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P.	LILIY.		Committee and
(		Republika ng Pilipinas Kagawaran ng Pananak Kawanihan ng Rentas	56(C)
	William Co.	the restricting transfer	1110001185

Il in all applicable spaces, Mark all For the Year		The state of the s	- Contract of the Contract of	July 2008 (ENCS)
1 01 016 1001		2 For the Period	-	
(YYYY) >		From (MM/DD)		To Address To
Tayneyee moment	Contract Contract and Copyrights and Contract Co		ensation Income	To (MM/DD) L and Tex Withheld from Present Emp
Identification No.	763 176	ent 그리네이다		home
Employee's Name (Last Name, First Nam GIRON PIAUREEN 17)			COMPENSAT	JON INCOME
0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THEM DC 3	32 Basic Salary/ Statutory Minimum Wage	32	
Registered Address	ARK 7 FONTLA 6A Zip Code	Minimum Wage Earner (MWE)		
	The same and a same of	4 33 Holiday Pay (MWF)	20	
Local Home Adams 3U XII CXIV	66 Zip Code		33	-
		34 Overtime Pay (MWZ)	34	
Foreign Address	6E Zip Code	35 Night Shift Differential (MWE)	35	
Vicada in the contract of the			L	(i)
Pate of Birth (MM/DD/YYYY)	8 Telephone Number	36 Hazerd Pay (MWE)	36	
		37 13th Month Pay	on (	
xemption Status :	Married	and Other Benefits	37	30,000.0
is the wife claiming the additional exemption	n for qualified dependent children?	38 De Minimis Benefits	201	
Yes Name of Qualified Dependent Children	No.	and the state of t	38	
- Applica Dependent Children	11 Date of Birth (MM/DD/YYYY)	70 000 000		
		39 SSS, GSIS, PHIC & Pag-ibig Contributions & Union Dues	39	22, 167, 90
		(Employee share only)		
		-	-	
Statutory Minimum Wage rate per day	12	40 Salaries & Other Forms of Compensation	.40	
Statutory Minimum Wago rate per month	13			50 1/2
		41 Total Non-Taxable/Exempt Compensation Income	41	
Minimum Wage Earner whose con withholding tax and not subject to	income tax			
# Employer Information expayer FO G G r	(Present)	B. TAXABLE COMPENSATION REGULAR	INCOME	
ntification No.	9 9 9 0 9 8 0 0	44		
molover's Name SETY OF THE	-PHILIPPINES-DIL	42 Basic Salary	42	184, 142, 10
	- LUMETLL THE PARTY OFF	43 Representation	43	
ogistered Address	17A Zin Code		<u> </u>	
PILLMAN, QUEZON C	ITY 11.01	44 Transportation	44	
	condary Employer	45 Cost of Living Allowance	45	
xpayer Employer Informati	ion (Previous)			
ntification No.				
CENTRAL PROPERTY OF THE PROPER	<del></del>	46 Fixed Housing Allowance	46	ante de la companio
A STANTING		47 Others (Specify)		
	200 7 5 4	47 Others (Specify) 47A	46 47A	
	20A Zip Code	47 Others (Specify)		
rgistered Address		47 Others (Specify) 47A 47B SUPPLEMENTARY	47A	
gistered Address V.A. Summ	nary	47 Others (Specify) 47A 47B	47A	
gistered Address  7-A Summ  vas Compensation Income from 21   21   25   26   27   28   29   20   21   22   23   24   25   26   27   28   29   20   20   21   22   23   24   25   26   27   28   28   29   20   20   20   20   21   22   23   24   25   26   26   27   28   29   20   20   20   20   21   22   23   24   25   26   27   28   29   20   20   21   22   23   24   25   26   26   27   28   28   29   20   20   20   20   21   22   23   24   25   26   26   27   28   28   29   20   20   20   20   20   20   20   20	293, 402, 00	47 Others (Specify) 47A  47B  SUPPLEMENTARY 48 Commission	47A 47B	
pistered Address  /-A Summ res Compensation Income from 21 res Compensation Income from 21 res. Total Non-Taxable/ 22 roupt (Item 41 pius Item 55) xable Compensation Income 23	nary	47 Others (Specify) 47A 47B SUPPLEMENTARY	47A 47B	
pistered Address  /-A Summ oss Compensation Income from 21   seent Employer (Item 41 plus Item 55) iss: Total Non-Taxable/ 22   ompt (Item 41) xable Compensation Income 23   m Plesent Employer (Item 55)	293, 402, 00	47 Others (Specify) 47A  47B  SUPPLEMENTARY 48 Commission  49 Profit Sharing 50 Fees Including Director's	47A 47B 48	
gistered Address  7-A Summ oss Compensation Income from ose of Employer (Item 41 plus Item 55) ompt (Item 41) xable Compensation Income m Present Employer (Item 65) d. Taxable Compensation come from Previous Employer	293, 402, 00 52, 167, 90	47 Others (Specify) 47A  47B  SUPPLEMENTARY 48 Commission	47A 47B	
