



SUPPLY AND DELIVERY OF AIRCONDITIONING UNITS FOR MINSU CALAPAN CITY CAMPUS

Name of Project

**BAC Resolution Recommending Approval
Resolution No. 096, 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. 2025-089** for the project **"Supply and Delivery of Airconditioning Units for MinSU Calapan City Campus"** with an Approved Budget for the Contract (ABC) amounting to **Eighty-Seven Thousand Six Hundred Thirty-Six Pesos (Php87,636.00)**;

WHEREAS, in response to the advertisement of the project, five (5) suppliers/bidders were found in the document request list, however four (4) suppliers/bidders in the name **KRISTWIN CONSUMER GOOD TRADING, VPR MARKETING, IRAYA LIFE ENTERPRISES** and **PAPERCAT OFFICE SUPPLIES AND EQUIPMENT TRADING** submitted price quotations for Lot No. 1 and 2 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 |
|--|--|-----------------|
| Php87,636.00 | Kristwin Consumer Good Trading | Php68,000.00 |
| | VPR Marketing | Php70,000.00 |
| | Iraya Life Enterprises | Php80,200.00 |
| | Papercat Office Supplies And Equipment Trading | Php85,238.00 |

WHEREAS, the BAC examined and verified the price quotation submitted by the abovementioned suppliers and were found to be complying and responsive;

NOW, THEREFORE, BE IT RESOLVED that the BAC hereby recommends to the Head of Procuring Entity the approval of awarding the contract involving the project, **"Supply and Delivery of Airconditioning Units for MinSU Calapan City Campus"** as follows:

- to Kristwin Consumer Good Trading for being the supplier/bidder with the Lowest Calculated Responsive Bid (LCRB);

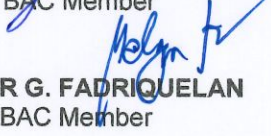
RESOLVED, this 2nd day of May, 2025 at MinSU-Main Campus, Alcate, Victoria, Oriental Mindoro.


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

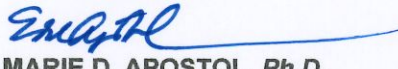

Engr. MARK LESTER A. MAGPANTAY
BAC Vice Chairperson


ATTY. SHERLYN A. LAYESA
BAC Member


FRANIE M. AFABLE, DBMHM
BAC Member


MELGAR G. FADRIQUEHAN
BAC Member

Approved/Disapproved


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

Date: _____



PhilGEPS

Philippine Government Electronic Procurement System

**Central Portal for
Philippine Government
Procurement Opportunities**

Help

Bid Notice Abstract

Request for Quotation (RFQ)

| | |
|-------------------------|--|
| Reference Number | 11985279 |
| Procuring Entity | MINDORO STATE UNIVERSITY |
| Title | SUPPLY AND DELIVERY OF AIRCONDITIONING UNITS FOR MINSU CALAPAN CITY CAMPUS |
| Area of Delivery | Oriental Mindoro |

| | | | |
|--|--|------------------------------|---------------------|
| Solicitation Number: | RFQ No. 2025-089 | Status | Closed |
| Trade Agreement: | Implementing Rules and Regulations | Associated Components | 1 |
| Procurement Mode: | Negotiated Procurement - Small Value Procurement (Sec. 53.9) | Bid Supplements | 1 |
| Classification: | Goods | Document Request List | 5 |
| Category: | Airconditioning and Airconditioning Systems | Date Published | 24/04/2025 |
| Approved Budget for the Contract: | PHP 87,636.00 | Last Updated / Time | 24/04/2025 10:25 AM |
| Delivery Period: | 30 Day/s | Closing Date / Time | 28/04/2025 17:00 PM |
| Client Agency: | | | |
| Contact Person: | Christian B. Apostol BAC Secretariat Head Alcate Victoria Oriental Mindoro Philippines 5205 63-43-2862368 cbapostol21@gmail.com | | |

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

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

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

Item

| No. | Unit | ITEM AND DESCRIPTION | QTY. | UNIT |
|-----|------|----------------------|------|------|
|-----|------|----------------------|------|------|

PRICE TOTAL AMOUNT

1 unit Air-conditioning Units

Aircon Type: Split Type

Cooling Capacity: 1.5Hp

Power Supply: 220-240V-50/60 Hz

Full HD Inverter

Warranty: at least 1 year on parts

with free installation

XVX

Created by Annabelle Quinto Madrigal
Date Created 23/04/2025

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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Mindoro State University
Victoria, Oriental Mindoro 5505 Philippines

Email: universitypresident@msu.edu.ph
Mobile: +63 977 846 72 38



ABSTRACT OF QUOTATION/S

| I. Particulars | | | | | | | | | | | |
|---|--|--------------------------|---|------|------------------------|--|--|------|---|------|---------|
| Project Name: SUPPLY AND DELIVERY OF AIRCONDITIONING UNITS FOR MINSU CALAPAN CITY CAMPUS | | | | | | | | | | | |
| Project Location: _____ | | | | | | | | | | | |
| Implementing Office: _____ | | | | | | | | | | | |
| Method of Procurement: _____ | | | | | | | | | | | |
| Approved Budget for the Contract (ABC): ₱ 87,636.00 | | | | | | | | | | | |
| Deadline of Submission of Quotation: _____ | | | | | | | | | | | |
| II. Abstract of Quotations / for SVP | | | | | | | | | | | |
| Evaluation of Document/s Required to be Submitted within the deadline specified in the RFQ | | | | | | | | | | | |
| TWG Report | | | | | | | | | | | |
| Date: _____ | | | | | | | | | | | |
| No | Participating Bidder/s | Date and Time of Receipt | Eligibility Requirements | | Technical Requirements | | Financial Requirements | | Bid Amount | Rank | Remarks |
| | | | Pass | Fail | Pass | Fail | Pass | Fail | | | |
| 1 | Kristwin Consumer Goods Trading | | / | | / | | / | | ₱ 68,000.00 | 1 | LCRQ |
| 2 | Papercat Office supplies and Equipment Trading | | / | | / | | / | | ₱ 85,238.00 | 4 | |
| 3 | VPR Marketing | | / | | / | | / | | ₱ 70,000.00 | 2 | |
| 4 | Imya Life Enterprises | | / | | / | | / | | ₱ 80,200.00 | 3 | |
| III. Recommendation /Resolution | | | | | | | | | | | |
| <input type="checkbox"/> Recommend to Award Contract | | | | | | | | | | | |
| Date: _____ | | | | | | | | | | | |
| Lowest / Single Calculated and Responsive Quotation: | | | Kristwin Consumer Goods Trading | | | | Contract Price Award (in words & figures): | | Sixty-eight thousand pesos. ₱ 68,000.00 | | |
| <input type="checkbox"/> Declaration of Failure under Section 35 of Revised IRR of RA 9184 | | | | | | | | | | | |
| <input type="checkbox"/> All prospective bidders are declared ineligible [Sec. 35.1(b)] <input type="checkbox"/> All bids failed to comply with all the bid requirements or fail post-qualification [Sec. 35.1(c)] | | | | | | | | | | | |
| Date: _____ | | | MAX C. BERON TWG Member | | | FELIX A. MINESTERIO TWG Member | | | MERVIN L. ICALLA TWG Member | | |
| LINA B. JAVIER TWG Member | | | Engr. MARK KEYLORD S. ONAL BAC-TWG Head | | | | | | | | |

