# AFFIDAVIT-DECLARATION THAT NO PROFESSIONAL FEE HAS BEEN CHARGED BY MEDICAL PRACTITIONER

	We.	9	arteral see to at
perma	mently	(Name of Patient Authorized Representative) residing at	
and _		(Medical Practitioner)	, of legal age. : agle/ married
perma	nently	residing at	
Тахра	yer lde	entification Number (TIN)	
		se and state:	cwom an deconducte with law
	1.	That is a patient in the	L 2 8
		That is a patient in the is a patient in the having been confined from to	(Name of Hospital Clinic) due to
	2.	That is the patient;	e authorized representative/guardian of the herein-mentioned
	3.	That is the	a attacking a land of the control of
		That is the duration of the stay in the herein-mentioned hospital:	e attending physician of the herein-mentioned patient for the
	4.	That no professional fee was charged by the aforesaid physician,	the patient being his/her
	5.	That we duly execute this <b>SWORN DECLARATION</b> in compl. Revenue Regulations No;	
	6.	That I declare, under the penalties of perjury, that this declare knowledge and belief to be true and correct.	
	IN	WITNESS WHEREOF, we have hereunto set my hand this d	day of 20at Philippines
	Signat	ture over Printed Name of Patient Guardian	Signature over Printed Name of Medical Practitioner
	Gov	t. ID	Govt. ID
	ISSUE	ed ated on	Issued at
			Issued on
	SUB	SCRIBED AND SWORN to before me this day of	20 in
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			NOTARY PUBLIC
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age No ook No.: eries of		4:5	GT. DIVISION R.G. Wanabat & Co.
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## INCOME PAYEE'S SWORN DECLARATION OF GROSS RECEIPTS/SALES (For Self-Employed and/or Engaged in the Practice of Profession with Several Income Payors)

	l, _	-			(Name)	Pisto de Maria			.,	(Citizenship)			of legal ag	ge, single/	married to
				(Name i	of Spouse)				_ perma	nently resi	iding at	Ta .			
Taxpayer	Ide	entificat	ion Num	ber (TII	J)			(Ad	dress)						with
nereby de										, and	er naving b	een duly	sworn in	accordan	ce with law
	1.77			mv/				incoma fr	om vori	!	to the	, Y		e	endra i suscessara de la seco
		Titat	derived	y	(business	/professional)		income ir	om vario	ous income	e payors, a	nd my re	gistered t	usiness a	ddress is at
		·		(Busin	ess Address)									•	
	2.	That VAT	for the curegistere	irrent ye d taxpay	ear_ yer. For	, my this purpo	gross re ose, I op	eceipts wil t to avail c	I not exc of either	ceed Three	e Million P income ta	esos (₱3. k regime	000.000) as follow	and that s:	la sa non-
			income rate; su	. With the	this select percent	ction, I ac tage tax a	knowled and will	dge that I a	am subje equired r	ct to credi	Code, as am itable withle tax return	nolding ta	ix at the i	prescribed	ł
			gross r the gra	eceipts/: duated	sales and income t	l other no tax rates	n-opera and the	ting incon Percentag	ne - with e Tax ur	this selec ider Secti	the Tax C tion, I und on 116 of bed rate sh	erstand th	nat this is Code, as	in lieu of	f
į	3.	incom case (	e payor	/withho e items	lding ag	ents shal	l automa	atically wi	thhold t	he higher	rate of wi	thholding	of ten r	nerceat (	00,000. my
		a.	busines	s tax (	VAT) u	nless exp	oressly (	exempted;	and co	nsequently	de from in y subject ing applies:	to withh	k, I am s olding o	subject to Lincome.	ĝ. N
		b.	option	since r	ny incoi	me excee	eds ₱3.0	x rate, I ac 000,000 a nsequent l	nd thus,	the grad	am no long luated inco s tax/es;	ger qualit ome tax	ied to av rates ab	ail of this ove shall	8
x <del>Š</del>	4.	That I Reven	duly ex ue Regu	ecute th	is <b>SWO</b> No	RN DEC	CLARA	ΓΙΟΝ in c	omplian	ce with th	ne requiren	nent pres	cribed un	der Sectio	on of
Í	5.	That I	declare. edge and	under belief t	the penso be true	alties of and corr	perjury, ect.	that this	declarati	ion has be	een made	in good	faith, and	i to the t	pest of my
I	IN V	WITNE	ESS WH	EREOI	F, I have	hereunto	set my l	hand this	day o	of	20	) at		, Philip	ppine:-
									S.	Signal	ture over Printee	Name of Ind	lividual Tempe	yer	
5				D SWC			e this	day o	f		20 in _				
pplicant		exhibit	ed to	 		0	Y 250-60 15			issu	ed at	-			on
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		R.G.	Wana TA	bat 8	Co.		3	wallerezalisti		Designati	ion Position of z	Authorized Of	ficer		
Tanga.	La grant (1979)	-	the same of the sa	napocherowichi	ton Barriston Clark	and the same of	-			Name o	f Withholding A	gent Lone Pay	vor		