gistered Address  7-A Summ oss Compensation Income from ose of Employer (Item 41 plus Item 55) ompt (Item 41) xable Compensation Income m Present Employer (Item 65) d. Taxable Compensation come from Previous Employer oss Taxable oss Taxable Taxab	293,402.00 52,167.90	47 Others (Specify) 47A  47B  SUPPLEMENTARY 48 Commission  49 Profit Sharing  50 Fees Including Director's Fees 51 Taxable 13th Month Pay	47A 47B 48	19.202.00
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gistered Address  7-A Summoss Compensation Income from 21 seent Employer (Item 41 plus Item 55) satisfied Compensation Income more from Previous Employer (Item 55) d. Taxable Compensation 24 come from Previous Employer poss Taxable mpensation income ss: Total Exemptions 26 ss: Total Exemptions 26 by Premium Plain on Pealth 27 by Premium Plain on Pealth 27 by Proposital Exemption 28	293, 402, 00 52, 167, 90 241, 234, 10 507,000, 00	47 Others (Specify) 47A  47B  SUPPLEMENTARY  48 Commission  49 Profit Sharing  50 Fees Including Director's Fees 51 Taxable 13th Month Poyland Other Benefilla  52 Hezard Pey	47A 47B 48 49 50 51	19, 292. 00
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gistered Address  V-A Summoss Compensation Income from 21 meent Employer (Item 41 plus Item 55) east. Total Non-Taxable/ 22 compt (Item 41) mable Compensation Income 23 mere of the Market Compensation 24 members at Employer (Item 55) do Taxable Compensation 24 members at Employer (Item 55) east. Total Exemptions 26 members at Employer (Item 55) do Taxable 25 members at Total Exemptions 26 members at Item Pala on Health 27 members at Item Pala on Health 27 members at Item Pala on Health 27 members at Item 10 members 28 members at Item 10 members 29 members at Item 10 members 29 members at Item 10 members 20 me	293, 402, 00 52, 167, 90 241, 234, 10 507,000, 00 191, 234, 10 25, 308, 53	47 Others (Specify) 47A  47B  SUPPLEMENTARY  48 Commission  49 Profit Sharing  50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay  53 Overtime Pay 54 Others (Specify)  54A  54B  55 Total Taxable Compensation Income	47A 47B 48 49 50 51 52 53 54A 54B	27, 800 <u>00</u> 242, 234, to
gistered Address  V-A Summoss Compensation Income from 21 meent Employer (Item 41 plus Item 55) ass. Total Non-Taxable/ 22 compt (Item 41) mable Compensation Income 23 members of Employer (Item 55) and Compensation 24 compensation previous Employer ross Taxable compensation 25 members at a compensation income 25 members at a compensation income 26 members of Exemptions 26 members of Exemptions 26 members of Exemptions 26 members of Exemptions 28 members of Exemptions 28 members of Exemptions 29 members of Taxable 29 members of Employer 30A B Provious Employer 30B at Amount of Taxas Withheld 31 addicated 31 members of periors of Example 31 members of Exemptions of the National Income 35 members of the National I	293, 402, 00 52, 167, 90 52, 167, 90 241, 234, 10 307,000, 00 191, 234, 10 35, 308, 53	47 Others (Specify) 47A  47B  SUPPLEMENTARY 48 Commission  49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A  54B  #ICHOF-ART UM  55 Total Taxable Compensation Income th, verified by us, and to the best of our sneatons issued under author by the ago.	47A 47B 48 49 50 51 52 53 54A 54B	27, 800 <u>00</u> 242, 234, to
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gistered Address  AA Summoss Compensation Income from 21   seent Employer (Item 41 plus Item 55)   seent Employer (Item 45)   sable Compensation Income   moreosent Employer (Item 65)   d. Taxable Compensation   come from Previous Employer   come from Previous Employer   cost Taxable   cost	293, 402, 00 52, 167, 90 52, 167, 90 241, 234, 10 307, 000, 00 191, 234, 10 35, 308, 53 all this perplicate has seen made in good fall from the regulation of the regulation o	47 Others (Specify) 47A  47B  SUPPLEMENTARY 48 Commission  49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A  54B  #ICHOF ART LUM  55 Total Taxable Compensation Income th, verified by us, and to the best of our snoatons issued under automy thateol. Date Signed	47A 47B 48 49 50 51 52 53 54A 54B	27, 800 <u>00</u> 242, 234, to
