## INCOME PAYEE'S SWORN DECLARATION OF GROSS RECEIPTS/SALES

(For Self-Employed and/or Engaged in the Practice of Profession with Several Income Payors)

| I,                                     | EDUA            | RDO OLIVAS MANGAOANG, Filipino, of legal age, single/ married to Yolanda dela Cruz-Mangaoang,  |
|--|-----------------|--|
| permanently                            | residin         | g at Block 1, Lot 3, Brgy. Marcos, Baybay City, Leyte, with Taxpayer Identification Number (TIN) 104-768-854, after  |
| having been                            | duly sw         | (Address)  form in accordance with law do hereby depose and state:   |
| 1.                                     |                 | I derived my <u>Professional</u> income from various income payors, and my registered business address is at (business/professional) (business/professional) (Business Address)  |
| 2.                                     |                 | for the current year <u>2022</u> , my gross receipts will not exceed Three Million Pesos (₱3,000,000) and that I am a non-VAT tered taxpayer. For this purpose, I opt to avail of either one of the income tax regimes as follows:   |
|  |                 | Graduated Income Tax Rates under Section 24(A)(2)(a) of the Tax Code, as amended, based on the taxable income. With this selection, I acknowledge that I am subject to creditable withholding tax at the prescribed rate; subject to percentage tax and will file the required percentage tax returns or subject to withholding percentage tax, in case of government money payments.                                |
|  |                 | Eight Percent (8%) income tax rate under Section 24(A)(2)(b) of the Tax Code, as amended, based on gross receipts/sales and other non-operating income - with this selection, I understand that this is in lieu of the graduated income tax rates and the Percentage Tax under Section 116 of the Tax Code, as amended; thus, only the creditable income withholding tax based on the prescribed rate shall be made; |
| 3.                                     | payor           | based on my selection above, if my gross sales/receipts and other non-operating income exceeds \$\mathbb{P}3,000,000\$, my income /withholding agents shall automatically withhold the higher rate of withholding of ten percent (10%) in the case of the items with two (2) prescribed creditable withholding tax rate depending on the total amount of income payment yed:   |
|  | a.              | In case of Graduated Income Tax Rates, I acknowledge that aside from income tax, I am subject to business tax (VAT) unless expressly exempted; and consequently subject to withholding of income. Moreover, if the payor is a government entity, business tax withholding applies; OR  |
|  | b.              | In case of Eight Percent (8%) income tax rate, I acknowledge that I am no longer qualified to avail of this option since my income exceeds \$\mathbb{P}3,000,000\$ and thus, the graduated income tax rates above shall automatically apply together with the consequent liability for business tax/es;  |
| 4.                                     | That I<br>Reven | I duly execute this <b>SWORN DECLARATION</b> in compliance with the requirement prescribed under Section of nue Regulations No;  |
| 5.                                     | That I and be   | declare, under the penalties of perjury, that this declaration has been made in good faith, and to the best of my knowledge elief to be true and correct.  |
| IN                                     | WITNE           | ESS WHEREOF, I have hereunto set my hand this day of <u>January</u> , 20 <u>22</u> at <u>Baybay City</u> , <u>Leyte</u> , Philippines  |
|  |                 | EDUARDO O. MANGAOANG Signature over Printed Name of Individual Taxpayer  |
| SU<br>Applicant exh                    | BSCRII          | BED AND SWORN to before me this day of , 20 in on this/her 2017-04869 issued at Baybay City, Leyte on October 13, 2017.  (Government Issued ID and No.)  |
| Doc, No.: Page No.:                    |                 | NOTARY PUBLIC  |
| Affix P30.0<br>Documentar<br>Stamp Tax | у               |  |
|  |                 | (To be filled-out by the withholding agent/lone payor)   |
| Date Receive                           |                 | DD-YYYY-00001) Received by:  |
|  |                 | Signature over Printed Name of the Withholding Agent/Payor or Authorized Officer   |
|  |                 | Designation/Position of Authorized Officer   |

Name of Withholding Agent/Lone Payor