



Mindoro State University  
Victoria, Oriental Mindoro 5205 Philippines

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Mobile: +63 977 846 72 28 -



## SUPPLY, DELIVERY AND LABOR FOR PRINTING OF TOR AND DIPLOMA FOR A.Y. 2024-2025

### GRADUATION

Name of Project

### BAC Resolution Recommending Approval Resolution No. 091, s. 2025

WHEREAS, the Mindoro State University (MinSU), through Bids and Awards Committee (BAC) has advertised in the PhilGEPS and MinSU Website the Request for Quotation (RFQ) No. 2025-082 for the project "Supply, Delivery and Labor for Printing of TOR and Diploma for A.Y. 2024-2025 Graduation" with an Approved Budget for the Contract (ABC) amounting to Sixty-Six Thousand Pesos (Php66,000.00);

WHEREAS, in response to the advertisement of the project, one (1) supplier/bidder was found in the document request list, and only one (1) supplier/bidder in the name BALIDAY ENTERPRISES submitted price quotation before the deadline;

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

| Approved Budget for the Contract (ABC) | Name of Bidder      | Price Quotation |
|----------------------------------------|---------------------|-----------------|
| Php66,000.00                           | Baliday Enterprises | Php55,000.00    |

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, Delivery and Labor for Printing of TOR and Diploma for A.Y. 2024-2025 Graduation" as follows:

- to Baliday Enterprises for being the supplier/bidder with Single Calculated Responsive Bid (SCRB);
- RESOLVED, this 22<sup>nd</sup> day of April, 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

MELGAR G. FADRIQUELAN  
BAC Member

ATTY. SHERLYN A. LAYESA  
BAC Member

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

Approved/Disapproved

Date:



## Bid Notice Abstract

## Request for Quotation (RFQ)

Reference Number

11963163

**Procuring Entity**

MINDORO STATE UNIVERSITY

Title

SUPPLY, DELIVERY AND LABOR FOR PRINTING OF TOR AND DIPLOMA FOR A.Y. 2024-2025

### Area of Delivery

Oriental Mindoro

|                                       |  |                                                     |  |                                                                                |  |                       |  |                                       |  |                                                 |  |                           |  |                     |  |                                                                                                                                                                      |  |
|---------------------------------------|--|-----------------------------------------------------|--|--------------------------------------------------------------------------------|--|-----------------------|--|---------------------------------------|--|-------------------------------------------------|--|---------------------------|--|---------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Solicitation Number: RFQ No. 2025-082 |  | Trade Agreement: Implementing Rules and Regulations |  | Procurement Mode: Negotiated Procurement - Small Value Procurement (Sec. 53.9) |  | Classification: Goods |  | Category: Office Supplies and Devices |  | Approved Budget for the Contract: PHP 66,000.00 |  | Delivery Period: 30 Day/s |  | Client Agency:      |  | Contact Person: Christian B. Apostol<br>BAC Secretariat Head<br>Alcate<br>Victoria<br>Oriental Mindoro<br>Philippines 5205<br>63-43-2862368<br>cbapostol21@gmail.com |  |
| Status                                |  | Associated Components                               |  | 1                                                                              |  | Bid Supplements       |  | 0                                     |  | Document Request List                           |  | 1                         |  | Date Published      |  | 12/04/2025                                                                                                                                                           |  |
|                                       |  |                                                     |  |                                                                                |  |                       |  |                                       |  |                                                 |  |                           |  | Last Updated / Time |  | 12/04/2025 00:00 AM                                                                                                                                                  |  |
|                                       |  |                                                     |  |                                                                                |  |                       |  |                                       |  |                                                 |  |                           |  | Closing Date / Time |  | 15/04/2025 17:00 PM                                                                                                                                                  |  |
| Closed                                |  |                                                     |  |                                                                                |  |                       |  |                                       |  |                                                 |  |                           |  |                     |  |                                                                                                                                                                      |  |