### INCOME PAYEE'S SWORN DECLARATION OF GROSS RECEIPTS/SALES (For Self-Employed and/or Engaged in the Practice of Profession with Lone Income Payor)

	(Name of Spouse)	<u> </u>	(Cinzenship) permanently residing at _		
		(Addr.			_ wit
axpayer Ide	entification Number (TIN)		, after having	been duly sworn in accordance w	ith la
ereby depo:	se and state:				
1.	That I derived my(business/professi	income only	from		
	(business/profess) with Taxpayer Identification Number	onal) er	and business address	(Name of Lone Payor)  S at	
				-	
2.	That for the current year, that I am registered as a non-VA requirement to file my Income Tax following:	my gross receipts will i T taxpayer; that whate	not exceed Two Hundred	Fifty Thousand Pesos (†250,000.0	0) a
	income. With this selection	n, I acknowledge that subject to percentage tax	I am subject to 0% inco s, if applicable, and will fi	mended, based on the taxable me tax, thus, not subject to le the required percentage tax payments.	
	gross receipts/sales and othe	r non-operating income tes and the Percentage	- with this selection, I un	Code, as amended, based on derstand that this is in lieu of f the Tax Code, as amended:	
3.	That based on my selection above, over ₱3,000.000.00, my afore-stated	if my gross sales/receip l lone income payor sha	pts and other non-operating automatically withhold	ng income exceeds \$250,000.00 the prescribed rate of withholding	ut n tax:
	<ul> <li>In case of Graduated Incombusiness tax (Percentage P250,000.00, and business tax</li> </ul>	Tax, if applicable) ar	nd creditable withholdin	g of income in excess of	
	b. In case of Eight Percent (89 thus, to the creditable withho	%) income tax rate, I a olding income tax in exc	cknowledge that I am on tess of P250,000.00;	ly subject to income tax and	
4.	That I duly execute this <b>SWORN</b> E Revenue Regulations No.	DECLARATION in co	mpliance with the require	ement prescribed under Section	
5.	That I declare, under the penalties knowledge and belief to be true and	of perjury, that this d	eclaration has been made	e in good faith, and to the best	oï m
IN	WITNESS WHEREOF, I have hereu	into set my hand this _	day of	20at, Philippine	:s
			Signature over Prin	ted Name of Individual Taxpayor	
SU	BSCRIBED AND SWORN to before	e me this day of	, 20 in		
pplicant	exhibited to me his/her		issued at		0
c No .	(Cioverument Issu	ved ID and No.)	NOTARY PUBLIC	FUREAU OF INTERNAL INTERNAL INTERPORT DIVI	IS.
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ate Receive		Received by:			
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Circumian.	and the second second second second second second	.Ngn		anny agent i viva or annualied Officer	
O R	G. Manabat & Con	to the second se	Designation Position o	f Authorized Officer	
N. Commercial Commerci	A CONTRACT OF THE PROPERTY OF THE PARTY OF T		Name of Withholding	to the first terms of the second	-