Proceed only if recommended for award of contract

*Main Campus, Alcala, Victoria

*Bongabong Campus, Labuan, Bongabong

*Calapan City Campus, Maripoc, Calapan City



SUPPLY AND DELIVERY OF AIRCONDITIONING UNITS FOR MINSU CALAPAN CITY CAMPUS

Company Name : Krishna Consumer Goods Trading
Address : Calicut City

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

- | Item No. | Unit | ITEM AND DESCRIPTION | QTY. | UNIT PRICE | TOTAL AMOUNT |
|--|------|------------------------------------|------|------------|--------------|
| 1 | unit | Air-conditioning Units | 2 | 34000 | 68,000 |
| | | Aircon Type: Split Type | | | |
| | | Cooling Capacity: 1.5Hp | | | |
| | | Power Supply: 220-240V-50/60 Hz | | | |
| | | Full HD Inverter | | | |
| | | Warranty: at least 1 year on parts | | | |
| | | with free installation | | | |
| XX | | | | | |
| TOTAL | | | | | 68,000 |

Supplier's Signature over Printed Name
 M. A. B. M. J. L. S.
 98-840-526-0000
 TIN No. of Establishment
 0905416367
 Contact Number
 1-28-2025
 Date

- ☒ PHILGEPS Registration/Certificate
- ☒ Business/Mayor's Permit
- ☒ Omnibus Sworn Statement
- ☒ BIR Certificate of Registration
- ☒ Latest Income/Business Tax Return
- ☒ Tax Clearance
- ☒ DTI Registration/SEC Certificate
- ☒ Purchase Document

MSU-BAC-FR-05.01

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



Mindoro State University

Victoria, Oriental Mindoro 5205, Philippines

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



General Conditions

1. Quotations and other requirements stated below shall be submitted to the Bids and Awards Committee (BAC) Office, Mindoro State University -Main Campus, Alcate, Victoria, Oriental Mindoro, Philippines on the date and time stated in this RFP
 2. Supplier shall submit the following requirements:
 - a. Duly signed original copy of Request for Quotation (RFQ). Prices shall be quoted in Philippine Pesos.
 - b. PhilGEPS Registration
 - c. Valid Mayor's/Business Permit
 - d. Omnibus Sworn Statement
 - e. BIR Certificate of Registration
 - f. Latest Income/Business Tax Return
 - g. TAX Clearance
 - h. DTI Registration/SEC Certificate
 - i. Original Brochures or certificates of the items offered showing its performance characteristics or specifications, if applicable
- Price validity shall be 30 calendar days from the deadline of submission of quotation.

Ocular Inspection

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

Award

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

Evaluation of Quotations

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

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

Instructions

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

Liquidation Damages

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

Warranty

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

Payment

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

MSU-BAC-FR-05.01

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

REQUEST FOR QUOTATION

SUPPLY AND DELIVERY OF AIRCONDITIONING UNITS FOR MINSU CALAPAN CITY CAMPUS

PR No.: 2025-079

RFQ No. 2025-089

ABC Amount: Php87,636.00

Company Name : IRAYA LIFE ENTERPRISES
Address : BULSAN CALAPAN CITY

Address : BULUSAN CALAPAN CITY

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

CIDELLE BICOL-SALAZAR, J.D., Ph.D.

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

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

| Item No. | Unit | ITEM AND DESCRIPTION | QTY. | UNIT PRICE | TOTAL AMOUNT |
|---|------|------------------------------------|------|------------|--------------|
| 1 | unit | Air-conditioning Units | 2 | 40,00- | 80,200- |
| | | Aircon Type: Split Type | | | |
| | | Cooling Capacity: 1.5Hp | | | |
| | | Power Supply: 220-240V-50/60 Hz | | | |
| | | Full HD Inverter | | | |
| | | Warranty: at least 1 year on parts | | | |
| | | with free installation | | | |
| XXX | | | | | |
| TOTAL | | | | 90, | 80,200.00 |

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

es noted above
MAMAS OWNED C. MENDOZA

Supplier's Signature over Printed Name

TIN No. of Establishment

09778041725

Contact Number

4.28.2024

Date _____

Mayor's Permit
Sworn Statement
Certificate of Registration
Income/Business Tax Return
Insurance
Registration/SEC Certificate
License Request

MSU-BAC-FR-05.01

Omnibus Sworn Statement (Revised)

REPUBLIC OF THE PHILIPPINES)
CITY/MUNICIPALITY OF CALAPAN CITY

I, Maria Socorro C. Mendoza, of legal age, Single, Filipino, and residing at Sta. Isabel Calapan City, after having been duly sworn in accordance with law, do hereby depose and state that:

1. I am the sole proprietor of Iraya Life Enterprises & Iraya Life Events Catering Services with office address at Proper 3, Bulusan Calapan City & Calero Calapan City (Branch);
2. As the owner and sole proprietor, of Iraya Life Enterprises & Iraya Life Events Catering Services 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 of AIRCONDITIONING UNITS for MINSU Calapan City Campus.
3. Iraya Life Enterprises & Iraya Life Events Catering Services, is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting.
4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;
5. Iraya Life Enterprises & Iraya Life Events Catering Services is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;
6. The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;
7. Iraya Life Enterprises & Iraya Life Events Catering Services complies with existing labor laws and standards; and
8. Iraya Life Enterprises & Iraya Life Events Catering Services is aware of and has undertaken the following responsibilities as a Bidder in compliance with the Philippines Bidding Documents, which includes:
 - a. Carefully examine all of the Bidding Documents.
 - b. Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract.

c. Making an estimate of the facilities available and needed for the contract to be bid, if any; and

d. Inquire or secure Supplemental/Bid Bulletin(s) issued for the
SUPPLY & DELIVERY of AIRCONDITIONING UNITS for
MINSU Calapan City Campus

9. Inna Life Enterprises & Inna Life Events Catering Services did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.

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

IN WITNESS WHEREOF, I have hereunto set my hand this 28th APRIL 2025 at
Calapan City, Or. Mindoro, Philippines.

MANA SORIANO C. RENDON
Name of Bidder or It's Authorized Representative
Legal Capacity
Affiant

Witness my hand and seal this 28th day of APRIL 2025.

NAME OF NOTARY PUBLIC

Serial No. of Commission _____

Notary Public for _____ until _____

Roll of Attorneys No. _____

PTR No. _____ [date issued], [place issued]

IBP No. _____ [date issued], [place issued]

Doc. No. 57
Page No. 3
Book No. 137
Series of 10K

ATTY. RAYMOND JOEL L. BALBUENA
Roll of Attorneys No. 61007
IBP Lifetime No. 010769
PTR No. 1427726 - Calapan City
MCCE Compliance No. VII-0063057
Notarial Commission until December 31, 2026



- () Princes registration certificate
- () Business/Mayor's Permit
- () Omnibus Sworn Statement
- () BIR Certificate of Registration
- () Latest Income/Business Tax Return
- () Tax Clearance
- () DTI Registration/SEC Certificate
- () Bureau of Fire Protection

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



General Conditions

1. Quotations and other requirements stated below shall be submitted to the Bids and Awards Committee (BAC) Office, Mindoro State University -Main Campus, Alcate, Victoria, Oriental Mindoro, Philippines on the date and time stated in this RFP.
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 - e. BIR Certificate of Registration
 - f. Latest Income/Business Tax Return
 - g. TAX Clearance
 - h. DTI Registration/SEC Certificate
 - i. Original Brochures or certificates of the items offered showing its performance characteristics or specifications, if applicable
- Price validity shall be 30 calendar days from the deadline of submission of quotation.