Description

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

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

| Item No. | Unit | Item AND DESCRIPTION QTY. | UNIT PRICE | TOTAL AMOUNT |
|----------|------|---------------------------|------------|--------------|
| 1        | 1    | 1                         | 1          | 1            |
| 2        | 2    | 2                         | 2          | 2            |
| 3        | 3    | 3                         | 3          | 3            |
| 4        | 4    | 4                         | 4          | 4            |
| 5        | 5    | 5                         | 5          | 5            |
| 6        | 6    | 6                         | 6          | 6            |
| 7        | 7    | 7                         | 7          | 7            |
| 8        | 8    | 8                         | 8          | 8            |
| 9        | 9    | 9                         | 9          | 9            |
| 10       | 10   | 10                        | 10         | 10           |
| 11       | 11   | 11                        | 11         | 11           |
| 12       | 12   | 12                        | 12         | 12           |
| 13       | 13   | 13                        | 13         | 13           |
| 14       | 14   | 14                        | 14         | 14           |
| 15       | 15   | 15                        | 15         | 15           |
| 16       | 16   | 16                        | 16         | 16           |
| 17       | 17   | 17                        | 17         | 17           |
| 18       | 18   | 18                        | 18         | 18           |
| 19       | 19   | 19                        | 19         | 19           |
| 20       | 20   | 20                        | 20         | 20           |
| 21       | 21   | 21                        | 21         | 21           |
| 22       | 22   | 22                        | 22         | 22           |
| 23       | 23   | 23                        | 23         | 23           |
| 24       | 24   | 24                        | 24         | 24           |
| 25       | 25   | 25                        | 25         | 25           |
| 26       | 26   | 26                        | 26         | 26           |
| 27       | 27   | 27                        | 27         | 27           |
| 28       | 28   | 28                        | 28         | 28           |
| 29       | 29   | 29                        | 29         | 29           |
| 30       | 30   | 30                        | 30         | 30           |
| 31       | 31   | 31                        | 31         | 31           |
| 32       | 32   | 32                        | 32         | 32           |
| 33       | 33   | 33                        | 33         | 33           |
| 34       | 34   | 34                        | 34         | 34           |
| 35       | 35   | 35                        | 35         | 35           |
| 36       | 36   | 36                        | 36         | 36           |
| 37       | 37   | 37                        | 37         | 37           |
| 38       | 38   | 38                        | 38         | 38           |
| 39       | 39   | 39                        | 39         | 39           |
| 40       | 40   | 40                        | 40         | 40           |
| 41       | 41   | 41                        | 41         | 41           |
| 42       | 42   | 42                        | 42         | 42           |
| 43       | 43   | 43                        | 43         | 43           |
| 44       | 44   | 44                        | 44         | 44           |
| 45       | 45   | 45                        | 45         | 45           |
| 46       | 46   | 46                        | 46         | 46           |
| 47       | 47   | 47                        | 47         | 47           |
| 48       | 48   | 48                        | 48         | 48           |
| 49       | 49   | 49                        | 49         | 49           |
| 50       | 50   | 50                        | 50         | 50           |
| 51       | 51   | 51                        | 51         | 51           |
| 52       | 52   | 52                        | 52         | 52           |
| 53       | 53   | 53                        | 53         | 53           |
| 54       | 54   | 54                        | 54         | 54           |
| 55       | 55   | 55                        | 55         | 55           |
| 56       | 56   | 56                        | 56         | 56           |
| 57       | 57   | 57                        | 57         | 57           |
| 58       | 58   | 58                        | 58         | 58           |
| 59       | 59   | 59                        | 59         | 59           |
| 60       | 60   | 60                        | 60         | 60           |
| 61       | 61   | 61                        | 61         | 61           |
| 62       | 62   | 62                        | 62         | 62           |
| 63       | 63   | 63                        | 63         | 63           |
| 64       | 64   | 64                        | 64         | 64           |
| 65       | 65   | 65                        | 65         | 65           |
| 66       | 66   | 66                        | 66         | 66           |
| 67       | 67   | 67                        | 67         | 67           |
| 68       | 68   | 68                        | 68         | 68           |
| 69       | 69   | 69                        | 69         | 69           |
| 70       | 70   | 70                        | 70         | 70           |
| 71       | 71   | 71                        | 71         | 71           |
| 72       | 72   | 72                        | 72         | 72           |
| 73       | 73   | 73                        | 73         | 73           |
| 74       | 74   | 74                        | 74         | 74           |
| 75       | 75   | 75                        | 75         | 75           |
| 76       | 76   | 76                        | 76         | 76           |
| 77       | 77   | 77                        | 77         | 77           |
| 78       | 78   | 78                        | 78         | 78           |
| 79       | 79   | 79                        | 79         | 79           |
| 80       | 80   | 80                        | 80         | 80           |
| 81       | 81   | 81                        | 81         | 81           |
| 82       | 82   | 82                        | 82         | 82           |
| 83       | 83   | 83                        | 83         | 83           |
| 84       | 84   | 84                        | 84         | 84           |
| 85       | 85   | 85                        | 85         | 85           |
| 86       | 86   | 86                        | 86         | 86           |
| 87       | 87   | 87                        | 87         |              |

1 pcs TOR Printing inclusive of security paper 2500  
2 pcs Diploma Printing inclusive of Parchment Paper 500

Created by

Annabelle Quinto Madrigal

Date Created

11/04/2025

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

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### Particulars

**Project Name:** SUPPLY, DELIVERY AND LABOR FOR PRINTING OF TOR AND DIPLOMA FOR A.Y. 2024-2025 GRADUATION

Lot No.:

**Project Location:**

**Implementing Office:**

#### **Method of Procurement:**

Approved Budget for the Contract (ABC): PHP 66,000.00

**Deadline of Submission of Quotation:**

## II. Abstract of Quotations / for SVP

**Evaluation of Documents/ Required to be Submitted within the deadline specified in the RFQ**

TWG Report

Date: \_\_\_\_\_

[illegible]

### III. Recommendation /Resolution

'Date: 04-29-2025

☒ **Recommend to Award Contract**

Contract Price Award (in

FIFTY FIVE THOUSAND PESOS

Lowest / Single Calculated and Responsive Quotation:

BAY DAY ENTER PRIZES

**words & figures):**

PHH 55, 000.00

☐ 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

**TWVG Member**

**Engr. MARK KEYLORD S. ONAL**

BAC-TWG Head



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

Mindoro State University

Victoria, Oriental Mindoro 5205 Philippines



## REQUEST FOR QUOTATION

SUPPLY, DELIVERY AND LABOR FOR PRINTING OF TOR AND DIPLOMA FOR A.Y. 2024-2025 GRADUATION

JOR No.: JOR25-041  
RFQ No. 2025-082  
ABC Amount: Php66,000.00

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:

- 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-EP5 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

| Item No. | Unit | ITEM AND DESCRIPTION                          | QTY. | UNIT PRICE | TOTAL AMOUNT |
|----------|------|-----------------------------------------------|------|------------|--------------|
| 1        | pcs  | TOR Printing inclusive of security paper      | 2500 | 17.00      | 42,500       |
| 2        | pcs  | Diploma Printing inclusive of Parchment Paper | 500  | 25.00      | 12,500       |
| TOTAL    |      |                                               |      |            | 55,000       |

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  
TIN No. of Establishment

Contact Number

Date

MSU-BAC-FR-05.01

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

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

THIS IS TO CERTIFY THAT

**BALIDAY ENTERPRISES**

Karlagan St Camlimil,  
Calapan City, Oriental Mindoro, Region IV-B, Philippines

is registered in the Philippine Government Electronic Procurement System (PhilGEPs) on 17-Apr-2017 pursuant to Section 8.5.2 of the Revised Implementing Rules and Regulations of Republic Act No. 9184, otherwise known as the Government Procurement Reform Act.

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

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

By submitting this Certificate, the Bidder certifies:

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

This Certificate is valid until 07-May-2025

Issued this 07th day of May 2024.  
This is a system generated certificate. No signature is required.



## REMINDEES<sup>1</sup>

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

Certificate Reference No: 201704-167242-317433746

# List of Eligibility Documents

BALIDAY ENTERPRISES

Karilagay St Camilmil,

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

|                             |                                                                                                                                                                                                          |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DTI Certificate             | DTI Certificate Number : 1341252<br>Issued By / Signatory : Ramon M Lopez<br>Registration Date : 03-Jan-2020<br>Expiration Date : 23-Apr-2025                                                            |
| Mayors Permit               | Expiration Date : 31-Dec-2024<br>Permit Number : 01500000240<br>Place of Issue : Calapan City<br>Issued By / Signatory : MARILLOU F MORILLO<br>Issuance Date : 03-Jan-2024                               |
| Tax Clearance               | Expiration Date : 02-Dec-2024<br>TCC Number : RR9A-063-12-01-R2309-2023-E<br>Issued By / Signatory : Levine F Ilagan<br>Issuance date : 01-Dec-2023                                                      |
| Audited Financial Statement | Date of Filing : 04-Apr-2024<br>Current Asset : 494,436.00<br>Total Asset : 612,875.00<br>Current Liabilities : 11,106.00<br>Total Liabilities : 11,106.00<br>Name of Auditor : NA<br>BIR RDO Code : 063 |
| PCAB License                | Expiration Date : -<br>Issued By / Signatory : -<br>Issuance Date : -<br>License Number : -<br>License First Issue Date : -<br>Principal Classification : -<br>Category : -                              |



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

TAUMBAYAN ANG  
MASUSUNOD

Pursuant to the provision of City Tax Ordinance Number 18, Series of 2011 as amended, otherwise known as the 2012 REVENUE CODE OF THE CITY OF CALAPAN, after payment of taxes and charges, etc. and compliance with existing requirements, permit is here granted to herein taxpayer.

