

Republic of the Philippines Quezon City Office of the City Treasurer Examination Division (For Corporation)



| Document Tracking Number: | |
|---|---|
| Completely filled up application form duly si of the Corporation with Location Map; | igned by the President or the authorized representative |
| Original or Certified True Copy of Tax Bill and less as the case maybe; | d Official Receipts for three (3) consecutive years or |
| Original Business Permit (Latest); | |
| Original Notarized Board Resolution on close date of closure (Signed by all Board of Direct | ure or transfer of business stating the <i>exact effectivity</i> tors); |
| Original or Certified True Copy of updated G (Original to be presented & Certified True C | |
| Photocopy of any government issued Identification involved with three (3) specimen signature; | fication Card/s of the Board of Directors and /or parties |
| Original Barangay Certificate stating the <i>exa</i> tance Receipt of payment thereto; | ct effectivity date of closure with attached Official |
| Certificate of Registration issued by the BIR | (Original to be Presented & photocopy to be submitted); |
| - | on of gross sales or its equivalent. In case of two or more convincing breakdown of sales must be presented |
| Photocopy of Official tax bill and receipt/per branches or line of business is located; | rmit issued by the Local Government Unit where the said |
| Income Tax Return with Audited Financial St presented & photocopy to be submitted); | catement from 20 to 20(Original to be |
| VAT / PERCENTAGE TAX RETURNS 20submitted); | _ (Original to be presented & photocopy to be |
| Books of Accounts (to be followed upon eva | luation); |
| Special Power of Attorney (SPA). | |
| | TAX PAYER CONTACT INFORMATION |
| Received by: | Name : Mobile #: |
| Date received: | Landline #:Email address: |

Note: All applications not completely supported by the aforementioned documents are not deemed filed.



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



| Mayor's / Business Permit: | Control No. | |
|----------------------------|-------------------------------------|--|
| Taxpayer's name: | | |
| Business Address: | | |
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| Nature of Business: | | |
| (to be retired) | | |
| Contact Number: | | |
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| | LOCATIONAL MAP | |
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| INCOFCEED AVEDIFIED DV | | |
| INSPECTED / VERIFIED BY: | (Circostorus porces Briefe d Names) | |
| DATE | (Signature over Printed Name) | |
| DATE: | | |
| DENA A DIVO | | |
| REMARKS: | | |
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