

Schedule of Itemized Deductions (continuation)

Taxpayer/Filer

Advertorial	
Rental	
Insurance	✓, 400
Royalties	
Repair and Maintenance	13,200
Representation and Entertainment	2,500
Transportation and Travel	
Fuel and Lubricants	✓, 00
Communication, Light and Water	44,414.72
Supplies	✓, 00
Interest	
Taxes and Licenses	9,028.46
Losses	
Bad Debts	
Depreciation	
Amortization of Intangibles	
Impairment	
Charitable Contribution	
Research and Development	
Amortization of Premiums Trust Premiums	
Miscellaneous	✓, 00
Total Allowable Expenses not to Exceed Limitations 31 & 32 (To Items 34A & 34B)	180,543.18

Section C

Reconciliation of Net Income Per Books Against Taxable Income

Taxpayer/Filer

Spouse

Net Income/ Loss per books	
Add: Other Taxable Income/Non-deductible Expenses	
Total (Sum of Items 98 and 99)	

Less: Non-taxable Income and Income Subjected to Final Tax

Medical Deductions		
Total (Sum of Items 101 and 102)		

Net Income/ Loss Before Premium on Health and
Hospitalization Insurance and Exemptions (To Item 35)

Qualified Dependent Children			
Name	Birth Date (MM/DD/YYYY)	Name	Birth Date (MM/DD/YYYY)
Atina Faye Maglinao	10 06 2005		
Mis Jose Maglinao	09 21 2006		

Other Dependents (to be accomplished if Taxpayer is Head of the Family)

Name	Birth Date (MM/DD/YYYY)	Relationship to Taxpayer

I declare, under the penalties of perjury, that this return has been made in good faith, verified by me, and to the best of my knowledge and belief,
is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

105 *Helen A. Guezon*

106

secretary

Taxpayer/Authorized Agent Signature over Printed Name

Title/Position of Signatory

Immunity Tax Certificate Number	Place of Issue	Date Issued	Amount
		MM	
0657790	108 Digos City	01 03 2008	110



INTEGRATED BAR OF THE PHILIPPINE
Iligan City-Lanao del Norte Chapter
IBP Building, Badelles Street, Iligan City
Tel. No. (063)221-6458

2007-2009
CHAPTER OFFICERS

PAUL C. ZAIDE
President

DAVID WARREN G. LIM
Vice-President

CHERRY T. SUMAOY
Secretary

MARY SHEILA B. PESTOLANTE
Treasurer

EULALIO G. GAITE
Auditor

ROMMEL M. ALONTO
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GERARDO D. PAGUIO
Director

ALEX E. MACABANGKIT
Director

NATHANIEL C. TARRANZA
Director

FRANCO B. UGAT
Director

CONSULTATIVE COMMITTEE

ALIPIO CIRILO V. BADELLES
Past IBP Governor

VALERIO M. SALAZAR
Judge

OSCAR V. BADELLES
Judge

ALBERT B. ABRAGAN
Judge

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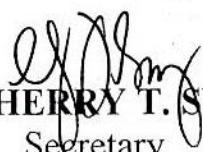
CERTIFICATION

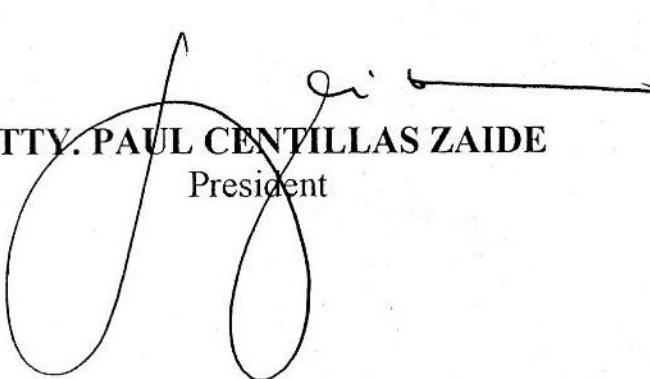
TO WHOM THIS MAY CONCERN:

This is to certify that **ATTY. ELMER C. MAGLINAO**, with law office address at 3/F Eltanal Building, Roxas Avenue, Iligan City is a member in good standing of the Integrated Bar of the Philippines-Iligan City-Lanao del Norte Chapter. Having paid his Annual Membership Dues for calendar year 2008 under IBP Official Receipt No. 715859 dated December 31, 2007 and he is known to us of good moral character.