**P** 17,970.00

|                  |                       |
|------------------|-----------------------|
| TAXPAYER'S NAME  | BALIDAY, MARK ANTHONY |
| BUSINESS I.D.    | 01500000240           |
| MODE OF PAYMENT  | Annually              |
| DATE BILLED      | 1/2/2025              |
| KIND OF BUSINESS | ENTERPRISES           |
| STATUS           | R                     |

|                        |                     |
|------------------------|---------------------|
| NAME OF BUSINESS       | BALIDAY ENTERPRISES |
| LOCATION OF BUSINESS   | CAMILLIL            |
| BUSINESS PERMIT NUMBER |                     |

|                   |          |            |         |       |        |
|-------------------|----------|------------|---------|-------|--------|
| KIND OF FEE / TAX | TAX BASE | TAX AMOUNT | SUR/INT | TOTAL | PERIOD |
|-------------------|----------|------------|---------|-------|--------|

|                            |           |      |           |  |  |
|----------------------------|-----------|------|-----------|--|--|
| BUSINESS TAX               | 13,850.00 | 0.00 | 13,850.00 |  |  |
| MAYOR'S PERMIT             | 2,850.00  |      |           |  |  |
| MAYOR'S PERMIT FEE         | 1,500.00  |      |           |  |  |
| EDUC'L SPECIAL PROGR       | 150.00    |      |           |  |  |
| DRAINAGE MAINTENANCE       | 150.00    |      |           |  |  |
| GARBAGE FEE                | 600.00    |      |           |  |  |
| SANITARY FEE               | 200.00    |      |           |  |  |
| FIRE AND SAFETY INSP       | 250.00    |      |           |  |  |
| MEDICAL FEE                | 200.00    |      |           |  |  |
| ANNUAL INSPECTION FEE      | 200.00    |      |           |  |  |
| BUSINESS STICKER           | 300.00    |      |           |  |  |
| SITE INSPECTION FEE        | 50.00     |      |           |  |  |
| OCCUPATIONAL FEE           | 440.00    |      |           |  |  |
| TAX CLEARANCE              | 30.00     |      |           |  |  |
| A.P. & RENEWAL OF BUS. FEE | 50.00     |      |           |  |  |
| TOTAL                      | 17,970.00 |      |           |  |  |

|         |       |           |
|---------|-------|-----------|
| ENCODER | TOTAL | 17,970.00 |
|---------|-------|-----------|

RECOMMENDING APPROVAL:

APPROVED BY:

MARIA BENELYN JOY D. GARDOC  
Licensing Officer IV  
Business Permit and License Section  
Office of the City Mayor

MARILOU F. MORILLO  
City Mayor

Non-compliance with the applicable provisions of National Building Code of the Philippines (P.D. No. 1096) Code of Sanitation of the Philippines (P.D. No. 856), Fire Code of the Philippines of 2008(R.A. No. 9514), and other existing laws, issuances, regulations and ordinances shall be valid grounds for the immediate and automatic cancellation/revocation of this PERMIT.



## OMNIBUS SWORN STATEMENT

REPUBLIC OF THE PHILIPPINES )  
( S.S

## AFFIDAVIT

I, **MARK ANTHONY K. BALDAY**, of legal age, **Filipino**, and residing at **534 Karilangan St., Camilimil, Calapan City, Oriental Mindoro** after having been duly sworn in accordance with law, do hereby depose and state that:

I am the authorized representative of **Baliday Enterprises** with office address at **534 Karilangan St., Camilimil, Calapan City, Oriental Mindoro**.

As the authorized representative of **Baliday 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, Delivery and Labor for Printing of TOR and Diploma for A.Y. 2024-2025 Graduation**.

**Baliday 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 black-listing 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;

**Baliday 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;

**Baliday Enterprises** complies with existing labor laws and standards; and

**Baliday 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 of secure Supplement/Bid Bulletin issued for **Supply, Delivery and Labor for Printing of TOR and Diploma for A.Y. 2024-2025 Graduation**.

**Baliday 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 \_\_\_\_\_, 2025 at Calapan City, Oriental Mindoro, Philippines.

**MARK ANTHONY K. BALDAY**  
Bidder's Representative/ Authorized Signatory

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ 2025 at Calapan City, Oriental Mindoro, 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 \_\_\_\_\_, 2024 at Calapan City, Or. Mindoro.

Witness my hand and seal this \_\_\_\_\_

**ATTEST:**  
**NOTARY PUBLIC**  
NAME OF NOTARY PUBLIC: **MARK ANTHONY K. BALDAY**  
Notary Public Commission No. **NA-14-290**  
Roll of Attorneys No. **31, 2026**  
PTR No. **014874/Litimize/Oriental Mindoro**  
IBR No. **014874/Litimize/Oriental Mindoro**  
PTR No. **1391170/11-07-2024 (for 2025) Calapan**  
NICLE Compliance No. **VII-0024986/12-27-2022**

Doc. No. **169**  
Page No. **35**  
Book No. **40**  
Series of 2024



**CERTIFICATE OF REGISTRATION**

| TIN & BRANCH CODE | NAME OF TAXPAYER      | Head Office | Branch | TIN ISSUANCE DATE |
|-------------------|-----------------------|-------------|--------|-------------------|
| 295-605-781-00000 | BALIDAY, MARK ANTHONY | KALIGAYAHAN |        | July 8, 2010      |