Ocular Inspection

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

Award

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

Liquidation Damages

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

Payment

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Mindoro State University
Victoria, Oriental Mindoro 5205 Philippines

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



REQUEST FOR QUOTATION
SUPPLY AND DELIVERY OF AIRCONDITIONING UNITS FOR MINSU CALAPAN CITY CAMPUS

PR No.: 2025-079
RFQ No. 2025-089
ABC Amount: Php87,636.00

Company Name : YPR marketing
Address : San Vicente, Calapan City, Or. Mindoro

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

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

- Note:
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|--|------|------------------------------------|-------|------------|--------------|
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| | | Aircon Type: Split Type | | | |
| | | Cooling Capacity: 1.5Hp | | | |
| | | Power Supply: 220-240V-50/60 Hz | | | |
| | | Full HD Inverter | | | |
| | | Warranty: at least 1 year on parts | | | |
| | | with free installation | | | |
| XX | | | | | |
| | | | TOTAL | | 70,000 |

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

Angela Nicole L. Balanadio
Supplier's Signature over Printed Name
03 - 778 - 403 - 00011
TIN No. of Establishment
0932 - 512 - 4205
Contact Number

April 24, 2025
Date



Mindoro State University
Victoria, Oriental Mindoro 5205 Philippines

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



General Conditions

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 - g. TAX Clearance
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Payment

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



VPR MARKETING

J. P. RIZAL ST, SAN VICENTE
CALAPAN CITY
TEL. (043) 351-1733 / 0932-512-4205
vprmtg@yahoo.com.ph

April 24, 2025

Mindoro State University
Victoria, Oriental Mindoro

Dear Sir/Ma'am,

We are pleased to present to you our price quotation for the following units:

| QUANTITY | Brand/Description | CASH PRICE | TOTAL QUOTATION AMOUNT |
|----------|--|------------|------------------------|
| 2 | FUJIDENZO 1.5HP SPLIT-TYPE AIRCON HD INVERTER (FREE INSTALLATION) Model: HIS153AG | 35,000.00 | 70,000.00 |

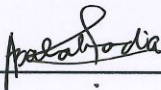
DELIVERY PERIOD: 30 days upon Notice To Proceed (NTP)
WARRANTY: 1 year warranty parts and service, 5 years warranty compressor
TERMS OF PAYMENT: Thirty (30) calendar days
PRICE VALIDITY UNTIL: May 26, 2025

We hope for your positive response.
Please contact us at (043)351-1733/0932-512-4205

Sincerely,

Conforme:

ANGELA NICOLE L. BALAHADIA
Authorized Representative



| | | | |
|------------------------------------|----------------|-------------------|----------------|
| Location | local | Organization Type | Trading |
| Business Tax Identification Number | 13864052600000 | Capitalization | P 1,000,000.00 |

Single Proprietorship Details

| | | | |
|------------------------|------------------|-----------------------|-------------|
| DTI Certificate Number | 4449339 | DTI Registration Date | 12-Jan-2023 |
| Expiration Date | 12-Jan-2028 | DTI Business Scope | regional |
| Signatory | PBYS334614306344 | | |

Local Organization Address

| | | | |
|----------------|------------------------------|-------------------|--------------|
| Country Name | Philippines | Region | Region IV-B |
| Province | Oriental Mindoro | City/Municipality | Calapan City |
| Street Address | Churchsite, Barangay Masipit | Zip Code | 5200 |

Bank Account Details

| | | | |
|----------------|-------------|--------------|----------------------|
| Bank Name | Landbank | Branch Code | |
| Bank Branch | Calapan | Account Name | Catalina M Alcanices |
| Account Number | 05011636782 | | |

Uploaded Supporting Document

Uploaded 1675415981_dti_bir_bank account.pdf
 Supporting (https://www.philgeps.gov.ph/portal_documents/merchant_reg_documents/user_332795/documents/1675415981_dti_bir_bank account.pdf)
 Document dti_bir_bank account.pdf

Status

Status Red Approved

List of Active Users of the Merchant Organization

| Last Name | First Name | Middle Name | Position | Status |
|------------------|------------|-------------|----------|--------|
| No Records Found | | | | |



View Red Registration

Back (<https://www.philgeps.gov.ph/SupDashboards/dashboard>)

My Contact Details

| | | | |
|---------------------------|------------------------------|-----------------|-------------|
| Salutation | Ms | First Name | Catalina |
| Middle Name | Manongsoy | Last Name | Alcanices |
| Gender | Female | Position | Owner |
| Landline Area Code | 043 | Landline Number | 3980932 |
| Landline Extension Number | | | |
| Fax Area Code | | Fax Number | |
| Fax Extension Number | | | |
| Country Code | 63 | Mobile Number | 09084116367 |
| Email Address | catalinaalcanices3@gmail.com | | |

Organization Details

| | | | |
|---------------------|---|----------------------|-----------------------|
| Organization Id | 332795 | Registration Date | 03-Feb-2023 05:19 PM |
| Registration Status | active | | |
| Organization Name | KRISTWIN CONSUMER GOODS TRADING | Form Of Organization | Single Proprietorship |
| Business Category | Pharmaceutical drug precursors, Paper materials, Paper products, Office machines and their supplies and accessories, Office and desk accessories, Office supplies, Printing and publishing equipment, Audio and visual presentation and composing equipment, Photographic or filming or video equipment, Photographic and recording media, Photographic filmmaking supplies, Fire protection, Industrial laundry and dry-cleaning equipment, Janitorial equipment, Cleaning and janitorial supplies, Field and court sports equipment, Antibacterials, Floor coverings, Bedclothes and table and kitchen linen and towels, Domestic appliances, Consumer electronics, Clothing, Accommodation furniture, Toys and games, Fibers and textiles and fabric industries, Utilities | | |

2025



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

**TAUMBAYAN AND
MASUNOD**

BUSINESS PERMIT

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 granted to herein taxpayer.