gistered Address  V-A Summoss Compensation Income from 21 osent Employer (Item 41 plus Item 55) ess: Total Non-Taxable/ compt (Item 41) ixable Compensation Income me Present Employer (Item 55) di. Taxable Compensation 24 come from Previous Employer coss Taxable proper coss Taxable proper coss Taxable and the compensation income ss: Total Exemptions 26 ss: Total Exemptions 26 ss: Premium Palo on Health 27 item to the proper 28 income to Taxable 28 income to Taxable 29 income to Taxable 29 income to Taxable 31 adjusted 31 Frequent Employer 30B at Amount of Taxab Withheld 31 adjusted 31 Frequent Employer Authorized Agent Signature 31 Frequent Employer Authorized Agent Signature 31 income under the penalties of popular to search to the provisions of the National Internal 56 Frequent Employer Authorized Agent Signature 31 income under the penalties of popular to search to the provisions of the National Internal 56 Frequent Employer Authorized Agent Signature 31 income under the penalties of popular to the provisions of the National Internal 56 Frequent Employer Authorized Agent Signature 31 income under the penalties of popular to the provisions of the National Internal 56 Frequent Employer Authorized Agent Signature 31 income under the penalties of popular to the provisions of the National Internal 56 Frequent Employer Authorized Agent Signature 31 income under the penalties of popular to the provisions of the National Internal 56 Frequent Employer Authorized Agent Signature 31 income under the penalties of popular to the National Internal 56 Frequent Employer Signature 32 income under the penalties of popular to the National Internal 56 Frequent Employer 31 income under the penalties of popular to the National Internal 56 Frequent Employer 31 income under the penalties of popular to the National Internal 56 Frequent Employer 31 income under the penalties of popular to the National Internal 56 Frequent Employer 31 income under the penalties of popular to the National Internal 56 Frequent Employer 31 income under th	293, 402, 00 52, 167, 70 52, 167, 70 241, 234, 10 307, 309, 33 25, 309, 33 all hits berghalite has been made in good te Revenue Code, as an ended, and the regulature Over Hanted Name  Est STANA DC of lesso Name Name; 30,	47 Others (Specify) 47A  47B  SUPPLEMENTARY  48 Commission  49 Profit Sharing  50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefils  52 Hezard Pay  53 Overtime Pay  54 Others (Specify)  54A  54B  55 Total Taxable Compensation Income  th, verified by us, and to the loss of our shoatons issued under authority thateol. Date Signed  Date Signed  Date substituted filling	47A 47B 48 49 50 51 52 53 54A 54B 55 Wedge and sel	27, \$90, 00 247, 234, 10 inf, is the and correct
gistered Address  V.A. Summoss Compensation Income from 21 osent Employer (Item 41 pus Item 55) sest. Total Non-Taxable/ 22 compt (Item 41) xable Compensation Income more present Employer (Item 55) id. Taxable Compensation 24 come from Previous Employer ose Taxable 25 compensation Income 25 ss. Total Exemptions 26 ss. Premium Palo on Health 27 for Income 29 compensation Income 20 compens	293, 402, 00 52, 167, 70 52, 167, 70 241, 234, 10 307, 309, 33 25, 309, 33 all hits berghalite has been made in good te Revenue Code, as an ended, and the regulature Over Hanted Name  Est STANA DC of lesso Name Name; 30,	47 Others (Specify) 47A  47B  SUPPLEMENTARY  48 Commission  49 Profit Sharing  50 Fees Including Director's Fees  51 Taxable 13th Month Pay and Other Benefits  52 Hazard Pay  53 Overtime Pay  54 Others (Specify)  54A  54B  55 Total Taxable Compensation Income  th, verified by us, and to the bost of our snown issued under autyor'ly thaired.  Date Signed  Date Signed	47A 47B 48 49 50 51 52 53 54A 54B 55 Wedge and sel	AT SECO OO  EAR STATE TO  inf, is the and correct  Amount Paid  TO THE COMMENT OF