**REGISTERED ADDRESS** 534 KARILAGAN ST. CAMILMIL 5200 CITY OF CALAPAN (CAPITAL) ORIENTAL MINDORO PHILIPPINES

**RELATED TO PRINTING**

**REMEMINDERS:**

1. An annual registration fee shall be paid upon registration and every year thereafter on or before the last day of January, using BIR Form No. 0605.
2. Filing of required tax returns to conform with the above tax types, whether with or without business operation, to avoid penalties.
3. For new business registrants, application for registration of manual Books of Accounts (B/As) shall be before the deadline for filing of the initial quarterly income tax return or annual income tax return whichever comes earlier, from the date of registration. Registration of new set of manual B/As shall be before its use.
4. Immediately inform the district office in case of transfer/cancellation 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**

**Asst. Revenue District Officer**

**EMELITA R. ABO**

**REVENUE DISTRICT OFFICER**

(Signature over Printed Name)

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





|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|----------------|--|
| <b>Tax Filer's Last Name</b>                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             | 285 - 605 - 781 - 000                                                                                                         |  | <b>RATIDAY</b> |  |
| <b>PART IV - Background Information of Spouse</b>                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>1 Spouse's Taxpayer Identification Number</b>                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>3 Filer's Spouse Type</b>                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Single Proprietor <input type="checkbox"/> Professional <input type="checkbox"/> Compensation Earner |  |                |  |
| <b>4 Alphanumeric Tax Code (ATC)</b>                                                                                                                                                                                                                                                                                                                 | <b>5 Spouse's Name (Last Name, First Name, Middle Name)</b>                                                                                                                                                                                                                                                                                 |                                                                                                                               |  |                |  |
| <b>6 Contact Number</b>                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>8 Claiming Foreign Tax Credits?</b>                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                         |                                                                                                                               |  |                |  |
| <b>9 Foreign Tax Number</b>                                                                                                                                                                                                                                                                                                                          | (if applicable)                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>10 Income EXEMPT from Income Tax?</b>                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><small>(If yes, fill out also consideration of ALL activities per Tax Regime (Part X))</small>                                                                                                                                                                       |                                                                                                                               |  |                |  |
| <b>11 Income subject to SPECIAL/PREFERENTIAL RATE?</b>                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><small>(If yes, fill out also consideration of ALL activities per Tax Regime (Part X))</small>                                                                                                                                                                       |                                                                                                                               |  |                |  |
| <b>12 Tax Rate* (choose one)</b>                                                                                                                                                                                                                                                                                                                     | <b>Method of Deduction in Item 12A)</b><br><input type="checkbox"/> Graduated Rates (Choose) <input type="checkbox"/> If gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)<br><small>8% in lieu of Graduated Rates under Sec. 24(A) and Percentage Tax under Sec. 116 of NIRC [available]</small> |                                                                                                                               |  |                |  |
| <b>12A Method of Deduction (choose one)</b>                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Itemized Deduction (Sec. 34(A)-J) <input type="checkbox"/> Optional Standard Deduction (OSD) (40% of Gross Sales/Receipts/Revenues/Fees) <input type="checkbox"/> NIRC <input type="checkbox"/> Sec. 34(J), NIRC                                                                                                   |                                                                                                                               |  |                |  |
| <b>PART V - Computation of Tax</b>                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>Schedule 1 - Gross Compensation Income and Tax Withheld (attach Addendum Sheets if necessary)</b>                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| On Items 1 and 2 enter the required information for each of your employers 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) |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>a. Name of Employer</b>                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>1 Taxpayer</b>                                                                                                                                                                                                                                                                                                                                    | <b>b. Employer's TIN</b>                                                                                                                                                                                                                                                                                                                    |                                                                                                                               |  |                |  |
| <b>2 Spouse</b>                                                                                                                                                                                                                                                                                                                                      | <b>c. Employer's TIN</b>                                                                                                                                                                                                                                                                                                                    |                                                                                                                               |  |                |  |
| <b>d. Tax Withheld</b>                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                             | <b>e. Compensation Income</b>                                                                                                                                                                                                                                                                                                               |                                                                                                                               |  |                |  |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                             | <b>f. Tax Withheld</b>                                                                                                                                                                                                                                                                                                                      |                                                                                                                               |  |                |  |
| <b>3A Gross Compensation Income and Total Tax Withheld for TAXPAYER (To Part V Schedule 1 Item 4a and Part VII Item 5d)</b>                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>3B Gross Compensation Income and Total Tax Withheld for SPOUSE (To Part V Schedule 2 Item 4b and Part VII Item 5e)</b>                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>Schedule 2 - Taxable Compensation Income (DO NOT enter Centavos; 49 Centavos or Less drop down; 50 or more round up)</b>                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>A. Taxpayer/Spouse</b>                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>B. Spouse</b>                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>4 Gross Compensation Income (From Part V Schedule 1 Item 3a/3b)</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>5 Less: Non-Taxable / Exempt Compensation</b>                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>6 Taxable Compensation Income (Item 4 less Item 5)</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>7 Tax Due-Compensation Income (Item 6 x applicable Income Tax Rate)</b>                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>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)</b>                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>8 Sales/Revenues/Receipts/Fees</b>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>9 Less: Sales Returns, Allowances and Discounts</b>                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>10 Net Sales/Revenues/Receipts/Fees (Item 8 less Item 9)</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>11 Less: Cost of Sales/Services (applicable only if availing itemized deductions)</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>12 Gross Income/(Loss) from Operation (Item 10 less Item 11)</b>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>Less: Deductions Allowable under Existing Laws</b>                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>13 Ordinary Allowable Itemized Deductions (From Part V Schedule 4 Item 13)</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>14 Special Allowable Itemized Deductions (From Part V Schedule 5 Item 3 and/or Item 11)</b>                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>15 Allowance for Net Operating Loss Carry Over (NOLCO) (From Part V Schedule 6 Item 8 and/or Item 12)</b>                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>OR</b>                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>16 Total Allowable Itemized Deductions (Sum of items 13 to 15)</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>17 Optional Standard Deduction (OSD) (40% of Item 10)</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>18 Net Income/(Loss) (If itemized Item 12 less Item 16. If OSD Item 10 less Item 17)</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>Add Other Non-Operating Income (Specify below)</b>                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>19</b>                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>20</b>                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>21 Amount Received/Share in Income by a Partner from General Partnership (GPP)</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |
| <b>22 Total Other Non-Operating Income (Sum of items 19 to 21)</b>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |  |                |  |

