

**Republic of the Philippines**  
**Quezon City**  
**Office of the City Treasurer**  
**Examination Division**

**(For Corporation)**

Document Tracking Number: \_\_\_\_\_

- Completely filled up application form duly signed by the **President** or the authorized representative of the Corporation with Location Map;
- Original or Certified True Copy of Tax Bill and Official Receipts for three (3) consecutive years or less as the case maybe;
- Original Business Permit (Latest);
- Original Notarized Board Resolution on closure or transfer of business stating the exact effectivity date of closure (Signed by all Board of Directors) ;
- Original or Certified True Copy of updated General Information Sheet (GIS-SEC) ( Original to be presented & Certified True Copy to be submitted ) ;
- Photocopy of any government issued Identification Card/s of the Board of Directors and /or parties involved with three (3) specimen signature;
- Original Barangay Certificate stating the exact effectivity date of closure with attached Official Receipt of payment thereto;
- Certificate of Registration issued by the BIR (Original to be Presented & photocopy to be submitted)
- Original Statement of Revenue or declaration of gross sales or its equivalent. In case of two or more branches or line of businesses, a clear and convincing breakdown of sales must be presented Three (3) years (Notarized)
- Photocopy of Official tax bill and receipt/permit issued by the Local Government Unit where the said branches or line of business is located;
- Latest ITR with AFS 20\_\_\_\_ to 20\_\_\_\_ (Original to be presented & photocopy to be submitted)
- VAT / PERCENTAGE TAX RETURNS 20\_\_\_\_ (Original to be presented & photocopy to be submitted);
- Books of Accounts (to be follow upon evaluation);
- Special Power of Attorney (SPA)

Received by: \_\_\_\_\_

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

**TAX PAYER CONTACT INFORMATION**

Name : \_\_\_\_\_

Mobile #: \_\_\_\_\_

Landline #: \_\_\_\_\_

Email address: \_\_\_\_\_

*Note: All applications not completely supported by the aforementioned documents are not deemed filed.*  
**FOR INQUIRY PLEASE CALL 8988-4242 LOCAL 8265 / 8266**



REPUBLIC OF THE PHILIPPINES  
QUEZON CITY  
*Office of the City Treasurer*



**APPLICATION FOR BUSINESS RETIREMENT**

**TAXPAYER'S INFORMATION**

Taxpayer's Name : \_\_\_\_\_  
 Business Name : \_\_\_\_\_  
 Business Address : \_\_\_\_\_  
 Nature of Business : \_\_\_\_\_  
 (to be retired)

DATE OF CLOSURE  
 \_\_\_\_\_

M.P. No. : \_\_\_\_\_  
 Area : \_\_\_\_\_

TYPE OF RETIREMENT:  Full  Partial

YEAR	DECLATED GROSS SALES	PAYMENTS MADE		
		AMOUNT	O.R. Nos.	DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Pursuant to the provision of the Quezon City Revenue Code, as amended. I am applying for the retirement of the above line(s) of business.  
 I hereby certify, under the penalties of perjury that the entries herein are true and correct to the best of my knowledge and belief

Signature Over Printed Name (Taxpayer)

Note: The mere filing of this application does not automatically relieve the applicant of any tax liability. They shall submit the required books of accounts and other business records for verification.

<p>RECEIVED</p> <p>Date: _____</p> <p>By: _____</p>	<p>TAX DEFICIENCY (if any)</p> <p>Amount: _____</p> <p>O.R. No. : _____</p>
<p>PROCESSED</p> <p>Date: _____</p> <p>By: _____</p>	<p>Date: _____</p>

<p><b>EXAMINATION DIVISION</b></p> <p>Remarks: _____</p> <p>Signature over Printed Name _____</p> <p>Date: _____</p>	<p><b>Verified/Inspected by:</b></p> <p>Remarks: _____</p> <p>Signature over Printed Name _____</p> <p>Date: _____</p>	<p><b>APPROVED FOR RETIREMENT</b></p> <p>_____</p> <p><b>EDGAR T. VILLANUEVA</b> City Treasurer</p>
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Encoded by:	I.E.D.	Inspector:	Cert.	T.I.N.	No. of Employees(s)



