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

| I, | 0 | ,, of legal age, single/ n | narried |
|---------------------------------|---|--|----------------|
| | (Name) | (Citizenship) | |
| to | (Name of Spouse) | permanently residing at | |
| | (Address) | | with |
| • | | , after having been duly sworn in accordance w | vith law |
| | | om FILINVEST LAND, INC. with Taxpayer Identification SA BRGY. HIGHWAY HILLS, MANDALUYONG CITY | |
| | (₱250,000.00) and that I am registered as a non- | eipts will not exceed Two Hundred Fifty Thousand Pesos VAT taxpayer; that whatever is the amount of income received Tax Return on the prescribed due date. For this purpose, I opt to | |
| | taxable income. With this selection, I creditable withholding tax; subject to | der Section 24(A)(2)(a) of the Tax Code, as amended, based of acknowledge that I am subject to 0% income tax, thus, not subject tax, if applicable, and will file the required percentage tax, in case of government money payments. | ject to |
| | gross receipts/sales and other non-ope | ate under Section 24(A)(2)(b) of the Tax Code, as amended, by rating income - with this selection, I understand that this is in I Percentage Tax under Section 116 of the Tax Code, as amend | ieu of |
| | | s sales/receipts and other non-operating income exceeds \$\mathbb{P}250\$, e income payor shall automatically withhold the prescribed rate | |
| | business tax (Percentage Tax, if applied | ates, I acknowledge that aside from income tax, I am subject to table) and creditable withholding of income in excess of P250, re applicable on the entire income payment; OR | |
| | b. In case of Eight Percent (8%) income tax rate, I acknowledge that I am only subject to income tax are thus, to the creditable withholding income tax in excess of P250,000.00; | | |
| | 4. That I duly execute this SWORN DECLARATION in compliance with the requirement prescribed under Section 3 of Revenue Regulations No. 11-2018; | | |
| | 5. That I declare, under the penalties of perjury, knowledge and belief to be true and correct. | that this declaration has been made in good faith, and to the be | est of my |
| IN W | ITNESS WHEREOF, I have hereunto set my hand | this day of, 20 at, Philip | pines |
| | | Signature over Printed Name of Individual Taxpayer | |
| | | | |
| SUBS Applic | CRIBED AND SWORN to before me this cant exhibited to me his/her Government Issued ID on | ay of, 20 in on | · |
| NOTA Doc. No. Page No. Book No. | ARY PUBLIC : | | |
| | (To be filled-out by | he withholding agent/lone payor) | |
| Date I | Received:(MM-DD-YYYY-00001) | Received by: | |
| | | Signature over Printed Name of the Withholding Agent/Payor or Author | orized Officer |
| | | Designation/Position of Auth | orized Officer |
| | | Name of Withholding Age. | nt/Lone Payor |