P 6,945.00

| | | | | | |
|---------------------------------|---------------|----------------------|-------------|------------------|-----------------------|
| TAXPAYER'S NAME | BUSINESS I.D. | MODE OF PAYMENT | DATE BILLED | KIND OF BUSINESS | STATUS |
| ALCANICES CATALINA M | 02300000120 | Annually | 1/6/2025 | TRADING | R |
| NAME OF BUSINESS | | LOCATION OF BUSINESS | | | BUSINESS PLATE NUMBER |
| KRISTWIN CONSUMER GOODS TRADING | | MASIPIT | | | |
| KIND OF FEE / TAX | TAX BASE | TAX AMOUNT | SUR/INT | TOTAL | PERIOD |
| BUSINESS TAX | | 3,225.00 | 0.00 | 3,225.00 | |
| MAYOR'S PERMIT | | 2,450.00 | | 2,450.00 | |
| MAYORS PERMIT FEE | | 1,000.00 | | | |
| EDUC'L SPECIAL PROGR | | 100.00 | | | |
| DRAINAGE MAINTENANCE | | 100.00 | | | |
| GARBAGE FEE | | 800.00 | | | |
| FIRE AND SAFETY INSP | | 250.00 | | | |
| SANITARY FEE | | 200.00 | | | |
| MEDICAL FEE | | 200.00 | | 200.00 | |
| ANNUAL INSPECTION FEE | | 200.00 | | 200.00 | |
| BUSINESS STICKER | | 300.00 | | 300.00 | |
| SITE INSPECTION FEE | | 50.00 | | 50.00 | |
| OCCUPATIONAL FEE | | 440.00 | | 440.00 | |
| TAX CLEARANCE | | 30.00 | | 30.00 | |
| AAP & RENEWAL OF BUS.FEE | | 50.00 | | 50.00 | |
| ENCODER | | TOTALS | 6,945.00 | | |

Payment for 14

Notes:

1. This Permit will expire on

Dec. 31, 2025

2. This Mayor's Permit, together with the official receipt, shall at all times be displayed or posted for public view in a conspicuous place within the place of business or undertaking.

Check
Check number _____
Bank _____

Cash
O.R. Number 1429057
Date 1/6/2025

Payment received by:

RECOMMENDING APPROVAL:

MARIA BENELYN JOY D. GARDOCE
Licensing Officer IV
Business Permits and Licensing Office

APPROVED BY:

MARILOU F. MORILLO
City Mayor

Non-compliance with the applicable provisions of National Building Code of the Philippines (P.D. No. 1096), Code on Sanitation of the Philippines (P.D. No. 856), Revised 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.

ANY ERASURE AND/OR ALTERATION WILL AUTOMATICALLY INVALIDATE THIS PERMIT.



BIR FORM

2303

REVISED APRIL 2019

REPUBLIKA NG PILIPINAS
KAGAWARAN NG PANANALAPI
KAWANIHAN NG RENTAS INTERNAS

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

OCN: 063FC20230000000191

Date OCN Generated: January 17, 2023

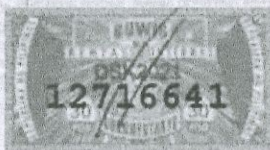
CERTIFICATE OF REGISTRATION

| | | | | | |
|--|--|---|--------------------|---|--|
| TIN & BRANCH CODE 138-840-526-00000 | | NAME OF TAXPAYER ALCANICES, CATALINA MANONGSONG | | TIN ISSUANCE DATE July 10, 2015 | |
| REGISTERING OFFICE | | X | Head Office | Branch | |
| REGISTERED ADDRESS MASIPIT 5200 CITY OF CALAPAN (CAPITAL) ORIENTAL MINDORO PHILIPPINES | | | | | |
| Line of Business | | MISCELLANEOUS CONSUMER GOODS, N.E.C. | | | |
| (PSIC) | | WHOLESALE OF MISCELLANEOUS CONSUMER GOODS, N.E.C. | | | |
| Line of Business | | 47529-RETAIL SALE OF CONSTRUCTION SUPPLIES, N.E.C. | | | |
| RETAIL SALE OF CONSTRUCTION SUPPLIES, N.E.C. | | Secondary | | | |

REMINDERS:

1. An annual registration fee shall be paid upon registration and every year thereafter on or before the last day of January, using BIR Form No. 0605.
2. Filing of required tax return/s to conform with the above tax types, whether with or without business operation, to avoid penalties.
3. For new business registrants, application for registration of manual Books of Accounts (B/As) shall be before the deadline for filing of the initial quarterly income tax return or annual income tax return whichever comes earlier, from the date of registration. Registration of new set of manual B/As shall be before its use.
4. Immediately inform the district office in case of transfer/cessation of business and other changes in registration information by filing BIR Form No. 1905.
5. For Self-Employed Individuals (SEI) whose gross sales and/or receipts and other non-operating income does not exceed P3,000,000 and who opted to avail of the 8% Income tax rate, the tax type Percentage Tax (PT) shall not be reflected in the Certificate of Registration (COR). However, at the start of each taxable year, such SEI shall be automatically subjected to graduated income tax rates and required to file quarterly percentage tax return (BIR Form No. 2551Q) and option to replace the COR to reflect "PT", unless qualified and opted to avail of the 8% Income tax rate annually.

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



Regina P. Reforma
REGINA P. REFORMA
OIC-Assst. Revenue District Officer

EMELITA R. ABO
REVENUE DISTRICT OFFICER
(Signature over Printed Name)

THIS CERTIFICATE MUST BE EXHIBITED CONSPICUOUSLY IN THE PLACE OF BUSINESS

BIR FORM

2303

REVISED: APRIL 2019

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

OCN: 063RC20230000000191

Date OCN Generated: January 17, 2023

CERTIFICATE OF REGISTRATION**TIN & BRANCH CODE**

138-840-526-00000

NAME OF TAXPAYER

ALCANICES, CATALINA MANONGSONG

TIN ISSUANCE DATE

July 10, 2015

REGISTERING OFFICE

X

Head Office

Branch

REGISTERED ADDRESS

MASIPIT 5200 CITY OF CALAPAN (CAPITAL) ORIENTAL MINDORO PHILIPPINES

| TAX TYPES | FORM TYPES | FILING START DATE | FILING FREQUENCY | FILING DUE DATE |
|----------------------------|-------------|-------------------|------------------|--|
| INDIVIDUAL INCOME TAX | 1701/17 01A | January 1, 2024 | ANNUALLY | On or before April 15 of each year covering income for the preceding taxable year. |
| INDIVIDUAL INCOME TAX | 1701Q | January 16, 2023 | QUARTERLY | 1st Quarter-on or before MAY 15 2nd Quarter-on or before AUGUST 15 3rd Quarter-on or before November 15 |
| PERCENTAGE TAX - QUARTERLY | 2551Q | January 16, 2023 | QUARTERLY | Within twenty five (25) days after the end of each taxable quarter. |
| REGISTRATION FEE | 0605 | January 1, 2024 | ANNUALLY | On or before the last day of January. |


TAXPAYER TYPE/S


SINGLE PROPRIETORSHIP ONLY (RESIDENT CITIZEN)


