

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

(For Sole Proprietorship)

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

- Completely filled up application form duly signed by the owner with Location Map
- Original or Certified True Copy of Tax Bill and Official Receipts for three (3) consecutive years less as the case maybe;
- Original Business Permit (Latest)
- Original Notarized Affidavit of closure signed by the Owner stating the exact effectivity date of closure
- Photocopy of any government issued Identification Card/s of the Owner and /or parties involved with three (3) specimen signatures;
- 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 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)       AUTHORIZATION LETTER (Notarized)

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

<b>EXAMINATION DIVISION</b>	<b>Verified/Inspected by:</b>	<b>APPROVED FOR RETIREMENT</b>
Remarks:	Remarks:	<p>_____</p> <p><b>EDGAR T. VILLANUEVA</b></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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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

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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<p style="text-align: center;"><b>PROCESSED</b></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.

<b>EXAMINATION DIVISION</b>	<b>Verified/Inspected by:</b>	<b>APPROVED FOR RETIREMENT</b>
Remarks:	Remarks:	<p>_____</p> <p><b>EDGAR T. VILLANUEVA</b></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  
 CITY TREASURER'S OFFICE  
 EXAMINATION DIVISION



Mayor's / Business Permit \_\_\_\_\_ Control No. \_\_\_\_\_

Taxpayer's Name: \_\_\_\_\_

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

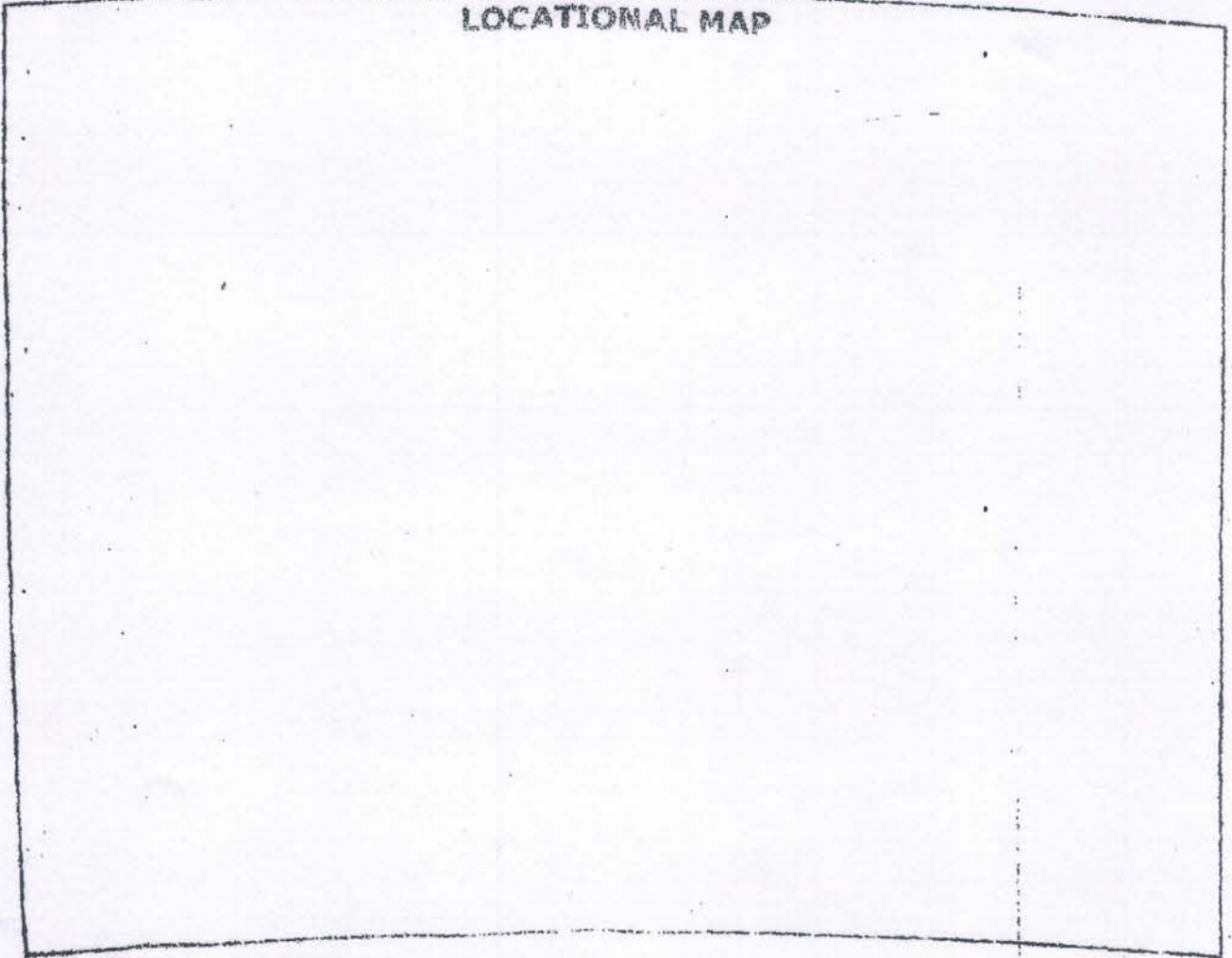
Business Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

(to be retired )

Contact Number: \_\_\_\_\_

LOCATIONAL MAP



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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_