



TAX DECLARATION APPLICATION & ROUTING FORM
 (SEGREGATION/CONSOLIDATION)

Date filed: _____ Control No.: _____

IMPORTANT: [PLEASE PRINT LEGIBLY TO AVOID ERROR IN PERSONAL REFERENCE] PROCESSING OF TRANSACTION COMMENCES ONLY UPON SUBMISSION OF COMPLETE DOCUMENTS. INCOMPLETE REQUIREMENTS WILL NOT BE PROCESSED.

* REQUIRED FIELDS		PREFERENCE FOR RELEASE (pls check):	<input type="checkbox"/>	PICK-UP	<input type="checkbox"/>	REGISTERED MAIL
SUBJECT / TYPE OF PROPERTY: Tax Declaration No. _____		*Land	<input type="checkbox"/>	*Building	<input type="checkbox"/>	*Machinery
*NAME OF NEW REGISTERED OWNER: [TCT/Building plan as reference]					*Registered owner's email address:	
List of Co-owners, if any: _____						
*New Owner/s' Complete Mailing Address: _____						
*Registered owner's contact number: _____						
Administrator: _____						
Address: _____						

** Tick Box for OCA Evaluator's use ONLY **

MANDATORY REQUIREMENTS ATTACHED (Please check appropriate box):

<input type="checkbox"/>	Certified True Copy/Electronic Certified copy of New Title (TCTs/CCTs) from Registry of Deeds
<input type="checkbox"/>	LRA Approved Subdivision Plan
<input type="checkbox"/>	Photo copy of current Real Property Tax (full payment)

IF WITH TRANSFER:

<input type="checkbox"/>	Deed of Conveyance (Any of the ff. please check):	
<input type="checkbox"/>	Deed of Sale/Donation	<input type="checkbox"/> Deed of Exchange
<input type="checkbox"/>	Extra-judicial settlement of estate	<input type="checkbox"/> Affidavit of Self Adjudication (sole heir)
<input type="checkbox"/>	Deed of conditional sale	<input type="checkbox"/> Certificate of Award; or others (specify) _____
<input type="checkbox"/>	Transfer tax receipt (original or certified copy from CTO & photocopy) and Tax Bill (if with Transfer)	
<input type="checkbox"/>	BIR-Electronic-Certificate Authorizing Registration(eCAR), duplicate or photo copy (AO 186 s-2007) (if with Transfer)	

OTHER REQUIREMENTS:

<input type="checkbox"/>	Properly filled-up Request Form	<input type="checkbox"/>	Secretary Certificate is required, if seller is a Corp.
<input type="checkbox"/>	Updated Real Property Tax Payment	<input type="checkbox"/>	Affidavit of Undertaking, if warranted
<input type="checkbox"/>	Photocopy of Previous TCT/CCT (to establish continuity) - Certified True Copy of previous TCT/CCT will only be required, if necessary		
<input type="checkbox"/>	LRA Certification & Affidavit of Loss (in the absence of CAR, Transfer Tax & Conveyance for 2007 and below transfers)		
<input type="checkbox"/>	Notarized Special Power of Attorney from the owner, and valid gov't ID of both owner and representative (preferably QCID).		
<input type="checkbox"/>	Affidavit of Undertaking, if warranted		

A PENALTY OF P2,000.00 PER TITLE SHALL BE IMPOSED FOR LATE DECLARATION OF PROPERTY FILED SIXTY (60) DAYS AFTER THE ISSUANCE OF TCT/CCT FROM THE REGISTRY OF DEEDS (ORDINANCE NO. SP 2361, S-2014). To show proof of release, submit Acknowledgement Slip reflecting EPEB No. or Certification of Release from RD.

I DECLARE UNDER THE PENALTIES OF PERJURY that all information contained in this application are true and correct based on my personal knowledge and all its attachments are authentic records submitted to the Office of the City Assessor. Any fake or misleading information supplied/attached, or production of fake/falsified documents, shall be grounds for appropriate legal action against me and automatically denies the application.

Further, I give my consent to the processing of all personal information as defined under the Data Privacy Act of 2012 (R.A. No. 10173) and its IRR for legitimate and lawful purposes and agrees that real property related accounts or records with Quezon City Government may be processed, profiled or shared to requesting parties or for the purpose of any court, legal process, examination, inquiry and audit or investigation of any authority.

<p align="center">Prepared/Filed by:</p> <p>_____ Name of Applicant Date</p> <p>*Valid contact no. _____</p> <p>*Valid email address : _____</p>	<p align="center">Received by:</p> <p>_____ Receiving Officer Date</p>	<p>FORM 102</p>
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DOCUMENT TRACKING			
WORKSTATION	Received Time	Record Out	REMARKS
RECEIVING/RRE			
STN 1 - EDP OSS TMD PAD CLERK			
STN 2			
STN 3 - VERIFY REVIEW APPROVAL TRANSMIT			
STN 4			
STN 5			
STN 6			

We want to serve you better and improve our client service standards. To fulfill this, let us know what you think and how well did we serve you by answering our Client Satisfaction Measurement survey form, or thru our contact details : CityAssessor@quezoncity.gov.ph or https://www.facebook.com/quezoncityassessorsoffice.