REPUBLIC OF THE PHILIPPINES  
QUEZON CITY



Office of the City Treasurer

APPLICATION FOR BUSINESS RETIREMENT

TAXPAYER'S INFORMATION

Taxpayer's Name : \_\_\_\_\_  
 Business Name : \_\_\_\_\_  
 Business Address : \_\_\_\_\_  
 Nature of Business : \_\_\_\_\_  
 (to be retired)

DATE OF CLOSURE  
 \_\_\_\_\_

M.P. No. : \_\_\_\_\_  
 Area : \_\_\_\_\_

TYPE OF RETIREMENT:  Full  Partial

YEAR	DECLATED GROSS SALES	PAYMENTS MADE		
		AMOUNT	O.R. Nos.	DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Pursuant to the provision of the Quezon City Revenue Code, as amended. I am applying for the retirement of the above line(s) of business.

I hereby certify, under the penalties of perjury that the entries herein are true and correct to the best of my knowledge and belief

Signature Over Printed Name (Taxpayer)

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<p>PROCESSED</p> <p>Date : _____</p> <p>By: _____</p>	<p>Date : _____</p>

<p><b>EXAMINATION DIVISION</b></p> <p>Remarks:</p> <p>_____                  Signature over Printed Name</p> <p>Date : _____</p>	<p><b>Verified/Inspected by:</b></p> <p>Remarks:</p> <p>_____                  Signature over Printed Name</p> <p>Date : _____</p>	<p><b>APPROVED FOR RETIREMENT</b></p> <p>_____                  EDGAR T. VILLANUEVA                  City Treasurer</p>
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Encoded by:	I.E.D.	Inspector:	Cert.	T.I.N.	No. of Employees(s)



REPUBLIC OF THE PHILIPPINES  
 QUEZON CITY  
*Office of the City Treasurer*



**APPLICATION FOR BUSINESS RETIREMENT**

**TAXPAYER'S INFORMATION**

Taxpayer's Name : \_\_\_\_\_  
 Business Name : \_\_\_\_\_  
 Business Address : \_\_\_\_\_  
 Nature of Business : \_\_\_\_\_  
 (to be retired)

DATE OF CLOSURE  
 \_\_\_\_\_

M.P. No. : \_\_\_\_\_  
 Area : \_\_\_\_\_

TYPE OF RETIREMENT:  Full  Partial

YEAR	DECLATED GROSS SALES	PAYMENTS MADE		
		AMOUNT	O.R. Nos.	DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Signature Over Printed Name (Taxpayer)

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RECEIVED	TAX DEFICIENCY (if any)
Date: _____ By: _____	Amount: _____ O.R. No. : _____
PROCESSED	Date: _____
Date: _____ By: _____	

<b>EXAMINATION DIVISION</b>	<b>Verified/Inspected by:</b>	<b>APPROVED FOR RETIREMENT</b>
Remarks: _____ Signature over Printed Name Date: _____	Remarks: _____ Signature over Printed Name Date: _____	_____ <b>EDGAR T. VILLANUEVA</b> City Treasurer

Encoded by:	I.E.D.	Inspector:	Cert.	T.I.N.	No. of Employees(s)

