIRC]					
Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]]					
6% in lieu of Graduated Rates under Sec. 24(A) & Percentage Tax under Sec. 116 of NIRC					
[available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)]					
PART V - Computation of Tax					
Schedule 1 - Gross Compensation Income and tax Withheld (Attach Additional Sheets, if necessary)					
On Items 1 and 2, enter the required information for each of your employer/s and mark (X) whether the information is for the Taxpayer or the Spouse. On Item 3A, enter the Total Gross Compensation and Total tax Withheld for the Taxpayer and on Item 3B, for the Spouse. (DO NOT enter Centavos; 49 Centavos or less drop down; 50 or more round up)					
a. Name of Employer					
1 Taxpayer		b. Employer's TIN			
2 Spouse					
3 Taxpayer		b. Employer's TIN			
4 Spouse					
(Continuation of Table Above)					
		c. Compensation Income		d. Tax Withheld	
1		0.00		0.00	
2		0.00		0.00	
3A Gross Compensation Income and Total Tax Withheld for TAXPAYER (To Part V Schedule 2 Item 4A and Part VII Item 5A)		0.00		0.00	
3B Gross Compensation Income and Total Tax Withheld for SPOUSE (To Part V Schedule 2 Item 4B and Part VII Item 5B)		0.00		0.00	
Schedule 2 - Taxable Compensation Income (DO NOT enter Centavos; 49 Centavos or less drop down; 50 or more round up)					
Particulars		A. Taxpayer/Filer		B. Spouse	
4 Gross Compensation Income (From Part V Schedule 1 Item 3Ac/3Bc)		0.00		0.00	
5 Less: Non-Taxable / Exempt Compensation		0.00		0.00	
6 Taxable Compensation Income (Item 4 Less Item 5)		0.00		0.00	
7 Tax Due-Compensation Income (Item 6 x applicable Income Tax Rate)		0.00		0.00	
Schedule 3 - Taxable Business Income (If graduated rates, fill in items 8 to 24; if 8% flat income tax rate, fill in items 25 to 30)					
3A - For Graduated Income Tax Rates					
8 Sales/revenues/receipts/fees		2,320,502.00		0.00	
9 Less: Sales Returns, Allowances and Discounts		0.00		0.00	
10 Net Sales/Revenues/Receipts/Fees (Item 8 Less Item 9)		2,320,502.00		0.00	
11 Less: Cost of Sales/Services (applicable only if availing Itemized Deductions)		420,500.00		0.00	
12 Gross Income/(Loss) from Operation (Item 10 less Item 11)		1,892,002.00		0.00	
Less: Deductions Allowable under Existing Laws					
13 Ordinary Allowable Itemized Deductions (From Part V Schedule 4 Item 18)		1,444,950.00		0.00	
14 Special Allowable Itemized Deductions (From Part V Schedule 5 Item 3 and/or Item 5)		0.00		0.00	
15 Allowable for Net Operating Loss Carry Over (NOLCO) (From Part V Schedule 6 Item 9 and/or Item 13)		0.00		0.00	
16 Total Allowable Itemized Deductions (Sum of Items 13 to 15)		1,444,950.00		0.00	
OR					
17 Optional Standard Deduction (OSD) (40% of Item 10)		0.00		0.00	
18 Net Income/(Loss) (If Itemized: Item 12 Less Item 16; If OSD, Item 10 Less Item 17)		447,052.00		0.00	
Add: Other Non-Operating Income (specify below)					
19		0.00		0.00	
20		0.00		0.00	
21 Amount Received/Share in Income by a Partner from General Professional Partnership (GPP)		0.00		0.00	
22 Total Other Non-Operating Income (Sum of Items 19 to 21)		0.00		0.00	

