

Customer's Copy

BR  
Form No. 1921  
Revised Sept 1999

REPUBLIKA NG PILIPINAS  
KAGAWARAN NG PANANALAPI  
KAWANTAHAN NG BENTAS INTERNAS  
REVENUE REGION NO. 014  
REVENUE DISTRICT NO. 090

Annex B

2AU0002128937

AUTHORITY TO PRINT

11/28

TAXPAYER DETAILS							
ID#	NAME						
010-210-740-000	HMP CO.						
BUSINESS TRADE NAME							
HMP CO.							
REGISTERED ADDRESS							
OSMENA ST. ZONE II SOGOD SOUTHERN LEYTE							
PRINTER DETAILS							
ID#	NAME						
942-000-319-000	BECERRO, LENDY TERANTE						
REGISTERED ADDRESS							
RTZAL ZONE IV SOGOD SOUTHERN LEYTE							
DESCRIPTION OF RECEIPTS/INVOICES							
DESCRIPTION	TYPE	No. of Booklets		No. of Sets Per Booklet	No. of Copies Per Set	Serial Nos.	
		Loose	Bound			From	To
OFFICIAL RECEIPT	NVAT	0	25	50	2	0001	1250
<div>DATE OF ATP: <b>NOVEMBER 28, 2018</b></div> <div>VALID UNTIL: <b>NOVEMBER 27, 2023</b></div> <div>PRINTER'S ACCREDITATION NO: <b>090MP20140000000001</b></div> <div>DATE OF ACCREDITATION: <b>JAN. 15, 2014</b></div> <div>JOSEPHINE B. CATAMCO REVENUE DISTRICT OFFICER</div> <div>TAXPAYER ASSISTANCE UNIT</div> <div>11/28/18</div>							
<b>IMPORTANT:</b> Please address any communication on this matter to _____ At telephone no(s). _____							

SIGNATURE OVER PRINTED NAME  
AUTHORIZED REPRESENTATIVE

Form with fields for Name, Address, and other details.

Form with fields for Date, Address, and other details.

Form with fields for RDO CODE, Mother's Maiden Name, and CODE.

25 Bits (2x) 0001-1250  
BIR Authority to Print No. 2AU0002  
Date Issued 1-15-2014 : Valid until 11- -2023  
TERANTE PRINTING PRESS  
TIN 942-000-319-000 NVAT  
Printer's Accreditation No. 090MP20140000000001  
Date Issued 01-15-2014  
"THIS DOCUMENT IS NOT VALID FOR CLAIMING INPUT TAXES"  
"THIS OFFICIAL RECEIPT SHALL BE VALID FOR FIVE (5) YEARS FROM THE DATE OF ATP"

Form with fields for CONTACT NUMBER, E-MAIL ADDRESS, PRINTER'S TIN, PRINTER'S NAME, PRINTER'S ACCREDITATION NUMBER, DATE OF ACCREDITATION, PRINTER'S BUSINESS ADDRESS, and TYPE/NATURE OF APPLICATION.

Table with 8 columns: DESCRIPTION, TYPE (VAT, NON-VAT), NO. OF BOXES/BOOKLETS (Loose, Bound), NO. OF SETS PER BOX/BOOKLET, NO. OF COPIES PER SET, SERIAL NO. (START, END). Row 1: NVAT OFFICIAL RECEIPT, NVAT, 25, 50, 2, 0001, 1250.

Table with 8 columns: DESCRIPTION, TYPE (VAT, NON-VAT), NO. OF BOXES/BOOKLETS (Loose, Bound), NO. OF SETS PER BOX/BOOKLET, NO. OF COPIES PER SET, SERIAL NO. (START, END). Rows 2-5 are empty.

Form with fields for 19 DECLARATION, Stamp of BIR Receiving Office and Date of Receipt, Date of Release of Authority to Print, and Signature of JULIA DELGADO (TAXPAYER/AUTHORIZED AGENT) and MANAGING PARTNER.

SIGNATURE OVER PRINTED NAME



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Application for Authority to Print Receipts and Invoices

BIR Form No.

## 1906

(March 2013)

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

1 TAXPAYER'S TIN 010 210 740 000	2 ATP APPLIED FOR <input type="checkbox"/> Head Office <input type="checkbox"/> Branch Office	3 RDO CODE
4 TAXPAYER'S NAME (Last Name, First Name, Middle Name, if individual) HMP CO. (Registered Name, if non-individual)	Mother's Maiden Name	
5 TRADE NAME HMP CO.		
6 BUSINESS ADDRESS Indicate applicable head or branch office address: OSMENA ST., ZONE II, SOGOD SO. LEYTE	7 ZIP CODE	
8 CONTACT NUMBER	9 E-MAIL ADDRESS	
10 PRINTER'S TIN 942 000 319 000	11 PRINTER'S NAME BECERRO, LENDY TERANTE	
12 PRINTER'S ACCREDITATION NUMBER 090MP20140000000001	13 DATE OF ACCREDITATION 1-15-2014	
14 PRINTER'S BUSINESS ADDRESS ZONE IV, SOGOD, SOUTHERN LEYTE		
15 CONTACT NUMBER 09153528057	16 E-MAIL ADDRESS	