BUSINESS INFORMATION DETAILS

| | | CATEGORY | REGISTRATION DATE |
|-------------------------|---|-----------|-------------------|
| TRADE NAME 1 | KRISTWIN CONSUMER GOODS TRADING | | January 17, 2023 |
| (PSIC) | 47199-RETAIL SELLING IN NON-SPECIALIZED STORES, N.E.C. | Primary | |
| Line of Business | RETAIL SELLING IN NON-SPECIALIZED STORES, N.E.C. | | |
| (PSIC) | 47733-RETAIL SALE OF OFFICE MACHINES AND EQUIPMENT, EXCLUDING COMPUTERS AND COMPUTER PERIPHERAL EQUIPMENT | Secondary | |
| Line of Business | RETAIL SALE OF OFFICE MACHINES AND EQUIPMENT, EXCLUDING COMPUTERS AND COMPUTER PERIPHERAL EQUIPMENT | | |
| (PSIC) | 46421-WHOLESALE OF MEDICINAL AND PHARMACEUTICAL PRODUCTS | Secondary | |
| Line of Business | WHOLESALE OF MEDICINAL AND PHARMACEUTICAL PRODUCTS | | |
| (PSIC) | 47721-RETAIL SALE OF DRUGS AND PHARMACEUTICAL GOODS | Secondary | |
| Line of Business | RETAIL SALE OF DRUGS AND PHARMACEUTICAL GOODS | | |
| (PSIC) | 46429-WHOLESALE OF | Secondary | |

| For BIR BCS Use Only Item | | Republic of the Philippines Department of Finance Bureau of Internal Revenue | | |
|---|---|--|-----------------------|--------|
| BIR Form No. 1701 January 2018 (ENCS) Page 1 | Annual Income Tax Return Individuals (including MIXED Income Earner), Estates and Trusts Enter all required information in CAPITAL LETTERS using BLACK ink. Mark all applicable boxes with an "X". Two copies MUST be filed with the BIR and one held by the Tax Filer. | | 1701 01/18ENCS P1 | |
| 1 Month <input checked="" type="checkbox"/> For the Year (YYYY) <u>2023</u> 2 Amended Return? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3 Short Period Return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| PART I - BACKGROUND INFORMATION OF TAXPAYER/FILER | | | | |
| 4 Taxpayer Identification Number (TIN) <u>138 - 842 - 858 - 800</u> | | 5 RDO Code <u>1063</u> | | |
| 6 Taxpayer Type <input checked="" type="checkbox"/> Single Proprietor <input type="checkbox"/> Professional <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Compensation Earner | | | | |
| 7 Alphabetic Tax Code (ATC) <input checked="" type="radio"/> 0012 Business Income-Graduated IT Rates <input type="radio"/> 0014 Income from Profession-Graduated IT Rates <input type="radio"/> 0013 Mixed Income-Graduated IT Rates <input type="radio"/> 0011 Compensation Income <input type="radio"/> 0015 Business Income-8% IT Rate <input type="radio"/> 0017 Income from Profession-8% IT Rate <input type="radio"/> 0016 Mixed Income-8% IT Rate | | | | |
| 8 Taxpayer's Name (Last Name, First Name, Middle Name)/ESTATE OF (First Name, Middle Name, Last Name)/TRUST FBO (First Name, Middle Name, Last Name) <u>ALDANES CATALINA MANONGSONG</u> | | | | |
| 9 Registered Address (Indicate complete address. If the registered address is different from the current address, get to the RDO to update registered address by using BIR Form No. 1905) <u>CADAPAN CITY ORIENTAL MINDORO</u> | | | | |
| 10 Date of Birth (MM/DD/YYYY) <u>03/12/1981</u> | | 11 Email Address <u>jose.g34@gmail.com</u> | | |
| 12 Citizenship <u>FILIPINO</u> | | 13 Claiming Foreign Tax Credits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 15 Contact Number (Landline/Celphone No.) <u>09</u> | | 16 Civil Status (if applicable) <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widow(er) | | |
| 17 If married, spouse has income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 18 Filing Status <input type="checkbox"/> Joint Filing <input checked="" type="checkbox"/> Separate Filing | | |
| 19 Income EXEMPT from Income Tax? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [If yes, fill out also consolidation of ALL activities per Tax Regime (Part XI)] | | 20 Income subject to SPECIAL/PREFERENTIAL RATE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [If yes, fill out also consolidation of ALL activities per Tax Regime (Part XI)] | | |
| 21 Tax Rate* (Choose Method of Deduction in Item 21A) <input checked="" type="radio"/> Graduated Rates <input type="radio"/> 8% in lieu of Graduated Rates under Sec. 24(A) & Percentage Tax under Sec. 116 of NIRC [available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)] | | | | |
| 21A Method of Deduction (choose one) <input checked="" type="radio"/> Itemized Deduction (Sec. 34(A-J), NIRC) <input type="radio"/> Optional Standard Deduction (OSD) [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]] | | | | |
| PART II - TOTAL TAX PAYABLE (Do NOT Enter Centavos, 48 Centavos or Less drop down; 50 or more round up) | | | | |
| Particular | A. Taxpayer/Filer | B. Spouse | | |
| 22 Tax Due (From Part VI Item 5) | 0.00 | 0.00 | | |
| 23 Less: Total Tax Credits/Payments (From Part VII Item 12) | 56,900.00 | 0.00 | | |
| 24 Tax Payable (Overpayment) (Item 22 Less Item 23) | -56,900.00 | 0.00 | | |
| 25 Less: Portion of Tax Payable Allowed for 2nd Installment to be paid on or before October 15 (50% or less of Item 22) | 0.00 | 0.00 | | |
| 26 Amount of Tax payable (Overpayment) (Item 24 Less Item 25) | -56,900.00 | 0.00 | | |
| Add Penalties 27 Interest | 0.00 | 0.00 | | |
| 28 Surcharge | 0.00 | 0.00 | | |
| 29 Compromise | 0.00 | 0.00 | | |
| 30 Total Penalties (Sum of Items 27 to 29) | 0.00 | 0.00 | | |
| 31 Total Amount Payable (Overpayment) (Sum of Items 26 and 30) | -56,900.00 | 0.00 | | |
| 32 Aggregate Amount Payable (Overpayment) (Sum of Items 26 and 30) | -56,900.00 | | | |
| PART III - DETAILS OF PAYMENT | | | | |
| Particulars | Drawee Bank/Agency | Number | Date (MM/DD/YYYY) | Amount |
| 34 Cash/Bank Debit Memo | | | | |
| 35 Check | | | | |
| 36 Tax Debit Memo | | | | |
| 37 Others (specify below) | | | | |