|                                                                                                    |  |                                         |
|----------------------------------------------------------------------------------------------------|--|-----------------------------------------|
| <b>Annual Income Tax Return</b><br>Individuals (including MIXED Income Earner), Estates and Trusts |  | TIN<br>295 - 605 - 781 - 000<br>BALUBAY |
| Page 3<br>January 2018 (ENC3)                                                                      |  | 1701<br>1701 01/18/ENC3.P3              |

|                                                                      |                                                                                                                                        |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <b>3.B - For 8% Flat Income Tax Rate</b><br>(Sum of items 26 and 27) |                                                                                                                                        |
| Particulars<br>A) Taxpayer/Spouse<br>B) Spouse                       | 26 Sales/Revenues/Receipts/Fees (net of sales returns, allowances and discounts)<br>27 Add: Other Non-Operating Income (specify below) |

|                                          |                                                                                                                                                                                                                       |                                                 |                                                                |                                                                                                                   |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| 28 Total Income (Sum of items 26 and 27) | 29 Less: Allowable deduction from gross sales/receipts and other non-operating income if 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 31 and 32) (For Part VI Item 2) |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           |                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>Schedule 4 - Ordinary Allowable Itemized Deductions (attach additional sheets, if necessary)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |                                                                                                       |
| 1 Amortizations<br>2 Bad Debts<br>3 Charitable and Other Contributions<br>4 Depreciation<br>5 Depletion<br>6 Entertainment, Amusement and Recreation<br>7 Fringe Benefits<br>8 Interest<br>9 Losses<br>10 Pension Trusts<br>11 Rents<br>12 Research and Development<br>13 Salaries, Wages and Allowances<br>14 SSS, GSIS, PhilHealth, HDMF and Other Contributions<br>15 Taxes and Licenses<br>16 Transportation and Travel<br>17 Others (Deductions Subject to Withholding Tax and Other Expenses) (Specify below; attach additional sheets, if necessary) | 18 Total Ordinary Allowable Itemized Deductions (Sum of items 1 to 17) (For Part VI, Schedule 3, Item 22) | 19 Various<br>20 Security Services<br>21 Professional Fees<br>22 Janitorial and Housekeeping Services |

|                                                                                                    |                                                                 |                                                                                                                         |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>Schedule 5 - Special Allowable Itemized Deductions (attach additional sheets, if necessary)</b> |                                                                 |                                                                                                                         |
| 1 Taxpayer/Spouse<br>2 Description<br>3 Legal Basis<br>4 Amount                                    | 5 Taxpayer/Spouse<br>6 Description<br>7 Legal Basis<br>8 Amount | 9 Total Special Allowable Itemized Deductions-Taxpayer/Spouse (Sum of items 5 and 6) (For Part VI, Schedule 3, Item 24) |

|                                                                                                                                             |                                     |                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Schedule 6 - Computation of Net Operating Loss Carry Over NOLCO</b>                                                                      |                                     |                                                                                                                                                                                                                      |
| 1 Gross Income<br>2 Less: Ordinary Allowable Itemized Deductions<br>3 Net Operating Loss (Item 1 Less Item 2) (To Schedule 6, A.1 Item 23A) | 4 A. Taxpayer/Spouse<br>5 B. Spouse | 6 A.1 - Taxpayer/Spouse's Detailed Computation of Available NOLCO<br>7 Net Operating Loss Applied<br>8 B. NOLCO Applied<br>9 C. NOLCO Expired<br>10 D. NOLCO Applied<br>11 E. Net Operating Loss ((E) = A - (B+C+D)) |