This certification is being issued upon request of Atty. Elmer C. Maglinao in support of his Petition for Notarial Commission, for and in the City of Iligan and Province of Lanao del Norte.

Done this 6th day of November, 2008 Iligan, City, Philippines.


ATTY. CHERRY T. SUMAOY
Secretary


ATTY. PAUL CENTILLAS ZAIDE
President

C O - M A K E R S T A T E M E N T

WHEREIN ALL MEN BY NAME ARE PRESENT

That I, MARY EMMEL C. MAGLINA, of legal age, Filipino, married/single,
(Co-maker)
with postal address at Canaway, Iligan City
bind myself jointly and severally,

with

MONABEL MAY N. APAD of BLK 20, LOT 10 TINAGO BEL-AIR SUBD
(Principal) (home address)

MIMBALOT, BURU-UN, ILIGAN CITY, LPN a grantee under DOST Accelerated S&T Human Resource Development Program

In favor of

The DEPARTMENT OF SCIENCE AND TECHNOLOGY (DOST) with principal office
at Gen. Santos Avenue, Taguig, Metro Manila, hereinafter referred to as DOST.

Witnesseth

WHEREAS, the Principal has accepted and signed a Scholarship Contract
with DOST and bound himself/herself to comply with the terms and conditions
stipulated in said Contract and its implementing Guidelines;

WHEREAS, under said Guidelines, it is stipulated that the Principal shall be
bound to pay and reimburse DOST on demand such amount or amounts as may
have been defrayed for the Principal's school fees, allowances and other expenses
incurred by DOST in connection with the scholarship in the event of the Principal's
failure to complete the program covered by the scholarship grant or render the
required year(s) of service.

NOW, THEREFORE, for and in consideration of the foregoing premises, I,
Co-maker of this undertaking, hereby guarantee and warrant to DOST: (1) That the

Principal shall faithfully comply with the terms and conditions

Scholarship Contract, and (2) That in such event that the

DOST to make reimbursement(s) for failure to complete the
render the required year(s) of service, I bind myself to indemnify
for such obligation upon demand by DOST.

IN WITNESS WHEREOF, I have hereunto set my hand this

20 at ILIGAN CITY, Philippines

MONABEL MAY N. APAO

Principal
(Signature over Printed name)

ATTY. EMEY C. MAGLINAO

Co-Maker
(Indicate relationship)

SIGNED IN THE PRESENCE OF:

MONINA N. APAO

Witness

ACKNOWLEDGEMENT

Before me, Notary Public for and in _____, this _____ day of
20 personally appeared: JAN 14 2009

NAME	RES. CERT. NO.	DATE/PLACE ISSUED
1. MONABEL MAY N. APAO	01990986	01-14-'09 / Pub. Iligan City
2. Atty. Emey C. Maglinao	01983440	Jan 4 '09 Iligan City

Known to me and to be the same persons who executed the foregoing Scholarship
Contract and acknowledged to me that the same is their own free act and deed.

Witness my hand, and seal on the date and place above stated.

Doc. No.
Page No.
Book No.
Series of

109
01
0001
2009

ATTY. ALFREDO R. BUSICO

Notary Public/LIC

UNTIL DECEMBER 31, 2010

PTR NO. 22835.01-05-09

IBP NO. 716056.12-11-08

ISSUED AT ILIGAN CITY

TIN NO. 114-765-077

Annual Income
Tax Return

July, 1995

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kwanihan ng Rentas Internas

For Self-Employed, Individuals, Estates, and Trusts
(Including those w/ both Business & Compensation Income)

Fill in all applicable spaces. Mark all appropriate boxes with an X.

2,007

Amended Return?