BIR Form No. 1701 January 2018 (ENCS) Page 3		Annual Income Tax Return Individuals (including MIXED Income Earner), Estates and Trusts		 1701 01/18ENC							
TIN 257 093 443 000		Taxpayer/Filer's Last Name DELA CRUZ									
3.B - For 8% Flat Income Tax Rate (DO NOT enter Centavos; 49 Centavos or less drop down; 50 or more round)											
Particulars		A. Taxpayer/Filer		B. Spouse							
26 Sales/Revenues/Receipts/Fees (net of sales returns, allowances and discounts)		0.00		0.00							
Add: Other Non-Operating Income (specify below)											
27		0.00		0.00							
28 Total Income (Sum of Items 26 and 27)		0.00		0.00							
Less: Allowable reduction from gross sales/receipts and other non-operating income of purely self-employed individuals and/or professionals in the amount of P250,000 (not applicable if with compensation income)											
29		0.00		0.00							
30 Taxable Income/(Loss) (Item 28 Less Item 29)		0.00		0.00							
31 Tax Due-Business Income (Item 30 x 8% Flat Income Tax Rate)		0.00		0.00							
32 Total Tax Due-Compensation & Business Income (under flat rate)(Sum of Items 7 and 31) (To Part VI Item 1)		0.00		0.00							
Schedule 4 - Ordinary Allowable Itemized Deductions (attach additional sheet/s, if necessary)											
1 Amortizations		0.00		0.00							
2 Bad Debts		0.00		0.00							
3 Charitable and Other Contributions		0.00		0.00							
4 Depletion		0.00		0.00							
5 Depreciation		100,000.00		0.00							
6 Entertainment, Amusement and Recreation		0.00		0.00							
7 Fringe Benefits		0.00		0.00							
8 Interest		0.00		0.00							
9 Losses		0.00		0.00							
10 Pension Trusts		0.00		0.00							
11 Rental		204,000.00		0.00							
12 Research and Development		0.00		0.00							
13 Salaries, Wages and Allowances		500,000.00		0.00							
14 SSS, GSIS, Philhealth, HDMF and Other Contributions		0.00		0.00							
15 Taxes and Licenses		100,450.00		0.00							
16 Transportation and Travel		240,000.00		0.00							
17 Others (Deductions Subject to Withholding Tax and Other Expenses) (specify below; Add additional sheet/s, if necessary)											
a Janitorial and Messenger Services		0.00		0.00							
b Professional Fees		0.00		0.00							
c Security Services		0.00		0.00							
d OTHERS		500,500.00		0.00							
18 Total Ordinary Allowable Itemized Deductions (Sum of Items 1 to 17d) (To part V Schedule 3 A Item 13)		1,444,950.00		0.00							
Schedule 5 - Special Allowable Itemized Deductions (attach additional sheet/s, if necessary)											
5.A - Taxpayer/Filer		Description		Legal Basis		Amount					
1						0.00					
2						0.00					
3 Total Special Allowable Itemized Deductions-Taxpayer/Filer (Sum of Items 1 and 2) (To part V Schedule 3 A Item 14A)						0.00					
5.B - Spouse		Description		Legal Basis		Amount					
4						0.00					
5						0.00					
6 Total Special Allowable Itemized Deductions-Spouse (Sum of Items 4 and 5) (To part V Schedule 3 A Item 14B)						0.00					
Schedule 6 - Computation of Net Operating Loss carry Over (NOLCO)											
6.A - Computation of NOLCO		Description		A. Taxpayer/Filer		B. Spouse					
1 Gross Income				0.00		0.00					
2 Less: Ordinary Allowable Itemized Deductions				0.00		0.00					
3 Net Operating Loss (Item 1 Less Item 2) (To Schedule 6 A 1 Item 7A and/or Schedule 6 A 2 Item 12A)				0.00		0.00					
6.A.1 - Taxpayer/Filer's Detailed Computation of Available NOLCO											
Net Operating Loss Year Incurred		A. Amount		B. NOLCO Applied Previous Years		C. NOLCO Expired		D. NOLCO Applied Current Year		E. Net Operating Loss (Unapplied) [(E)=A-(B+C+D)]	
4		0.00		0.00		0.00		0.00		0.00	
5		0.00		0.00		0.00		0.00		0.00	
6		0.00		0.00		0.00		0.00		0.00	
7		0.00		0.00		0.00		0.00		0.00	
8 Total NOLCO - taxpayer/Filer (Sum of Items 4D to 7D) (To Part V Schedule 3 A Item 15A)								0.00		0.00	