|                                                               |  |                                                                                                    |  |                                                  |                              |
|---------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------|--|--------------------------------------------------|------------------------------|
| <b>1701</b><br>January 2018 (EINCS)<br>Page 4<br>BIR Form No. |  | <b>Annual Income Tax Return</b><br>Individuals (including MIXED Income Earner), Estates and Trusts |  | Taxpayer's (Last, First, Middle) Name<br>BALDWIN | TIN<br>295 - 605 - 781 - 000 |
|---------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------|--|--------------------------------------------------|------------------------------|

(Continuation of Schedule 6)

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

Net Operating Loss

| Year Incurred | A. Amount | B. NOLCO Applied | C. NOLCO Expired | D. NOLCO Applied | E. Net Operating Loss (Unapplied) |
|---------------|-----------|------------------|------------------|------------------|-----------------------------------|
| 9             |           |                  |                  |                  |                                   |
| 10            |           |                  |                  |                  |                                   |
| 11            |           |                  |                  |                  |                                   |
| 12            |           |                  |                  |                  |                                   |
| 13            |           |                  |                  |                  |                                   |

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

|                                                       |                                                                                      |
|-------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>PART VII - Tax Credits/Payments (attach proof)</b> |                                                                                      |
| 1                                                     | Prior Year's Excess Credits                                                          |
| 2                                                     | Tax Payments for the First Three (3) Quarters                                        |
| 3                                                     | Creditable Tax Withheld for the First Three (3) Quarters                             |
| 4                                                     | Creditable Tax Withheld per BIR Form No. 2307 for the 4 <sup>th</sup> Quarter        |
| 5                                                     | Creditable Tax Withheld per BIR Form No. 2318 (From Part V Schedule 1 Item 1A/1B/1C) |
| 6                                                     | Tax Paid in Return Previously Filed, if this is an Amended Return                    |
| 7                                                     | Foreign Tax Credits, if applicable                                                   |
| 8                                                     | Special Tax Credits, if applicable (To Part VII Item 6)                              |
| 9                                                     | Other Tax Credits/Payments (Specify)                                                 |

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

|                        |                                                                                                                           |
|------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>VIII B - Exempt</b> |                                                                                                                           |
| 8                      | Regular Income Tax Otherwise Due (Part X Item 15A & for Item 15E X applicable regular income tax rate)                    |
| 9                      | Tax Relief on Special Allowable Itemized Deductions (Part X Item 15A & for Item 15E X applicable regular income tax rate) |
| 10                     | Total Tax Relief Allowance - EXEMPT (Sum of Items 8 and 9)                                                                |

|                                                                                                                        |                                                   |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <b>PART IX - Reconciliation of Net Income per Books Against Taxable Income (attach additional sheets if necessary)</b> |                                                   |
| 1                                                                                                                      | Net Income (Loss) per Books                       |
|                                                                                                                        | Add: Non-Deductible Expenses/Taxable Other Income |
|                                                                                                                        | 105.488                                           |
|                                                                                                                        | 0                                                 |

|   |                                                               |
|---|---------------------------------------------------------------|
| 5 | Total (Sum of Items 1 to 4)                                   |
|   | Less: A) Non-Taxable Income and Income Subjected to Final Tax |
|   | 105.488                                                       |
|   | 0                                                             |

|                                              |  |
|----------------------------------------------|--|
| <b>B) Special Other Allowable Deductions</b> |  |
|----------------------------------------------|--|

ANNEX "M"

REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
BUREAU OF INTERNAL REVENUE  
REVENUE REGION NO. 9A - CAbamiRo

QF-TCC-01-01-2024.01

TCBP NO. RR9A-063-12-02-R2543-2024-E

# TAX CLEARANCE CERTIFICATE

(Pursuant to Executive Order No. 398)

**BALIDAY, MARK ANTHONY**  
**KALIGAYAHAN**  
**(BALIDAY ENTERPRISES)**

Name of Taxpayer

534 KARILLAGAN ST., CAMILMIL, CITY OF CALAPAN (CAPITAL),  
ORIENTAL MINDORO

Address

295-605-781-00000

Taxpayer Identification Number

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

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

Issued this 2nd day of December, 2024.

NOTE: THIS CERTIFICATE SHALL BE VALID AND EFFECTIVE FROM DATE OF ISSUE UNTIL DECEMBER 02, 2025 ONLY OR UNTIL REVOKED FOR VIOLATION OF THE CRITERIA SPECIFIED UNDER REVENUE REGULATIONS NO. 8-2016, AS AMENDED AND REVENUE MEMORANDUM ORDER NO. 46-2018, WHICHEVER COMES EARLIER. THIS SHALL NOT BE USED ON SALES/TRANSFER OF REAL PROPERTIES. CERTIFICATION FEE OF P100 WAS PAID ON NOVEMBER 25, 2024 UNDER EFPS PAYMENT TRANSACTION NO. 245379666. ANY ERASURE MADE ON THIS TCC SHALL RENDER IT NULL AND VOID.