| | | |
|--|--|---|
| BIR Form No. 1701 January 2018 (ENC5) Page 2 | Annual Income Tax Return Individuals (including MIXED Income Earner, Estates and Trusts) |  1701 01/18/ENC5 P2 |
| Taxpayer's Last Name ALCAÑICES CATALINA MANONISONG | | |
| PART IV - Background Information of Spouse | | |
| 1 Spouse's Taxpayer Identification Number (TIN) | | 2 RDO Code |
| 3 Filer's Spouse Type <input type="checkbox"/> Single Proprietor <input type="checkbox"/> Professional <input type="checkbox"/> Compensation Earner | | |
| 4 Alphabetic Tax Code (ATC) <input type="radio"/> 1011 Compensation Income <input type="radio"/> 1012 Business Income-Graduated IT Rates <input type="radio"/> 1014 Income from Profession-Graduated IT Rates <input type="radio"/> 1013 Mixed Income-Graduated IT Rates <input type="radio"/> 1015 Business Income-8% IT Rate <input type="radio"/> 1017 Income from Profession-8% IT Rate <input type="radio"/> 1016 Mixed Income-8% IT Rate | | |
| 5 Spouse's Name (Last Name, First Name, Middle Name) | | |
| 6 Contact Number | | 7 Citizenship |
| 8 Claiming Foreign Tax Credits? <input type="radio"/> Yes <input type="radio"/> No | | |
| 9 Foreign tax number (if applicable) | | |
| 10 Income EXEMPT from Income Tax? <input type="radio"/> Yes <input type="radio"/> No [If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)] | | |
| 11 Income subject to SPECIAL/PREFERENTIAL RATE? <input type="radio"/> Yes <input type="radio"/> No [If yes, fill out also consolidation of ALL activities per Tax Regime (Part X)] | | |
| 12 Tax Rate* (choose one) <input type="radio"/> Graduated Rates (Choose Method of Deduction in Item 12A) <input type="radio"/> 8% in lieu of Graduated Rates under Sec. 24(A) & Percentage Tax under Sec. 116 of NIRC [available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)] | | |
| 12A Method of Deduction (choose one) <input type="radio"/> Itemized Deduction (Sec. 34(A-J), NIRC) <input type="radio"/> Optional Standard Deduction (OSD) (40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]) | | |
| PART V - Computation of Tax | | |
| Schedule 1 - Gross Compensation Income and tax Withheld (Attach Additional Sheet/s, if necessary) On Items 1 and 2, enter the required information for each of your employer/s and mark (X) whether the information is for the Taxpayer or the Spouse. On Item 3A, enter the Total Gross Compensation and Total tax Withheld for the Taxpayer and on Item 3B, for the Spouse. (DO NOT enter Centavos; 48 Centavos or less drop down; 50 or more round up) | | |
| a. Name of Employer | | |
| 1 <input type="radio"/> Taxpayer | b. Employer's TIN | |
| 2 <input type="radio"/> Spouse | b. Employer's TIN | |
| (Continuation of Table Above) | | |
| | c. Compensation Income | d. Tax Withheld |
| 1 | 0.00 | 0.00 |
| 2 | 0.00 | 0.00 |
| 3A Gross Compensation Income and Total Tax Withheld for TAXPAYER (To Part V Schedule 2 Item 4A and Part VII Item 5A) | 0.00 | 0.00 |
| 3B Gross Compensation Income and Total Tax Withheld for SPOUSE (To Part V Schedule 2 Item 4B and Part VII Item 5B) | 0.00 | 0.00 |
| Schedule 2 - Taxable Compensation Income (DO NOT enter Centavos; 48 Centavos or less drop down; 50 or more round up) | | |
| Particulars | A. Taxpayer/Filer | B. Spouse |
| 4 Gross Compensation Income (From Part V Schedule 1 Item 3A/3B/c) | 0.00 | 0.00 |
| 5 Less: Non-Taxable / Exempt Compensation | 0.00 | 0.00 |
| 6 Taxable Compensation Income (Item 4 Less Item 5) | 0.00 | 0.00 |
| 7 Tax Due-Compensation Income (Item 6 x applicable Income Tax Rate) | 0.00 | 0.00 |
| Schedule 3 - Taxable Business Income (If graduated rates, fill in Items 8 to 24; if 8% flat income tax rate, fill in Items 25 to 30) | | |
| 3.A - For Graduated Income Tax Rates | | |
| 8 Sales/revenues/receipts/fees | 2,546,769.00 | 0.00 |
| 9 Less: Sales Returns, Allowances and Discounts | 2,393,468.00 | 0.00 |
| 10 Net Sales/Revenues/Receipts/fees (Item 8 Less Item 9) | 153,301.00 | 0.00 |
| 11 Less: Cost of Sales/Services (applicable only if availing Itemized Deductions) | 0.00 | 0.00 |
| 12 Gross Income/(Loss) from Operation (Item 10 less Item 11) | 153,301.00 | 0.00 |
| Less: Deductions Allowable under Existing Laws | | |
| 13 Ordinary Allowable Itemized Deductions (From Part V Schedule 4 Item 18) | 0.00 | 0.00 |
| 14 Special Allowable Itemized Deductions (From Part V Schedule 5 Item 3 and/or Item 6) | 0.00 | 0.00 |
| 15 Allowable for Net Operating Loss Carry Over (NOLCO) (From Part V Schedule 6 Item 8 and/or Item 13) | 0.00 | 0.00 |
| 16 Total Allowable Itemized Deductions (Sum of Items 13 to 15) | 0.00 | 0.00 |
| OR | | |
| 17 Optional Standard Deduction (OSD) (40% of Item 10) | 0.00 | 0.00 |
| 18 Net Income/(Loss) (If Itemized: Item 12 Less Item 16; If OSD: Item 10 Less Item 17) | 153,301.00 | 0.00 |
| Add: Other Non-Operating Income (specify below) | | |
| 19 | 0.00 | 0.00 |
| 20 | 0.00 | 0.00 |
| 21 Amount Received/Share in Income by a Partner from General Professional Partnership (GPP) | 0.00 | 0.00 |
| 22 Total Other Non-Operating Income (Sum of Items 19 to 21) | 0.00 | 0.00 |
| 23 Taxable Income Business (Sum of Items 18 and 22) | 153,301.00 | 0.00 |
| 24 Total Taxable Income - Compensation & Business (Sum of Items 6 and 23) | 153,301.00 | 0.00 |
| 25 Total Tax Due-Compensation and Business Income (under graduated rates) (Item 24 x applicable income tax rate) (To Part VI Item 1) | 0.00 | 0.00 |