# INCOME PAYEE'S SWORN DECLARATION OF GROSS RECEIPTS/SALES (For Non-Individual Taxpayer with Several Income Payors)

1,	(Citizenship), authorized officer of
	with registered address at
(Name of Non-Individual Income Payee))	with
Taxpayer Identification Number (TIN)accordance with law hereby depose and state:	- C 0 X - +++
with law hereby depose and state.	
<ol> <li>That for the current year, the gross recent not exceed Seven Hundred Twenty Pesos (₱720,00)</li> </ol>	eipts of the aforesaid non-individual payee will 00);
<ol> <li>That I duly execute this SWORN DECLARA prescribed under Section of Revenue Regular</li> </ol>	ATION in compliance with the requirement tions No;
<ol> <li>That I declare, under the penalties of perjury, that and to the best of my knowledge and belief to be to</li> </ol>	this declaration has been made in good faith, rue and correct.
IN WITNESS WHEREOF, I have hereunto set m, Philippines	y hand this day of 20 at
	5
and the second s	*
Sig.	nature over Printed Name of Individual Taxpayer
CHIPGODYDWD	
SUBSCRIBED AND SWORN to before me . Applicant exhibited to	this day of, 20 in
	2
(Government Issued ID and No	<del>0.)</del>
4	
Doc. No.:	NOTARY PUBLIC
Book No.:	
Affix P30.00	
Documentary Stamp Tax	
(To be filled-out by the withholdin	g agent/lone payor)
Oate Received: Received by: (MM-DD-YYYY-00001)	
Signatur	v over Printed Name of the Withholding Agent Payor or Authorized Officer
ş	Designation Position of Authorized Officer
	Name of Withholding Agent Lone Payor
	some of withholding Agent Lone Payor
	UREAU OF INTERNAL DIVISION  LECORDS MGT. DIVISION
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#### INCOME PAYOR/WITHHOLDING AGENT'S SWORN DECLARATION

2 2 3		(Name of Proprietor Authorized	(Ancer)	(Car-enshin)	, of legal age, single
	designated	(Designation Position)		of	ie of Withholding Agent)
with Taxpay	er Identification	n Number (TIN)	The state of the s	, after hav	ing been duly sworn in
accordance v	with law hereby	depose and state:			
Τ.	That there are of the follow	e income ing:	payees (self-employed	individuals) where no w	vithholding is made, consisting
		Type of withhold	ing NOT withheld	Number of income p	ayees
		Expanded WT only WT on VAT/Percentage	Tay only		
		Both expanded and VA		<del> </del>	
		Total			
2.	required Inco	ome Payee's Sworn Decla , and these swor	rations on the amount	of gross receipts which	payment's have executed to they expect to receive for the copies of their Certificate of
3.	submission o exceed ₱3.00	f "Payee's Sworn Deciar	ration of Gross Receip rent year, while	s/Sales" stating that thei non-individual payee	hholding tax rate due to the r gross receipts/sales shall no s submitted "Income Payee" the current year:
4.	That I am atta	aching with this sworn dec	claration the list of indi	vidual payees subject of a	ntems 1 and 2 above consisting
5.	That the sub Regulations N	mission is in compliance	e with the requiremen	its prescribed under Sec	ction of Revenu
6.	That this decl	aration, including the atta	iched list/s, is made in	good faith, to the best of	f my knowledge and belief, to
IN WITNES	be true and co	orrect, under the penalties,		20at	Philippines
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		REVISE	D WITHHOLDING	TAX TABLE		
		Effective	January 1, 2018 to Dec	ember 31, 2022		
DAILY	1	2	3	4	5	6
Compensation Range	P 685 and below	P685 - P1,095	P1,096 - P2,191	P2,192 – P5,478	P5,479 – P21,917	P21,918 and above
Prescribed Withholding Tax	0.00	0.00 + 20% over P 685	P 82.19 + 25% over P 1,096	P 356.16 + 30% over P2,192	P 1,342.47 + 32% over P 5,479	P 6,602.74 + 35% over P21,918
WEEKLY	1	2	3	4	5	6
Compensation Range	P 4,808 and below	P 4,808 – P 7,691	P 7,692 – P15,384	P 15,385 – P 38,461	P 38,462 – P153,845	P 153,846 and above
Prescribed Withholding Tax	0.00	0.00 + 20% over P 4,808	P 576.92 + 25% over P 7,692	P 2,500.00 + 30% over P 15,385	P 9,423.08 + 32% over P 38,462	P 46,346.15 + 35% over P 153,840
SEMI-MONTHLY	1	2	3	4	5	6
Compensation Range	P 10,417 and below	P 10,417 – P16,666	P 16,667 – P 33,332	P 33,333 – P 83,332	P 83,333 - P333,332	P 333,333 and above
Prescribed Withholding Tax	0.00	0.00 + 20% over P 10,417	P 1,250.00 + 25% over P 16,667	P 5,416.67 + 30% over P 33,333	P 20,416.67 + 32% over P 83,333	P 100,416.67 + 35% over P 333,333
MONTHLY	1	2	3	4	5	6
Compensation Range	P 20,833 and below	P 20,833 – P 33,332	P 33,333 – P 66,666	P 66,667 – P 166,666	P 166,667 – P666,666	P 666,667 and above
Prescribed Withholding Tax	0.00	0.0	P 2,500.00	P 10,833.33	P 40,833.33	P 200,833.33
		+ 20% over P 20,833	+ 25% over P 33,333	+ 30% over P 66,667	+ 32% over P 166,667	+35% over P 666,667