*Mindol*  
**ROSALINDA D. CABIDOG**  
Chief, Collection Division

DOCUMENTARY STAMP TAX  
DATE OF PAYMENT: 11/25/2024  
PAYMENT CONFIRMATION:  
245379664  
AMOUNT: P30.00

WARNING: Counterfeiting is punishable by law. For authenticity, please visit BIR website <https://www.bir.gov.ph/Tax-Clearance-List-Issued-TCC>. Tax Clearance Certificate (for bidding purposes) not listed/posted herein will be deemed to have originated from an illegal source.

This certifies that

## BALIDAY 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

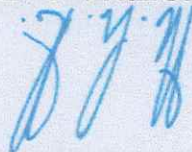
**MARK ANTHONY KALIGAYAHAN BALIDAY**

is valid from 24 April 2025 to 24 April 2030 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 13 March 2025 in the Philippines.



**MA. CRISTINA A. ROQUE**

Secretary

**Business Name No. 1341252**

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



MSCC702417482776

APPROVED BUDGET FOR THE CONTRACT (ABC)  
SUPPLY, DELIVERY AND LABOR FOR PRINTING OF TOR AND DIPLOMA FOR A.Y. 2024-2025 GRADUATION

**Alcate, Victoria, Oriental Mindoro**  
**Project Name and Location**

|                                    |
|------------------------------------|
| Stations: Mindoro State University |
| Length:                            |

**Contract Duration:**

| 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          |       |      |            |           |
|          |                                               |          |      |                      |            |                                           |                     |                      | %                  | VALUE |      |            |           |
|          |                                               |          |      |                      |            |                                           |                     |                      | INFLATION          |       |      |            |           |
|          |                                               |          |      |                      |            |                                           |                     |                      | %                  | VALUE |      |            |           |
| (1)      | (2)                                           | (3)      | (4)  | (5)                  | (6)        | (7)                                       | (8)                 | (9)                  | (10)               | (11)  | (12) | (13)       |           |
| 1        | TOR Printing inclusive of security paper      | 2500     | pcs  | 22.00                | 55,000.00  |                                           |                     |                      |                    |       |      |            |           |
| 2        | Diploma Printing inclusive of Parchment Paper | 500      | pcs  | 22.00                | 11,000.00  |                                           |                     |                      |                    |       |      |            |           |
|          | XXXXXXXXXXXXXXXXXXXXXXXXXXXX                  |          |      |                      | -          |                                           |                     |                      |                    |       |      |            |           |
|          | GRAND TOTAL                                   |          |      |                      | 66,000.00  |                                           |                     |                      |                    |       |      |            |           |

Prepared by  
  
**MARIJUEL A. HERMOSA**  
Member, BAC Secretariat

by *Phil F. Kyllian*  
CHRISTIAN B. APOSTOL, Ph.D.  
Head, BAC Secretariat

Chairperson, BAC  
CIEDELLE PLORES-SALAZAR, J.D., Ph.D.

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

03/11/2025 - 11:38 AM

ESPERANZA A. MAMINTA, RL  
University Registrar

CIEDELLE F. SALAZAR, JD, PhD  
VPAA

ENYA MARIE D. APOSTOL, PhD  
SUC President III

Requested by:

Recommending Approval:

Approved:

| Purpose: |                                               | For Graduation 2024-2025. |                     |
|----------|-----------------------------------------------|---------------------------|---------------------|
| Unit     | WORK REQUESTED/ DESCRIPTION OF WORK           | QTY                       | AMOUNT OF LABOR     |
| pcs      | TOR Printing inclusive of security paper      | 2,500                     | 22.00 55,000.00     |
| pcs      | Diploma Printing inclusive of Parchment Paper | 500                       | 22.00 11,000.00     |
|          |                                               |                           | 55,000.00 11,000.00 |
|          |                                               |                           | TOTAL ....          |

STF - 1071  
164 - 200  
03-00157

*[Signature]*

Job Order No.: JOR25-041  
Date: March 18, 2025

JOB ORDER REQUEST

Republic of the Philippines  
Mindoro State University  
Main Campus  
Alcate, Victoria, Oriental Mindoro



## PROJECT PROCUREMENT MANAGEMENT PLAN (PPMP)

Charged to: Other Services Income (OSI)

[illegible]

**Total Budget**

**66,000.00**

**Note:** Technical Specification for each Item/Project being proposed shall be submitted as part of the PPMR

Prepared By:

Submitted by:

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