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

#### (For Corporation)

Document Tracking Number:	
Completely filled up application form dul of the Corporation with Location Map;	ly signed by the <b>President</b> or the authorized representative
Original or Certified True Copy of Tax Bill less as the case maybe;	and Official Receipts for three (3) consecutive years or
Original Business Permit (Latest);	
	closure or transfer of business stating the exact effectivity rectors);
Original or Certified True Copy of updated ( Original to be presented & Certified True	d General Information Sheet (GIS-SEC) se Copy to be submitted );
Photocopy of any government issued Ide involved with three (3) specimen signatu	entification Card/s of the Board of Directors and /or parties are;
Original Barangay Certificate stating the Receipt of payment thereto;	exact effectivity date of closure with attached Official
Certificate of Registration issued by the	BIR (Original to be Presented & photocopy to be submitted)
Original Statement of Revenue or declar branches or line of businesses, a clear an Three (3) years (Notarized)	ration of gross sales or its equivalent. In case of two or more and convincing breakdown of sales must be presented
Photocopy of Official tax bill and receipt said branches or line of business is located	t/permit issued by the Local Government Unit where the ed;
	(Original to be presented & photocopy to be submitted)
VAT / PERCENTAGE TAX RETURNS 20submitted);	(Original to be presented & photocopy to be
Books of Accounts (to be follow upon e	valuation);
Special Power of Attorney (SPA)	
	TAX PAYER CONTACT INFORMATION
.Received by:	Name :
Date received:	· 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

AXPAYER'S INFORMATI		D	DATE OF CLOSURE		
axpayer's Name :					
usiness Address :			N	I.P. No. :	
ature of Business :			A	rea :	
YPE OF RETIREMENT:	Full	Partial	PAYMENTS MAD	DE D.R. Nos.	DATE
YEAR DECLATED	GROSS SALES	AMOUN		J.R. 1905.	
	O City	REC	EIVED	TAX DEFICIENCY (if any)	
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		Date:		Amount:	
		Ву		O.R. No. :	
		PRO	CESSED		
		Date :			
Signature Over Printed	Name (Taxpayer)	Date .		Date	are to the tensor to the
Note: The mere filing of this ap	plication does not ant of any tax aquired books of	By:		Date :	
Note: The mere filing of this ap	plication does not ant of any tax equired books of cords for verification.	By:	APPROVED		MENT
Note: The mere filing of this ap automatically relieve the applica- liability. They shall submit the re accounts and other business re	plication does not ant of any tax equired books of cords for verification.	By:	APPROVED	Date:	MENT
Note: The mere filing of this ap automatically relieve the application liability. They shall submit the reaccounts and other business re	plication does not ant of any tax equired books of cords for verification.	By:	APPROVED		MENT
Note: The mere filing of this ap automatically relieve the application liability. They shall submit the reaccounts and other business re  EXAMINATION DIVISION  Remarks:	plication does not ant of any tax equired books of cords for verification.  Verified/Inspecter Remarks:	By:	EDGAR T	FOR RETIREM	
Note: The mere filing of this ap automatically relieve the application liability. They shall submit the reaccounts and other business re  EXAMINATION DIVISION  Remarks:  Signature over Printed Name	plication does not ant of any tax equired books of cords for verification.  Verified/Inspecter Remarks:	By:	EDGAR T	FOR RETIREM	
Note: The mere filing of this ap automatically relieve the application liability. They shall submit the reaccounts and other business re  EXAMINATION DIVISION  Remarks:	plication does not ant of any tax equired books of cords for verification.  Verified/Inspecter Remarks:	By:	EDGAR T	FOR RETIREM	A
Note: The mere filing of this ap automatically relieve the application liability. They shall submit the reaccounts and other business re  EXAMINATION DIVISION  Remarks:  Signature over Printed Name	plication does not ant of any tax equired books of cords for verification.  Verified/Inspecter Remarks:	By:	EDGAR T	FOR RETIREM	



### REPUBLIC OF THE PHILIPPINES QUEZON CITY



#### Office of the City Treasurer

#### APPLICATION FOR BUSINESS RETIREMENT

AXPAYER'S INFORMAT			DATE OF CLOS	URE	
axpayer's Name :					
usiness Name :					
usiness Address :	The second second		181	M.P. No. :	
lature of Business				Area:	
to be retired)					
to be retired,					
YPE OF RETIREMENT:	Full	Partial	manageries a	405	
		4140	PAYMENTS N	O.R. Nos.	DATE
YEAR DECLATED	GROSS SALES	AMC	DUNT	O.R. NOS.	57.15
	f the Ouezon City		RECEIVED	TAX DEFIC	CIENCY (if any)
Pursuant to the provision of	Lam applying for	Date:		Amount:	
Revenue Code, as amended. I am applying for the retirement of the above line(s) of business.					
the retirement of the above in	penalties of perjury			-	
I hereby certify, under the penalties of perjury that the entries herein are true and correct to the best of my knowledge and belief		By:		O.D. No.	
				O.R. No. :	
		-	PROCESSED	-	
	(Taunquer)	Date:	PROCESSED		
Signature Over Printed	Name (Taxpayer)	Date .			
lote: The mere filing of this ap	plication does not			_ Date :	
lote: The mere filing of this ap- lutomatically relieve the applica	ant of any tax	By:			
shilling They shall submit the re	equired books of				
accounts and other business re	cords for verification.				
	Verified/Inspected	d by:	APPROVE	D FOR RETIRE	MENT
EXAMINATION DIVISION	Remarks:				
Remarks:					
			FDCAR	T. VILLANUEV	'A
		d Nome	PUUAR		
Signature over Printed Name	Signature over Printe	d Name		ity Treasurer	
THE RESERVE TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NA	Signature over Printe	d Name			
Signature over Printed Name Date:		d Name		ity Treasurer	o. of Employees(s)



### REPUBLIC OF THE PHILIPPINES QUEZON CITY





#### APPLICATION FOR BUSINESS RETIREMENT

TAXPAYER'S INFORMATION					DATE OF	CLOSURE
Taxpayer's Name : Business Name :		****				•
Business Address :					M.P. No. :	
Nature of Business : (to be retired)					Area:	
TYPE OF RETIREMEN		Full [	Partial	PAYMENTS !		
YEAR DECI	LATED GRO	SS SALES	AMOU	JNT	O.R. Nos	. DATE
Pursuant to the provi	ision of the C	Quezon City	Date:	RECEIVED		t:
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		Date.	Date.			
		By:		O.R. N	O.R. No. :	
<b>2</b> )				ROCESSED		
Signature Over F	Printed Name	e (Taxpayer)	Date :			
Note: The mere filing of automatically relieve the liability. They shall submi accounts and other busin	applicant of a	books of	Ву.		Date :	•
EXAMINATION DIVISION Verified/Inspected		d by:	APPROVED FOR RETIREMENT			
Remarks:	Rem					
Signature over Printed Name Signature over Printed		That is a second of the second		T. VILLANUEVA		
Date :	Date	C .			City Treasure	
			Cert.	T.I.N	ı T	No. of Employees(s)
Encoded by: I.E	.D.	Inspector:		7.7.7.7.7		



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



layor's / Business Permit	Control No.
usiness Name:	
Special responsibilities to the Control of the Cont	
ontact Number:	
l. C	OCATIONAL MAP
NSPECTED / VERIFIED BY:	
Date:	(Signature over Arinted Name)
REMARKS:	And the state of t
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