| | | | | | |
|--|--|--|------------------|----------------------------------|--|
| BIR Form No. 1701 January 2018 (ENCSS) Page 3 | Annual Income Tax Return Individuals (Including MIXED Income Earner), Estates and Trusts |  1701 01/18/ENCSS P3 | | | |
| TIN: 130 840 806 000 Taxpayer/Filer's Last Name: ALCANICES CATALINA MANONGSONG | | | | | |
| 3.B - For 8% Flat Income Tax Rate (DO NOT enter Centavos; 48 Centavos or less drop down; 50 or more round up) | | | | | |
| Particulars | A. Taxpayer/Filer | B. Spouse | | | |
| 26 Sales/Revenues/Receipts/Fees (net of sales returns, allowances and discounts) | 0.00 | 0.00 | | | |
| Add Other Non-Operating Income (specify below) | | | | | |
| 27 | 0.00 | 0.00 | | | |
| 28 Total Income (Sum of Items 26 and 27) | 0.00 | 0.00 | | | |
| Less: Allowable reduction from gross sales/receipts and other non-operating income of purely self-employed individuals and/or professionals in the amount of P250,000 (not applicable if with compensation income) | 0.00 | 0.00 | | | |
| 29 Taxable Income/(Loss) (Item 28 Less Item 29) | 0.00 | 0.00 | | | |
| 30 Tax Due-Business Income (Item 30 x 8% Flat Income Tax Rate) | 0.00 | 0.00 | | | |
| 31 Total Tax Due-Compensation & Business Income (under flat rate)(Sum of Items 7 and 31) (To Part VI Item 1) | 0.00 | 0.00 | | | |
| Schedule 4 - Ordinary Allowable Itemized Deductions (attach additional sheet/s, if necessary) | | | | | |
| 1 Amortizations | 0.00 | 0.00 | | | |
| 2 Bad Debts | 0.00 | 0.00 | | | |
| 3 Charitable and Other Contributions | 0.00 | 0.00 | | | |
| 4 Depletion | 0.00 | 0.00 | | | |
| 5 Depreciation | 0.00 | 0.00 | | | |
| 6 Entertainment, Amusement and Recreation | 0.00 | 0.00 | | | |
| 7 Fringe Benefits | 0.00 | 0.00 | | | |
| 8 Interest | 0.00 | 0.00 | | | |
| 9 Losses | 0.00 | 0.00 | | | |
| 10 Pension Trusts | 0.00 | 0.00 | | | |
| 11 Rental | 0.00 | 0.00 | | | |
| 12 Research and Development | 0.00 | 0.00 | | | |
| 13 Salaries, Wages and Allowances | 0.00 | 0.00 | | | |
| 14 SSS, GSIS, Philhealth, HDMF and Other Contributions | 0.00 | 0.00 | | | |
| 15 Taxes and Licenses | 0.00 | 0.00 | | | |
| 16 Transportation and Travel | 0.00 | 0.00 | | | |
| 17 Others (Deductions Subject to Withholding Tax and Other Expenses) (specify below, Add additional sheet/s, if necessary) | | | | | |
| a Janitorial and Messengerial Services | 0.00 | 0.00 | | | |
| b Professional Fees | 0.00 | 0.00 | | | |
| c Security Services | 0.00 | 0.00 | | | |
| d | 0.00 | 0.00 | | | |
| 18 Total Ordinary Allowable Itemized Deductions (Sum of Items 1 to 17d) (To part V Schedule 3 A Item 13) | 0.00 | 0.00 | | | |
| Schedule 5 - Special Allowable Itemized Deductions (attach additional sheet/s, if necessary) | | | | | |
| 5.A - Taxpayer/Filer | Description | Legal Basis | Amount | | |
| 1 | | | 0.00 | | |
| 2 | | | 0.00 | | |
| 3 Total Special Allowable Itemized Deductions-Taxpayer/Filer (Sum of Items 1 and 2) (To part V Schedule 3 A Item 14A) | | | 0.00 | | |
| 5.B - Spouse | | | | | |
| 4 | | | 0.00 | | |
| 5 | | | 0.00 | | |
| 6 Total Special Allowable Itemized Deductions-Spouse (Sum of Items 4 and 5) (To part V Schedule 3 A Item 14B) | | | 0.00 | | |
| Schedule 6 - Computation of Net Operating Loss carry Over (NOLCO) | | | | | |
| 6.A - Computation of NOLCO | | A. Taxpayer/Filer | B. Spouse | | |
| Description | | | | | |
| 1 Gross Income | 0.00 | 0.00 | | | |
| 2 Less: Ordinary Allowable Itemized Deductions | 0.00 | 0.00 | | | |
| 3 Net Operating Loss (Item 1 Less Item 2) (To Schedule 6 A 1 Item 7A and/or Schedule 6 A 2 Item 12A) | 0.00 | 0.00 | | | |
| 6.A.1 - Taxpayer/Filer's Detailed Computation of Available NOLCO | | | | | |
| Net Operating Loss Year Incurred | A. Amount | B. NOLCO Applied Previous Year/s | C. NOLCO Expired | D. NOLCO Applied Current Year | E Net Operating Loss (Unapplied) [(E)=A-(B+C+D)] |
| 4 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 6 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 8 Total NOLCO - taxpayer/Filer (Sum of Items 4D to 7D) (To Part V Schedule 3 A Item 15A) | | | | 0.00 | |

| BIR Form No. 1701 January 2018 (ENCS) Page 4 | Annual Income Tax Return Individuals (Including MIXED Income Earner), Estates and Trusts |  1701 01/18ENCS P4 | | | |
|---|--|--|------------------|----------------------------------|---|
| TIN: 135 040 020 000 | | Taxpayer/Filer's Last Name: ALCANCES CATALINA MARONGSONG | | | |
| (Continuation of Schedule 6) | | | | | |
| 6.A.2 - Spouse's Detailed Computation of Available NOLCO | | | | | |
| Year Incurred | Net Operating Loss A. Amount | B. NOLCO Applied Previous Year/s | C. NOLCO Expired | D. NOLCO Applied Current Year | E. Net Operating Loss (Unapplied) [(E) = A - (B + C + D)] |
| 09 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 13 Total NOLCO - Spouse (Sum of Items 9D to 12D) (To Part V Schedule 3 A Item 15B) | | | | | |
| PART VI - Summary of Income Tax Due | | | | | |
| 1 Regular Rate-Income Tax Due (From Part V, Either Item 25 or Item 32) | 0.00 | 0.00 | | | |
| 2 Special Rate-Income Tax Due (From Part X Item 17B/17F) | 0.00 | 0.00 | | | |
| 3 Less: Share of Other Government Agency, if remitted directly to the Agency | 0.00 | 0.00 | | | |
| 4 Net Special Rate-Income Tax Due/Share of National Govt. (Item 2 Less Item 3) | 0.00 | 0.00 | | | |
| 5 Total Income Tax Due (Sum of Items 1 & 4) (To Part II Item 22) | 0.00 | 0.00 | | | |
| PART VII - Tax Credits/Payments (attach proof) | | | | | |
| 1 Prior Year's Excess Credits | 0.00 | 0.00 | | | |
| 2 Tax Payments for the First Three (3) Quarters | 0.00 | 0.00 | | | |
| 3 Creditable Tax Withheld for the First Three (3) Quarters | 56,900.00 | 0.00 | | | |
| 4 Creditable Tax Withheld per BIR Form No. 2307 for the 4th Quarter | 0.00 | 0.00 | | | |
| 5 Creditable Tax Withheld per BIR Form No. 2316 (From Part V Schedule 1 Item 3 Add/36d) | 0.00 | 0.00 | | | |
| 6 Tax Paid in Return Previously Filed, if this is an Amended Return | 0.00 | 0.00 | | | |
| 7 Foreign Tax Credits, if applicable | 0.00 | 0.00 | | | |
| 8 Special Tax Credits, if applicable (To Part VIII Item 6) | 0.00 | 0.00 | | | |
| 9 Other Tax Credits/Payments (specify) | 0.00 | 0.00 | | | |
| 10 Total Tax Credits/Payments (Sum of Items 1 to 9) (To Part II Item 23) | 56,900.00 | 0.00 | | | |
| PART VIII - Tax Relief Availment | | | | | |
| VIII.A - Special Rate | | | | | |
| 1 Regular Income Tax Otherwise Due (Part X Item 16B and/or Item 16F X applicable regular income tax rate) | 0.00 | 0.00 | | | |
| 2 Tax Relief on Special Allowable Itemized Deductions (Part X Item 7B and/or Item 7F X applicable regular income tax rate) | 0.00 | 0.00 | | | |
| 3 Sub-Total - Tax Relief (Sum of Items 1 and 2) | 0.00 | 0.00 | | | |
| 4 Less: Income Tax Due (From Part X Item 17B and/or Item 17F) | 0.00 | 0.00 | | | |
| 5 Tax Relief Availment Before Special Tax Credit (Item 3 Less Item 4) | 0.00 | 0.00 | | | |
| 6 Add: Special Tax Credit, if any (From Part VII Item 8) | 0.00 | 0.00 | | | |
| 7 Total Tax Relief Availment-SPECIAL (Sum of Items 5 and 6) | 0.00 | 0.00 | | | |
| VIII.B - Exempt | | | | | |
| 8 Regular Income Tax Otherwise Due (Part X Item 16A and/or Item 16E X applicable regular income tax rate) | 0.00 | 0.00 | | | |
| 9 Tax Relief on Special Allowable Itemized Deductions (Part X Item 7A and/or Item 7E X applicable regular income tax rate) | 0.00 | 0.00 | | | |
| 10 Total Tax Relief Availment-EXEMPT (Sum of Items 8 and 9) | 0.00 | 0.00 | | | |
| PART IX - Reconciliation of Net Income per Books Against Taxable Income (Attach additional sheet/s, if necessary) | | | | | |
| Particulars | A. Taxpayer/Filer | B. Spouse | | | |
| 1 Net Income/(Loss) per Books | 153,301.00 | 0.00 | | | |
| Add: Non-Deductible Expenses/Taxable Other Income | | | | | |
| 2 | 0.00 | 0.00 | | | |
| 3 | 0.00 | 0.00 | | | |
| 4 | 0.00 | 0.00 | | | |
| 5 Total (Sum of Items 1 to 4) | 153,301.00 | 0.00 | | | |
| Less: A) Non-Taxable Income and Income Subjected to Final Tax | | | | | |
| 6 | 0.00 | 0.00 | | | |
| 7 | 0.00 | 0.00 | | | |
| B) Special/Other Allowable Deductions | | | | | |
| 8 | 0.00 | 0.00 | | | |
| 9 | 0.00 | 0.00 | | | |
| 10 Total (Sum of Items 6 to 9) | 0.00 | 0.00 | | | |
| 11 Net Taxable Income/(Loss) (Item 5 Less Item 10) | 153,301.00 | 0.00 | | | |



