

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;
- Income Tax Return with Audited Financial Statement from 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 followed 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

QCG.CTO.EID.F.02



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



Mayor's / Business Permit: _____ Control No. _____

Taxpayer's name: _____

Business Address: _____

Nature of Business: _____
(to be retired)

Contact Number: _____

LOCATIONAL MAP

[Empty box for Locational Map]

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

DATE: _____

REMARKS: _____