 Yes No

3. No. of sheets attached

TAXPAYER/FILER			BACKGROUND INFORMATION		
3 1 7	1 6 6	0 0 7	0 0 0	5 RDO	Code 6 TIN
			► 10 ►		
9. Spouse's Name (Last Name, First Name, Middle Name) (If applicable) ► Maglinao Mimi Sandillan					
10. Registered Address Panal Law Office, Roxas Ave., I.C.			11. Registered Address Canaway, Ilocos Sur City		
10/01/1972	13 Zip Code 9207		14 Telephone Number 221-6401		15 Date of Birth (MM/DD/YYYY) ►
Lawyer	19 ATC	11 0 1 1 Compensation 11 0 1 2 Business 11 0 1 3 Mixed Income		20 Line of Business/Occupation	21 ATC 11 0 1 1 Compensation 11 0 1 2 Business 11 0 1 3 Mixed Income
22. Method of Deduction <input checked="" type="checkbox"/> Standard Deduction <input type="checkbox"/> Optional Standard Deduction			23 Method of Deduction <input type="checkbox"/> Itemized Deduction <input type="checkbox"/> Optional Standard Deduction		
24A Number of Qualified Dependent Children			24B Is the wife claiming the additional exemption for qualified dependent children? ► Yes <input type="checkbox"/> No <input type="checkbox"/>		
25. Claiming of tax relief under Special Law/International Tax Treaty? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify _____					
Computation of Tax					
TAXPAYER/FILER			SPOUSE		
Compensation Income (Schedule 1) 26A			26B		
Deductions (Sum of 27A & 27C/27B & 27D) 27A			27B 2,400 (48,000)		
27C			27D		
27E			27F		
28A			28B		
29A			29B 238,300		
30A			30B		
31A			31B 238,300		
32A			32B		
33A			33B 238,300		
34A			34B 140,343.18		
35A			35B 57,352.82 (48,000)		
36A			36B		
37A			37B 91,250.81		
38A			38B 91,250.82		
39A			39B 487.84 367.84 367.84		
39C					
40A			40B		
40C			40D		
40E			40F		
40G			40H		
40I			40J		
40K			40L		
40M			40N		
40O			40P		
41A			41B		
42A			42B		
42C			42D		
42E			42F		
42G			42H		
43A			43B		
43C					
44. If overpayment, mark one box only: <input type="checkbox"/> To be refunded <input type="checkbox"/> To be issued a Tax Credit Certificate <input type="checkbox"/> To be carried over as tax credit next year/quarter					
45. Details of Payment					
Particulars		Borrower/Bank Acct/Inv.	Number	Date MM DD YYYY	Amount
Cash/Bank				44	
Debit Memo				45	
Check		45B 45A 46A	45C 46B 47C	45D 46C 47D	RPH
Tax Ded.Memo					
Others		47A 47B	47C	47D	

Stamp of Receiving
Office and Date
of Receipt

Machine Validation/Revenue Official Receipt Details (If not filed with the bank)

OMMUR HAL THOMAS SAI
Revenue Officer

BIR
Schedule of Itemized Deductions (continuation)
Taxpayer/ File:

Particulars

- Advertising
- Rental
- Insurance
- Royal
- Repairs and Maintenance
- Representation and Entertainment
- Transportation and Travel
- Fuel and Lubricants
- Communication, Light and Water
- Supplies
- Interest
- Taxes and Licenses
- Losses
- Bad Debts
- Depreciation
- Amortization of Intangibles
- Depletion
- Charitable Contribution
- Research and Development
- Amortization of Donated/Trust Contribution
- Miscellaneous

5,400

13,200

2,500

5,500

44,414.72

15,500

9,028.46

9,500

140,743.18

Total Allowable Expenses not to

Exceed Item 31 & 32 (To Items 34A & 34B)

Section C

Reconciliation of Net Income Per Books Against Taxable Income

Taxpayer/Filer

Spouse

Income/Loss Per Books

Other Taxable Income/Non-deductible Expenses

Total (Sum of Items 98 and 99)

Less: Non-taxable Income and Income Subjected to Final Tax

Special Deductions

Total (Sum of Items 101 and 102)

Net Income/Loss Before Premium on Health and Hospitalization Insurance and Exemptions (To Item 35)

Section D

Qualified Dependent Children

Name	Birth Date (MM/DD/YYYY)	Name	Birth Date (MM/DD/YYYY)
Atina Faye Maglinao	10 06 2005		
Maris Jose Maglinao	09 21 2006		