Bringing In Revenues
for Nation-building

Republic of the Philippines
Department of Finance
BUREAU OF INTERNAL REVENUE
Revenue District Office No. 063
QF-TCC-02-00-2024.01

ANNEX "K"

TCVC No. 09A-063-04-15-R0143-2025-M

TAX COMPLIANCE VERIFICATION CERTIFICATE

(For Tax Clearance-Bidding Purposes)

NAME OF TAXPAYER: CATALINA MANONGSONG ALCANICES
TRADE NAME: KRISTWIN CONSUMER GOODS TRADING
REGISTERED ADDRESS: MASIPIT, CALAPAN CITY, ORIENTAL MINDORO 5200
TIN: 138-840-526 BRANCH CODE: 00000 DATE OF REGISTRATION: January 17, 2023

This is to certify that the above mentioned taxpayer is eligible for issuance of this Tax Compliance Verification 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 Compliance Verification Certificate.

Issued this 15th day of April, 2025.

NOTE: THIS CERTIFICATE SHALL BE VALID AND EFFECTIVE FROM DATE OF ISSUE UNTIL JULY 14, 2025 ONLY OR UNTIL REVOKED FOR VIOLATION OF THE CRITERIA SPECIFIED UNDER REVENUE REGULATIONS NO. 8-2016, AS AMENDED AND REVENUE MEMORANDUM ORDER NO. 46-2018, WHICHEVER COMES EARLIER. THIS SHALL NOT BE USED ON SALE/ TRANSFER OF REAL PROPERTIES. CERTIFICATION FEE OF P100 WAS PAID ON APRIL 14, 2025 PAYMENT TRANSACTION NO. Z020250414105338420201. ANY ERASURE MADE ON THIS TCVC SHALL RENDER IT NULL AND VOID.



REGINA P. REFORMA
Asst. Revenue District Officer
Officer-In-Charge

JOJO M. BARRIENTOS
Chief - Collection Section

Documentary Stamp Tax - PAID
Date of Payment: 04/14/2025
Payment Ref: Z020250414105727420415
Amount: P30.00

NOTE: This certification was issued as a requirement for the issuance of a Tax Clearance for Bidding Purposes.



This certifies that

KRISTWIN CONSUMER GOODS TRADING
(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

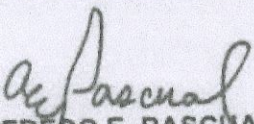
CATALINA MANONGSONG ALCAÑICES

is valid from 12 January 2023 to 12 January 2028 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

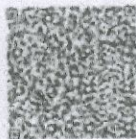
Certificate of Business Name Registration

and issue the same on 12 January 2023 in the Philippines.


ALFREDO E. PASCUAL
Secretary

Business Name No. 4449339

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



PBYS334614306344

Documentary Stamp Tax Paid Php 30.00

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

APPROVED BUDGET FOR THE CONTRACT (ABC)
SUPPLY AND DELIVERY OF AIRCONDITIONING UNITS FOR MINSU CALAPAN CITY CAMPUS
Masipit, Calapan City, Oriental Mindoro
Project Name and Location

Stations: Mindoro State University

Length:

| Length: | | | | | | | | | | | | | | | | | |
|----------|------------------------------------|----------|------|----------------------|------------|---|---------------------|----------------------|--------------------|-------|------------|------------|------------|------------|-----------|------------|-------|
| ITEM NO. | DESCRIPTION | QUANTITY | UNIT | CURRENT MARKET PRICE | TOTAL COST | VAT, OTHER TAXES AND/OR DUTIES APPLICABLE | FREIGHT & INSURANCE | OTHER INDIRECT COSTS | Contract Duration: | | | | | TOTAL COST | UNIT COST | | |
| | | | | | | | | | OTHER COST FACTORS | | | INFLATION, | VALUE | | | INFLATION, | VALUE |
| | | | | | | | | | % | VALUE | INFLATION, | | | | | | |
| | | | | | | | | | | | | | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (11) / (3) | | | | |
| 1 | Airconditioning Units | 2 | unit | 43,818.00 | 87,636.00 | | | | | | | | | | | | |
| | Aircon Type: Split Type | | | | - | | | | | | | | | | | | |
| | Cooling Capacity: 1.5Hp | | | | - | | | | | | | | | | | | |
| | Power Supply: 220-240V-50/60 Hz | | | | - | | | | | | | | | | | | |
| | Full HD Inverter | | | | - | | | | | | | | | | | | |
| | Warranty: at least 1 year on parts | | | | - | | | | | | | | | | | | |
| | with free installation | | | | - | | | | | | | | | | | | |
| | XXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | | - | | | | | | | | | | | | |
| | GRAND TOTAL | | | | 87,636.00 | | | | | | | | | | | | |

Prepared by

MARYNELL HERMOSA
Member, BAC Secretariat

Submitted by

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

Recommending Approval

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

Approved

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

PURCHASE REQUEST

Fund Cluster: STF-PRODUCTION SERVICES BEGINNING

[illegible]

Purpose:

Purchasing of airconditioning units for MINSU - Calapan City Campus

Requested by:

Recommending Approval:

**Certified:
Allotment Available**

Approved by:

Signature :

Printed Name :

Designation :

FRANIE M. AFABLE, DBMHM
Campus Executive Director

JOELENE C. LEYNES
VP for Admin and Finance

ROVELYN P. ROXAS
Budget Officer III

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

PROJECT PROCUREMENT MANAGEMENT PLAN (PPMP)

END-USER/UNIT: MINSU-CALAPAN CAMPUS

Total Budget

Prepared By:

Submitted by:

Joelene C. Leynes
JOELENE C. LEYNES
Vice President for Admin and Finance