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Republika ng Ptipinas Kagawaran ng Pananalapi Kaswanihan ng Rentas Internas

Faxoayer PSOC:

## Annual Income Tax Return

BIR Form No. 1701 July, 2008 (ENCS)

The state of the s				AND DESCRIPTION OF THE PERSON
all applicable spaces, Mark all appropriate boxes with an "X" or the Year (YYYY) 2 Amended Retu	ırn?	Yes No	3 No. of Sheet	s Atlactica
- (X, V, / / / /		ackground Information	January	
(axpayer/Filer 1 5 ROO	Control of	Spous		TIL EDO T
1 / 34   3 87   7.54   0.0.0.0   code	$\cdot \mid \mathcal{O}_{1}$	3.6 Spouse's Name (Last Name)	1 10,0,0	
WOTHER'S Home (For Individuals) Last Name, First Name, Middle Name) (	PRES	S 122	I I I S. 148 He . Made .	30312003120 000 00000
	Nation of	11 Registered Address		
enistered Address	500,50	indood G.C		
e of Birth (MM/DD/YYYY) 13 Zip Cotte 14 Telephon	ne Number	15 Date of Birth (MM/GD/YYYY)	16. Zip Cod	e 17 Tolgonona (1981) e l
01111948-1206-361	∕ ₁7 ₁∂₁		21 ATC 11	0 1 1 Conscient
ine of gusiness/occupation	pensation	20 Line of Business/Occupation		013 Businers
Physicial 11012 Busin	ness d Income	HP		0.1.2 Mixed Incom/
Interval Deduction	COLUMN THE	23 Method of Deduction	40% 06	planal Stanuard December
Itemized Deduction 40% Uptional Stand	of Qualified	24B is the wife c	a ming the additional	examplion for p
Single Married Depende	ent Children	qualified den	endent children?	1 405
Year availing of tax relief under Special Law/International	Tax Treaty? Computation	Yes No a lifyes so	ecty 1	- Control of the Cont
	Computation	Taxpayer/Filer	T and	- Spowsa
Gross Tilixable Compensation Income (Schedule 1)	26A	20 Tab. 15 Tab 24 I Tab. V	268	
Less: Deductions  Less: Deductions  Paid on Health and/or Hospitalization	27A		27B	
Insurance not to exceed P2,400 per year. Personal and Additional Exemplions	27C	50 000.	270	
Total Deductions (Sum of 27A & 27C/27B & 27D)	27E	50,000	27F	
tayable Compensation Income/(excess of Deductions over Taxable	28A		258	
Compensation income) (26A less 27E/258 inss 27F) Sales/Receipts/Revenues/Fees (Schedule 2)	29A	281 410	298	
Cast of Calce/Services (Schedule 3/4)	30A		30B	
(For Taxpayer Availing of Itemized Deduction)  Gross Taxable Business/Profession Income (29A less 30A /29B loss 30	13) 31A	281,410.	318	
Add: Other Taxable Income (Schedule 5)	32A		32E	
Total (Sum of 31A & 32A/31B & 32B)	33A	281,410	33B	
Lace: Allowable Deductions		112 564	348	