Other Dependents (to be accomplished if Taxpayer is Head of the Family)

Name	Birth Date (MM/DD/YYYY)	Relationship to Taxpayer

I declare, under the penalties of perjury, that this return has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

105 HELEN A. GUNTON

106

secretary

Title/Position of Signatory

Taxpayer/Authorized Agent Signature over Printed Name

Immunity Card Certificate Number	Place of Issue	Date Issued			Amount
		MM	DD	YYYY	
06157790	108 Digos City	109	01	03	2,000
					110



INTEGRATED BAR OF THE PHILIPPINES
Iligan City-Lanao del Norte Chapter
IBP Building, Badelles Street, Iligan City
Tel. No. (063)221-6458

2007-2009
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Director

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Past IBP Governor

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Judge

OSCAR V. BADELLES
Judge

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Judge

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MYLENE R. PACASUM
RAFAEL A. BENEDICTOS, JR
LEO M. ZARAGOZA

CERTIFICATION

TO WHOM THIS MAY CONCERN:

This is to certify that **ATTY. ELMER C. MAGLINAO**, with law office address at 3/F Eltanal Building, Roxas Avenue, Iligan City is a member in good standing of the Integrated Bar of the Philippines-Iligan City-Lanao del Norte Chapter. Having paid his Annual Membership Dues for calendar year 2008 under IBP Official Receipt No. 715859 dated December 31, 2007 and he is known to us of good moral character.

This certification is being issued upon request of Atty. Elmer C. Maglinao in support of his Petition for Notarial Commission, for and in the City of Iligan and Province of Lanao del Norte.

Done this 6th day of November, 2008 Iligan, City, Philippines.

ATTY. CHERRY T. SUMAOY
Secretary

ATTY. PAUL CENTILLAS ZAIDE
President

HILIP

CO-MAKER STATEMENT

Annex

ALL MEN BY THESE PRESENTS

That I, ATTY. ELMER C. MAGLINA,
(Co-maker)

With postal address at Conway, Iligan City,
bind myself jointly and severally,

with

MONABEL MAY N. APAO
(Principal)

of TINAGB BEL-AIR SUBD. MIMBALOT,
(home address)

BURU-UN, ILIGAN CITY, LDN
Human Resource Development Program

a grantee under DOST Accelerated S&T

In favor of

The DEPARTMENT OF SCIENCE AND TECHNOLOGY (DOST) with principal office
at Gen. Santos Avenue, Taguig, Metro Manila, hereinafter referred to as DOST.

Witnesseth

WHEREAS, the Principal has accepted and signed a Scholarship Contract
with DOST and bound himself/herself to comply with the terms and conditions
stipulated in said Contract and its implementing Guidelines;

WHEREAS, under said Guidelines, it is stipulated that the Principal shall be
bound to pay and reimburse DOST on demand such amount or amounts as may
have been defrayed for the Principal's school fees, allowances and other expenses
incurred by DOST in connection with the scholarship in the event of the Principal's
failure to complete the program covered by the scholarship grant or render the
required year(s) of service.

NOW, THEREFORE, for and in consideration of the foregoing premises, I,
Co-maker of this undertaking, hereby guarantee and warrant to DOST: (1) That the
DOST Co-maker Statement

Principal shall faithfully comply with the terms and conditions stipulated under the Scholarship Contract and (2) that in such event that the Principal is required by DOST to make reimbursements for failure to complete the scholarship program or render the required year(s) of service, I bind myself to be jointly and severally liable for such obligation upon demand by DOST without need of court action.

IN WITNESS WHEREOF, I have hereunto set my hand this JAN 14 2009 day of

20 at LIGAN CITY, Philippines.

Monapel May N. Apao
MONAPEL MAY N. APAO

Principal
(Signature over Printed name)

Atty. Elmer C. Maglana
Co-Maker
(Indicate relationship)

SIGNED IN THE PRESENCE OF:

Monapel May N. Apao
MONAPEL MAY N. APAO

Witness

ACKNOWLEDGEMENT

Before me, Notary Public for and in JAN 14 2009 this day of
20 personally appeared:

NAME	RES. CERT. NO.	DATE/PLACE ISSUED
1. <u>Monapel May N. Apao</u>	<u>01996986</u>	<u>01-14-09 / Pub Ligang City</u>
2. <u>Atty. Elmer C. Maglana</u>	<u>01983440</u>	<u>Jan. 14 09 Ligang City</u>

Known to me and to be the same persons who executed the foregoing Scholarship Contract and acknowledged to me that the same is their own free act and deed.