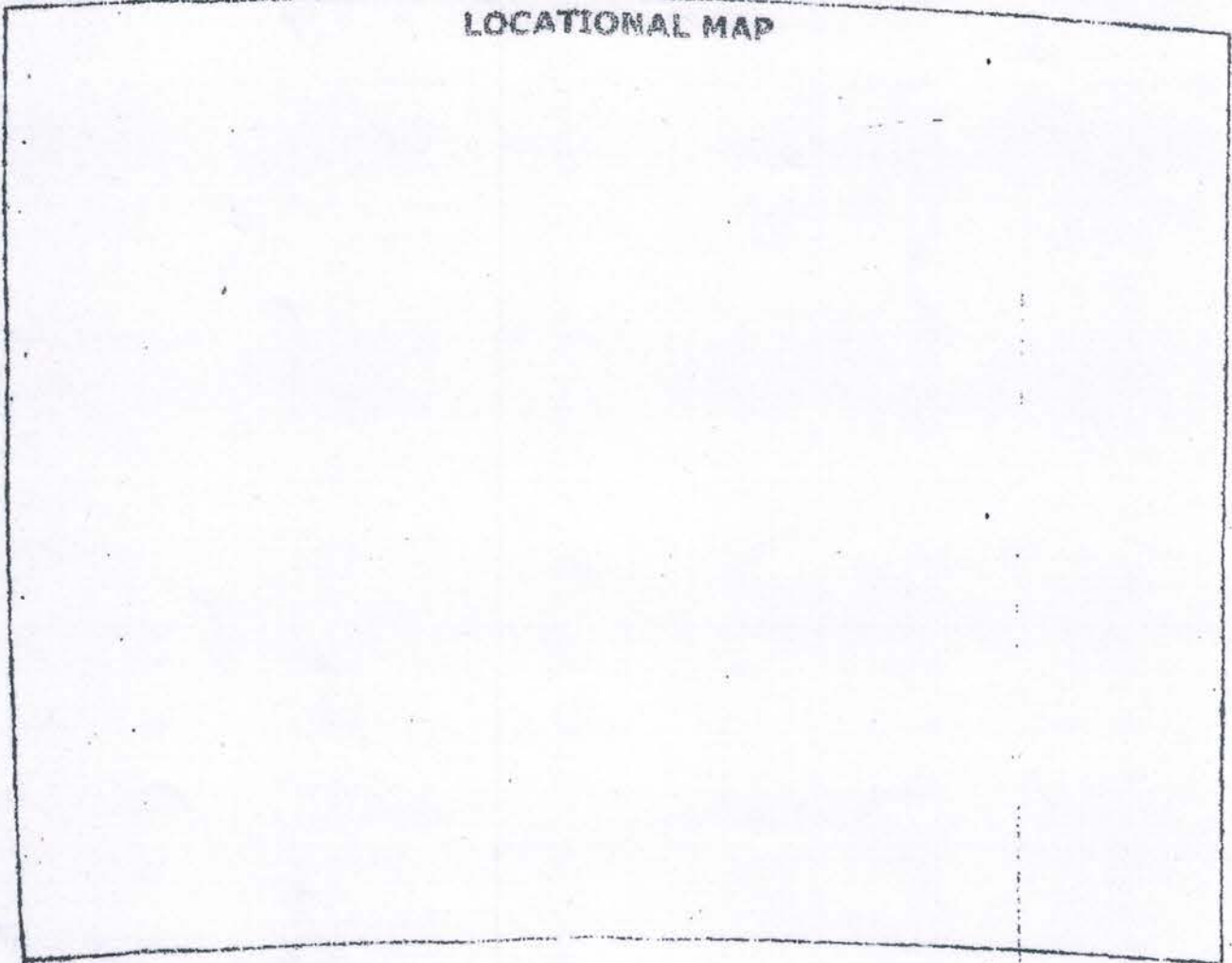


REPUBLIC OF THE PHILIPPINES  
QUEZON CITY  
CITY TREASURER'S OFFICE  
EXAMINATION DIVISION



Mayor's / Business Permit \_\_\_\_\_ Control No. \_\_\_\_\_  
Taxpayer's Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Nature of Business: \_\_\_\_\_  
(to be retired ) \_\_\_\_\_  
Contact Number: \_\_\_\_\_

LOCATIONAL MAP



INSPECTED / VERIFIED BY: \_\_\_\_\_  
(Signature over Printed Name)

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

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_