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

1. VRAPHE	C A BANERA	V FILIPINO		f legal acc	sidala/
CITY LET	Name of Spouse,	permanently residing at	BAGY. r	ATAG	single/ married to
Taxpayer Identification Number	(TIN) 450-703-000	7-000 after house			with
hereby depose and state:		, after having	been duly su	vorn in acco	ordance with law
1. That I derived my	Propessional incomments	me only from VISATAS	0		100 a
with Taxpayer Ide	intification Number 001-392	4-498-035 business address	Name of Lone	Payor)	16/01/
☐ Graduated	Ocome Tay Potanical Co.	its will not exceed Two Hundred I tever is the amount of income rece date. For this purpose, I opt to available.	Fifty Thousan eived, I will co ail of either o	ne of the fo	Howing:
		24(A)(2)(a) of the Tax Code, as an at I am subject to 0% income tax, the applicable, and will file the require of government money payments.		d on the tax ect to credita e tax return	able able is or
☐ Eight Percer receipts/sale	at (8%) income tax rate under Sec	tion 24(A)(2)(b) of the Tax Code, e - with this selection, I understar e Tax under Section 116 of the T	90 umanda t	based on gr in lieu of imended; th	oss the
3. That based on my se P3,000,000,00, my a	lection above, if my gross sales/re- fore-stated lone income payor sha	ceipts and other non-operating inc	ome exceeds	P250,000.0	0 but not over
tax (Percenta business tax v	ge Tax, if applicable) and credit vithholding, if any, are applicable	owledge that aside from income to able withholding of income in co on the entire income payment. ()	ax, I am subje	ect to busine 0.000.00, a	ess nd
D. In case of Fig.	ht Percent (8%) income tax rate. I le withholding income tax in exce		ect to income	tax and thu	ıs,
4. That I duly execute the Revenue Regulations	nis SWORN DECLARATION i	in compliance with the requireme	nt prescribed	under Sect	tion 2.57.2 of
 That I declare, under the and belief to be true as 	ne penalties of perjury, that this de	claration has been made in good fo	ith and to the	a h c	
IN WITNESS WHEREO	F, I have hereunto set my hand thi	s 24 day of JANVARY, 202	2 at Bay	aw J Phili	ppines
		RAFHE C.	ABA	uera	
✓ SUBSCRIBED AND SWO licant exhibited to me his/her	RN to before me this 2 4 day 60010299-4 issue	of January, 20 12 in Adat 6 47 Pay	bay lay	city	1
8	<u> </u>	NOTARY PUBLIC			The state of the s
flix P30 00 ocumentary stamp Tax	Tuita,				
	(To be filled-out by the withho	oldiny agent/lone passes			
Received: (MM-DD-YYYY-00001)	Received by:			-	
	√	RVANT EEDALA	NDF7		
	√ Sig	gnature over Printed Name of the Withholding Age ADMIN AIDE	ns/Payor or Authors	zed Officer	
	✓ /	Designation/Position of Authoriz	ed Officer		
	The second secon	VISAYAS STATE UNIV	VERSITY		