Witness my hand, and seal on the date and place above stated.

Doc. No.
Page No.
Book No.
Series of

449
91
Credit
1000

Atty. Alejandro R. Busco
Notary Public
NOTARY PUBLIC
UNTIL DECEMBER 3, 2010
PTR NO. 2222581-05-09
IBP NO. 718168 12-11-08
ISSUED AT LIGAN CITY
TIN NO. 114-265-077

INSTRUCTIONS IN ACCOMPLISHING THE SCHOLARSHIP DOCUMENTS:

1. Reproduce four (4) additional copies of the scholarship contract and the co-maker undertaking prior to signing.
2. Sign all pages of the scholarship contract, co-maker undertaking.
3. Have the co-maker undertaking notarized. Submit a copy of your co-maker's latest PNR and certificate of employment. The co-maker should have an income of at least P200,000 per annum and should be someone other than the spouse of the grantee (where applicable).
4. Return to PCASTRD all copies of the contract, four copies of the notarized co-maker undertaking.
5. Please submit to PCASTRD a copy of your enrolment form immediately after enrolment (for all semesters). The said forms will be the basis for processing your scholarship privileges.
6. Please submit a copy of your program of study/plan of course work 60 days after the start of classes. The said plan should be duly endorsed by your adviser/department chair.
7. Make sure to keep a copy each of the co-maker undertaking for your reference.
8. Please accomplish the attached Annex xxx (Additional Undertaking of Scholar).
9. Please return the signed contract and other required documents to PCASTRD as soon as possible for immediate release of your first stipend.
10. Please accomplish the Landbank application form to open an account as DOST scholar at Bicutan, Manila Branch. Form is available at MSU-IIT's Graduate office c/o Ms. Minda.

Schedule of Itemized Deductions (continuation)

Taxpayer/Filer

BIR

Advertorial Expenses
 Rental of Equipment
 Insurance
 Royalty
 Repair and Maintenance
 Reproduction, Software and Entertainment
 Transportation and Travel
 Fuel and Lubricants
 Communication, Light and Water
 Supplies
 Interest
 Taxes and Licenses
 Losses
 Bad Debts
 Depreciation
 Abatement of Liabilities
 Depletion
 Charitable Contribution
 Research and Development
 Amortization of Franchise
 -trust distribution
 Miscellaneous
 Total Allowable Expenses not to
 exceed ₱ 31 & ₱ 32 (To Items 34A & 34B)

5,400

13,200

2,500

15,000

44,414.72

15,000

9,028.46

9,000

180,143.18

Section C

Reconciliation of Net Income Per Books Against Taxable Income

Taxpayer/Filer

Spouse

Net Income Per Books

Add: Other Taxable Income/Non-deductible Expenses

11 (Sum of Items 98 and 99)

102 Non-taxable Income and Income Subjected to Final Tax

101 (Sum of Items 101 and 102)

Net Income (Loss) Before Premium on Health and
Homeowner's Insurance and Exemptions (To Item 35)

Section D

Qualified Dependent Children

Name	Birth Date (MM/DD/YYYY)	Name	Birth Date (MM/DD/YYYY)
Astina Faye Maglinas	10 06 2005		
Honoris Jose Maglinas	09 21 2006		

Other Dependents (to be accomplished if Taxpayer is Head of the Family)

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I declare, under the penalties of perjury, that this return has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

105

HELEN A. MUNSON

106

secretary

Title/Position of Signatory

Taxpayer/Authorized Agent Signature over Printed Name

Community Tax Certificate Number	Place of Issue	Date Issued			Amount
		MM	DD	YYYY	
06557790	108 Digos City	109	01	03	1,000



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Annex C

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Secretary

ATTY. PAUL CENTILLAS ZAIDE
President