BIR Form No. 1701 January 2018 (ENCS) Page 4		Annual Income Tax Return Individuals (including MIXED Income Earner), Estates and Trusts		 1701 01/18ENCS P4	
TIN 257 093 443 000		Taxpayer/Filer's Last Name DELA CRUZ			
(Continuation of Schedule 6)					
6.A.2 - Spouse's Detailed Computation of Available NOLCO					
Net Operating Loss Year Incurred	A. Amount	B. NOLCO Applied Previous Years	C. NOLCO Expired	D. NOLCO Applied Current Year	E. Net Operating Loss (Unapplied) [(E)=A-(B+C+D)]
09	0.00	0.00	0.00	0.00	0.00
10	0.00	0.00	0.00	0.00	0.00
11	0.00	0.00	0.00	0.00	0.00
12	0.00	0.00	0.00	0.00	0.00
13 Total NOLCO - Spouse (Sum of Items 9D to 12D) (To Part V Schedule 3 A Item 15B)				0.00	
PART VI - Summary of Income Tax Due					
1 Regular Rate-Income Tax Due (From Part V, Either Item 25 or Item 32)		31,910.00		0.00	
2 Special Rate-Income Tax Due (From Part X Item 17E/17F)		0.00		0.00	
3 Less: Share of Other Government Agency, if remitted directly to the Agency		0.00		0.00	
4 Net Special Rate-Income Tax Due/Share of National Govt. (Item 2 Less Item 3)		0.00		0.00	
5 Total Income Tax Due (Sum of Items 1 & 4) (To Part II Item 22)		31,910.00		0.00	
PART VII - Tax Credits/Payments (attach proof)					
1 Prior Year's Excess Credits		0.00		0.00	
2 Tax Payments for the First Three (3) Quarters		6,319.00		0.00	
3 Creditable Tax Withheld for the First Three (3) Quarters		20,350.00		0.00	
4 Creditable Tax Withheld per BIR Form No. 2307 for the 4th Quarter		1,180.00		0.00	
5 Creditable Tax Withheld per BIR Form No. 2316 (From Part V Schedule 1 Item 3A/3Bd)		0.00		0.00	
6 Tax Paid in Return Previously Filed, if this is an Amended Return		0.00		0.00	
7 Foreign Tax Credits, if applicable		0.00		0.00	
8 Special Tax Credits, if applicable (To Part VIII Item 6)		0.00		0.00	
9 Other Tax Credits/Payments (specify)		0.00		0.00	
10 Total Tax Credits/Payments (Sum of Items 1 to 9) (To Part II Item 23)		27,849.00		0.00	
PART VIII - Tax Relief Availment					
VIII.A - Special Rate					
1 Regular Income Tax Otherwise Due (Part X Item 16B and/or Item 16F X applicable regular income tax rate)		0.00		0.00	
2 Tax Relief on Special Allowable Itemized Deductions (Part X Item 7B and/or Item 7E X applicable regular income tax rate)		0.00		0.00	
3 Sub-Total - Tax Relief (Sum of Items 1 and 2)		0.00		0.00	
4 Less: Income Tax Due (From Part X Item 17B and/or Item 17F)		0.00		0.00	
5 Tax Relief Availment Before Special Tax Credit (Item 3 Less Item 4)		0.00		0.00	
6 Add: Special Tax Credit, if any (From Part VII Item 8)		0.00		0.00	
7 Total Tax Relief Availment-SPECIAL (Sum of Items 5 and 6)		0.00		0.00	
VIII.B - Exempt					
8 Regular Income Tax Otherwise Due (Part X Item 16A and/or Item 16E X applicable regular income tax rate)		0.00		0.00	
9 Tax Relief on Special Allowable Itemized Deductions (Part X Item 7A and/or Item 7E X applicable regular income tax rate)		0.00		0.00	
10 Total Tax Relief Availment-EXEMPT (Sum of Items 8 and 9)		0.00		0.00	
PART IX - Reconciliation of Net Income per Books Against Taxable Income (Attach additional sheet/s, if necessary)					
Particulars		A. Taxpayer/Filer		B. Spouse	
1 Net Income/(Loss) per Books		447,052.00		0.00	
Add: Non-Deductible Expenses/Taxable Other Income					
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5 Total (Sum of Items 1 to 4)		447,052.00		0.00	
Less: A) Non-Taxable Income and Income Subjected to Final Tax					
6		0.00		0.00	
7		0.00		0.00	
B) Special/Other Allowable Deductions					
8		0.00		0.00	
9		0.00		0.00	
10 Total (Sum of Items 6 to 9)		0.00		0.00	
11 Net Taxable Income/(Loss) (Item 5 Less Item 10)		447,052.00		0.00	



This certifies that

BXJ ENTERPRISES

(CITY/MUNICIPALITY)

ROXAS, 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

JASPER NIÑO GREGORIO DELA CRUZ

is valid from 03 June 2020 to 03 June 2025 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 03 June 2020 in the Philippines.


RAMON M. LOPEZ
Secretary

Business Name No. 1729824

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



EEOX457910953935


Documentary Stamp Tax Paid Php 30.00

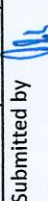
Standard Form Number: SF-GOOD-01
Revised on: May 24, 2004


APPROVED BUDGET FOR THE CONTRACT (ABC)
Supply and Delivery of Food, Snacks, Uniform and Technical Services for the 4th MinSU Anniversary
Alcate, Victoria, Oriental Mindoro
Project Name and Location


Stations: Mindoro State University
Length:

ITEM NO.	DESCRIPTION	QUANTITY	UNIT	CURRENT MARKET PRICE	TOTAL COST	VAT, OTHER TAXES AND/OR DUTIES APPLICABLE	FREIGHT & INSURANCE	OTHER INDIRECT COSTS	OTHER COST FACTORS				TOTAL COST	UNIT COST
									INFLATION, CURRENCY			VALUE		
									%	INFLATION, CURRENCY				
									%	VALUE				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14) / (3)	
	Lot 1 (Food Expenses)				-									
	March 12-14, 2025				-									
	Snacks				-									
1	Snacks (Cheeseburger + Softdrinks)	577	pax	60.00	34,620.00									
2	Lunch (rice, water, fried chicken)	120	pax	120.00	14,400.00									
	sub-total 1				49,020.00									
	Lot 2 (Uniform Expenses)				-									
1	Facilitators Uniform	50	pcs	550.00	27,500.00									
	sub-total 2				27,500.00									
	Lot 3 (Rental)				-									
1	Lights and Sounds			150,000.00	150,000.00									
2	Stage Design			20,000.00	20,000.00									
	sub-total 3				170,000.00									
	XXXXXXXXXXXXXXXXXXXXXXXXXXXX				-									
	GRAND TOTAL				246,520.00									

Prepared by  MARYNEL A. HERMOSA
Member, BAC Secretariat

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

Recommending Approval  CIEDELLE PIDO SALAZAR, J.D., Ph.D.
Chairperson, BAC

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

