

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

(For Partnership)

Document Tracking Number: _____

- Completely filled up application form duly signed by **all Partners** or the authorized representative of the Company 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 Partnership Dissolution on closure or transfer of business stating the exact effectivity date of closure (Signed by all Partners) ;
- Original or Certified True Copy of updated Articles of Partnership (Original to be presented & Certified True Copy to be submitted);
- Photocopy of any government issued Identification Card/s of all partners 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

<p style="text-align: center;">RECEIVED</p> <p>Date: _____</p> <p>By: _____</p>	<p style="text-align: center;">TAX DEFICIENCY (if any)</p> <p>Amount: _____</p> <p>O.R. No. : _____</p>
<p style="text-align: center;">PROCESSED</p> <p>Date: _____</p> <p>By: _____</p>	<p>Date: _____</p>

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.

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

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)

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.

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

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

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

<p style="text-align: center;">RECEIVED</p> <p>Date: _____</p> <p>By: _____</p>	<p style="text-align: center;">TAX DEFICIENCY (if any)</p> <p>Amount: _____</p> <p>O.R. No. : _____</p>
<p style="text-align: center;">PROCESSED</p> <p>Date: _____</p> <p>By: _____</p>	<p>Date: _____</p>

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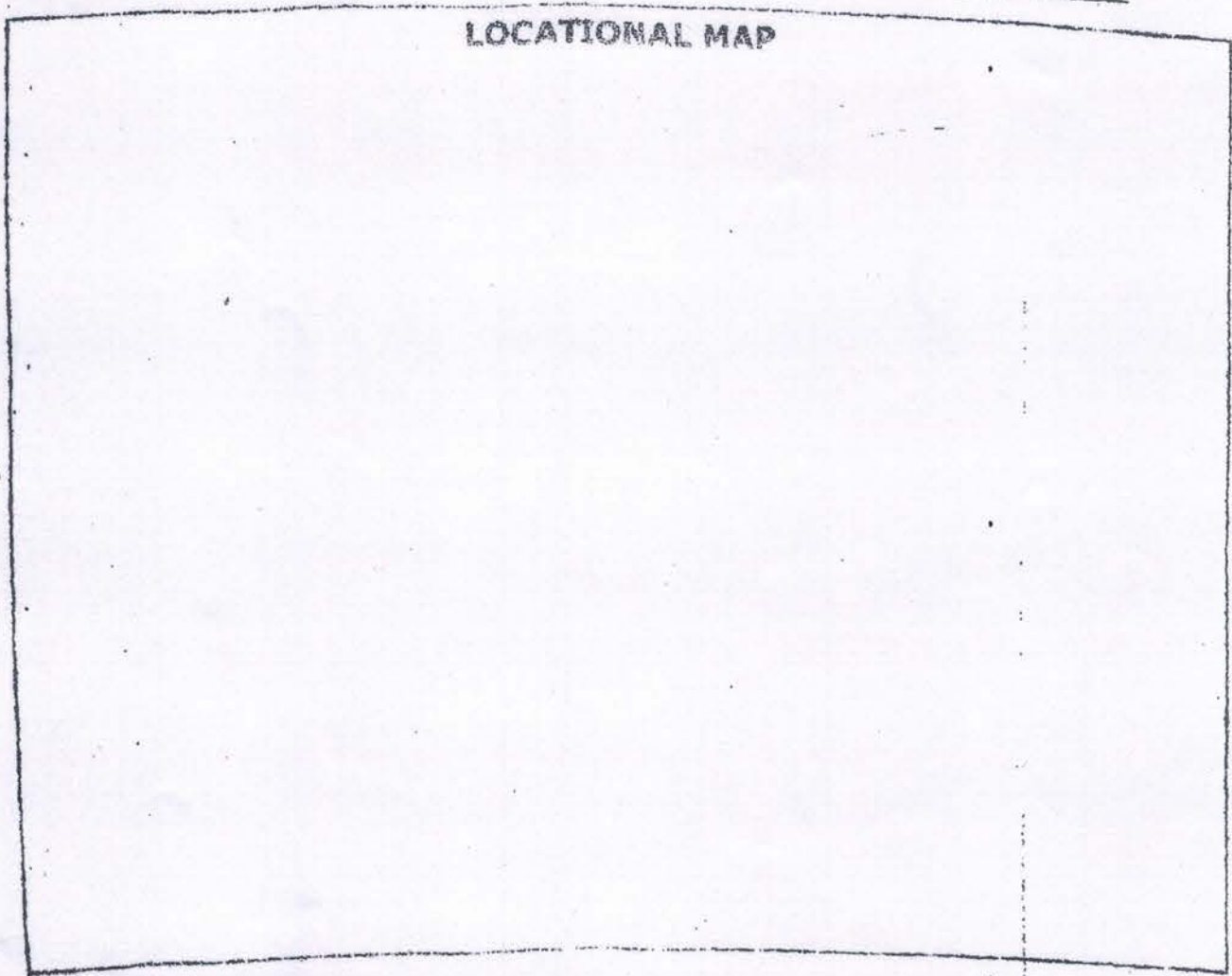
Encoded by:	I.E.D.	Inspector:	Cen.	T.I.N.	No. of Employees(s)



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: _____



INSPECTED / VERIFIED BY: _____
(Signature over Printed Name)

Date: _____

REMARKS: _____