Collocal Standard Deduction (Sch. 6) or Itemized Ceductions (Sc	th. 7) 34A	162 846	358	
Net Income (33A less 34A/33B less 34B) Less Excess of Deduction over Taxable Compensation Income		and the second of the second of the second		100
(from Item 28/V288) or the total deductions under line 27E/27F, if there is no compensation income.	36A	50,000	368	A A STATE OF THE PARTY OF THE P
Taxable Business Income (35A less 36A/35B less 36B)	37A	118 846	378	
Total Taxable Income/Sum of Items 28A & 37A/28B & 37B	J8A_	Contract the Contract of the C	300	
if line 28 results to taxable income, otherwise, 37A/37B) Tax Due	39A	18 269.20	39B	
Less Tax Credits/Payments		Oliver Control of the	408	
40A/B Prior Years' Excess Credits 40C/C Tax Payments for the First Three Quarters	40A	19 444.40	400	
40E/F Creditable Tax Withhold for the First Three Quarters	- 40E	and the second second second second	40F	
40 G/H Creditable Tax Withheld Per BIR Form No. 2307 for the 4th C	ir 40G	CALL ST. ACCOUNTS THE ACCOUNT	40H	
401/J Tax Withheld Per BIR Form No. 2316	401		40.5	
AOK/L Foreign Tax Credits	40K		4013	
40M/N Tax Paid in Return Previously Filed, if this is an Amended Return 40O/P Other Payment's made (pls. atlach proof of payment-BIR Farm No. 090	05) 400		40P	
ACOVE Other Payment's made (pis, addon process payment).  ACOVE Total Tax Credits/Payments/Sum of 40A,C,E,G,L,K,M,Q,H0B,D,F,H,J,L,F	N.P) 40Q		40R	
Tax Payable/(Overpayment) (Item 39A less 40Q/39B less 40R)	41A	(1,175,20)	41B	
Add: Penalties Surcharge	42A		42B	
Interest	42C		42F	
Compromise C 5/429 D.E)	42E 42G	The second second	4214	
Total Penalties (Sum of Items 42A,C.E/42B,D.F).  Total Amount Payable/ (Overpayment) (Sum of Items 41A,42G/41B, 42H)	43A			<del>}</del>
Aggregate amount Payable/(Overpayment)(Sum of It	iems 43A a	438) - 43C	1175,20	s lax gredit next year quarte
If rearrangement mark one box only! To be refunded	1 10 0	e issued a tax credit detailotte.	10 be carried over a	Stamp of Receiving Utility
Details of Details of Details of	Date	Amount		and Date of Receipt (R)
Particulars Agency Number 1	MM DD	TAKET TELLEMENT OF THE PARTY OF		Signature/Bank Tellar's Is
Cebil Memo		450 A FER CO	THE REVENTED	2.0
5 Check 46A	- نا با	46C A	VERM	
- 19 10 10 10 10 10 10 10 10 10 10 10 10 10		FEB 0 2	200	Pro Te
5 Tax Debit Memo 48A 45B		479 SD U S	2/11/0 1 /8	
7 Others 47A 47B 47C	ed with the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2012 1	
5 Tax Decil Mellio	ed with the	1 1 Copper		