FUREAU OF INTERNAL INVOLUE INECORDS MGT. DIVISION 4:50 P.M. MAR 1 5 2018

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		PEV	ISED WITHHOLD	ING TAX TABLE		
		20	Effective January 1, 20	23 and onwards		
DAILY Compensation Range	1 P 685 and below	<b>2</b> P 685 – P 1,095	3 P 1,096 – P 2,191	<b>4</b> P <b>2,192</b> – P <b>5,47</b> 8	5 P 5,479 – P 21,917	6 P 21,918 and above
Prescribed Withholding Tax	0.00	0.00 + 15% over P 685	P 61.65 + 20% over P 1,096	P 280.85 + 25% over P2,192	P 1,102.60 + 30% over P 5,479	P 6,034.00.30 + 35% over P 21,918
WEEKLY	1	2	3	4	5	6
Compensation Range	P 4,808 and below	P 4,808 – P 7,691	P 7,692 - P 15,384	P 15,385 – P 38,461	P 38,462 – P 153,845	P 153,846 and above
Prescribed Withholding Tax	0.00	0.00 + 15% over P 4,808	P 432.60 + 20% over P 7,692	P 1,971.20 + 25% over P 15,385	P 7,740.45 + 30% over P 38,462	P 42,355.65 + 35% over P 153,846
SEMI-MONTHLY	1	2	3	4	5	6
Compensation Range	P 10,417 and below	P 10,417 - P 16,666	P 16,667 – P 33,332	P 33,333 – P 83,332	P 83,333 – P 333,332	P 333,333 and above
Prescribed Withholding Tax	0.00	0.00 + 15% over P 10,417	P 937.50 + 20% over P 16,667	P 4,270.70 + 25% over P 33,333	P 16,770.70 + 30% over P 83,333	P 91,770.70 + 35% over P 333,333
MONTHLY	1	2	3	4	5	6
Compensation Range	P 20,833 and below	P 20,833 – P 33,332	P 33,333 – P66,666	P 66,667 – P 166,666	P 166,667 – P666,666	P 666,667 and above
Prescribed Withholding Tax	0.00	0.00 + 15% over P 20,833	P 1,875.00 + 20% over P 33,333	P 8,541.80 + 25% over P 66,667	P 33,541.80 + 30% over P 166,667	P 183,541.80 + 35% over P 666,667

FUREAU OF INTERNAL IN THE RECORDS MGT. DIVIS: JN 4:50 P. M. MAN 15 2018

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R.G. Wanabat & Co.

/r.

#### CERTIFICATION

This is to certify that the employees listed below are qualified for substituted filing of their Income Tax Return pursuant to the provisions of Section 2.83.4 of Revenue Regulations No. 2-98, as amended.

Name of Employee	Taxpayer Identification Number	Amount of Compensation	Tax Due Withheld and Remitted
9			
0			
N			
2			
	14		
	L		

I declare under the penalties of perjury, that this declaration has been made in good faith, and to the best of my knowledge and belief to be true and correct.

	over Printed orized Office				
SUBSCRIBED AND SWORN to before me this exhibited to me his/her	day of issued at	, 20_	, 20in		,Applicant
				on _	

NOTARY PUBLIC

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