BIR Form No.

## Annual Income Kagawaran ng Pananalapi

For the state of t

Rebublika ng Pilipinas

Kawanihan ng Rentas Internas	T:	ax Return	12.30	July, 2008 (ENCS)
ding those w/ both Business & Compensation (receive)			No. of Shee	vs Attached
or the Year (YYYY) = 2,0,1,1	- 1+ <b>&gt;</b> 1	Yes No	3	*
	Backgrou	ind Information Spous	0	
faxpaver/Filer 6 RDO	0,38	6 TIN	0.0,0	0,0 Gode
1,36 3,82 7,54 0,0,0,0 Code >	s & Tousts)	9 Spouse's Name (Last Name.	First Name, Middle	Name) (if applicable)
MARSO DANILO TOPI		) Address		
egistered Address	sams.	11 Registered Address		
142 Zin Cotto 114 Telephone Nu		15 Date of Birth (MM/DD/YYYY)	16 Zip Cr	de 17 Telephone Number
TO DESCRIPTION OF THE PARTY OF	18145	1 1 1		T 0 1 1 Compensation 1
ine of Business/Occupation 19 ATC II 011 Compensa	ition	20 Line of Business/Occupation	21 ATC	I 011 Compensation
Physical 11012 Business	ome 🗔	>		I 012 Mixed Income
Weined of Deduction	Seduction	23 Method of Deduction  Itemized Deduction		Optional Standard Deduction
Non-Status 24A Number of Qu	alified	24R is the wife cla	aiming the addition endent children?	at exemption for No.
Single Married Dependent Ch		Yes No If yes; sp	Charles and Control of the Control o	
Are you availing of tax relief under Special Law/International Tax T	utation of Tax			Spouse
II	s a T	Taxpayer/Filer	268	
Gross Taxable Compensation months for the			278	
Premium Paid on Health and/or Hospitalisation 2: Insurance not to exceed P2,400 per year.	7A mayoran ma	60 000-	270	
Personal and Additional Exemptions	76	50 000	27F	
Threshe Compensation Income/fexcess of Deductions over Taxable 2	8.A	THE STREET	288	a maring the control of the control
Compensation Income) (26A less 27E/26B less 27F)	9A	281 410	29B	egistation and the state of the
Sales/Receipts/Revenues/rees (Schedule 3/4)	0A	The state of the s	30B	
(For Taxpayer Availing of Hernized Deduction)	1A	281,410.	31B	
	2A		32B	and the second second
Total (Sum of 31A & 32A/31B & 32B) 3	3A	281,410	338	
Less: Allowable Deductions Optional Standard Deduction (Sch. 6) or flemized Deductions (Sch. 7). 3	34A	112 564	348	
Net Income (334 less 34A/33B less 34B)	36A	168,846	358	
Less: Excess of Deduction over Taxable Compensation Income.	36A	50 000	36B	2,0-3,0-12-5-2
27E/27F, if there is no compensation income	37A	118,846	378	
Total Tayable Income/Sum of Items 28A & 37A/28E & 37B	A86	118,846	388	
if line 28 results to taxable income otherwise, 37A(37B)	39A	18 269,20	39B	And the second s
Less Tax Credits/Payments	Electric de la constant de la consta		408	
40A/B Prior Years' Excess Credits	40A	19 444.40	40D	every and the services of the
	40E		40F	engaga, pangalah menghili teranggah s
40G/H Creditable Tax Withheld Per BIR Form No. 2307 for the 4th Qtr.	40G		40H 40J	Microsophy of the officer of
4000 Tax Autiment of Division 140	40K		40L	en en grande
40K/L Foreign Tax Credits  40M/N Tax Paid in Return Previously Filed. If this is an Amended Return	40M		40N	
40 O/P. Other Payment's made (pls. attach proof of payment-BIR Form No. 0605)	400	The second second	40P	KIRINA MATERIA
40Q/R Total Tax Credits/Payments/Sum of 40A,C,E,G,I,K,M,O/408 D,F,H,J,L,N,P)	40Q	1175 201	41B	
Tax Payable (Overpayment) (Item 39A less 40Q/39B less 40R)  Add: Penalties Surcharge	41A 42A	1,115,00	428	NACH THE STREET
Add: Penalties Surcharge Interest	42C		420	Market Comment
Compromise	42E	The second of th	42F	Area of the first transfer and the second se
Total Penalties (Sum of Items 42A.C.E/42B.O.F)	42G	Later and the second second	43B	Y The second
Total Amount Payabler (Overpayment) (Sum of Items 41A,42G)418, 42H) Aggregate amount Payabler(Overpayment) (Sum of Items 4	3A & 43B)	43C	1175,00	
If everpsyment mark one box only: To be refunded	To be Issued	d a Tax Credit Certificate	To be carried over	as tax credit next year/quarter.  Stamp of Receiving Office/A/
artill Drawes Ganid	Date	Amount		and Date of Receipt (RO's
Particulars Agency Number MM 44C 44C	DD YYYY	44D BUREAU OF INTER		Signature/Bank Teller's Initia
Debit Memo	111	45D NO PAYMEN	T PETENDE	The test of the second
5 Check 48A 48B 18 Tax Debit Memo 48A 48B 1	1000	460 A FFD	VEB /	and the second s
THE REPORT OF THE PROPERTY OF		The state of the s	THE REPORT OF THE PARTY OF THE	THE REPORT OF THE PARTY OF THE

47 Others 47A 47B 47C 1

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

TOULE, SEC. FOR THE NURTH OC