17 TYPE/NATURE OF APPLICATION ☒ Bound ☐ Loose Leaf ☐ Others

18 DESCRIPTION OF RECEIPTS AND INVOICES (ATTACH ADDITIONAL SHEET/S IF NECESSARY)

A For Principal Receipts and Invoices

DESCRIPTION	TYPE		NO. OF BOXES/BOOKLETS		NO. OF SETS PER BOX/BOOKLET	NO. OF COPIES PER SET	SERIAL NO.	
	VAT	NON-VAT	Loose	Bound			START	END
NVAT OFFICIAL RECEIPT		NVAT		25	50	2	0001	1250

B For Supplementary Receipts and Invoices

DESCRIPTION	TYPE		NO. OF BOXES/BOOKLETS		NO. OF SETS PER BOX/BOOKLET	NO. OF COPIES PER SET	SERIAL NO.	
	VAT	NON-VAT	Loose	Bound			START	END

19 DECLARATION

I declare, under the penalties of perjury, that this application 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.

JULIA DELGADO

TAXPAYER AUTHORIZED AGENT

(Signature over printed name)

MANAGING PARTNER

TITLE POSITION OF SIGNATORY

Stamp of BIR Receiving Office  
and Date of Receipt

Date of Release of Authority to Print

SIGNATURE OVER PRINTED NAME  
AUTHORIZED REPRESENTATIVE

POSITION:



## Taxpayer-user's Sworn Statement

## SWORN STATEMENT

I, DELGADO, JULIA, of legal age designated as OWNER of MMP CO., with business address at OSMENA ST., ZONE II, SOGOD SO. LEYTE, do hereby certify the following:

1. That, MMP CO. with business address at OSMENA ST., ZONE II, SOGOD SO. LEYTE is a duly registered entity under the laws of the Philippines;
2. That the receipts or sales/commercial invoices to be issued by the abovementioned attached BIR- registered "Printer's Certificate of Delivery of Receipts and Invoices".
3. That the above-mentioned entity shall not issue a receipt or sales/commercial invoice unless he has received his copy of the duly stamped "Registered" *Printer's Certificate of Delivery of Receipts or Sales/Commercial Invoice*;
4. That the aforementioned receipts or sales/commercial invoices are serially numbered and conformed to the requirements of Sections 237, 238, and 113 (for VAT taxpayers) of the National Internal Revenue Code of 1997, as amended, and
5. That in case of violations of Sections 237, 238, and 113 (for VAT-registered taxpayers) of the National Internal Revenue Code of 1997, the above-mentioned business would voluntarily pay or comply with the sanctions provided under existing laws, rules and regulations.

I declare, under the penalties of perjury, that the foregoing attestations are true and correct to the best of my knowledge and belief.



JULIA DELGADO  
(Name and Signature of  
Taxpayer/Authorized Representative)

Position : OWNER  
TIN : 010-210-740-000  
Address : OSMENA ST., ZONE II, SOGOD SO. LEYTE



No. 4184

# PRINTER'S CERTIFICATE OF DELIVERY OF RECEIPTS AND/OR INVOICE

I, EDDY T. BECERRO, Proprietor of REDAUX PRINTING PRESS, a Single Proprietor duly registered and existing under the laws of the Philippines, with principal office at Zone IV, Rizal St. Sogod, So. Leyte, hereafter referred to as "the Printer", hereby certifies the following:

1. That HMP CO. engaged my/our services to print his/its Receipts/Invoices details of which are as follows:

Required Data	Printer's Details	Taxpayer's Details
TIN	<u>942-600-383</u>	<u>010-210-740-000</u>
Name	<u>EDDY T. BECERRO</u>	<u>HMP CO.</u>
Registered Address	<u>RIZAL ST. ZONE IV</u>	<u>OSMEN A ST ZONE II,</u>
Home RDO	<u>SOGOD SO. LEYTE</u>	<u>SOGOD SO. LEYTE</u>

(A) Category of Document ☐ Invoice ☒ Official Receipt ☐ Others (specify) \_\_\_\_\_

(B) Details of Receipts/Invoices covered by this delivery:

Doc Type	Kind of OR/ Invoice	Category	ATP Number	No. of Booklets	No. of Sets per Booklet	No. of Copies Per Set	Inclusive Serial Numbers	Place where the Invoice /Receipts will be used
Bound	<u>NVAT OFFICIAL RECEIPT</u>			<u>25</u>	<u>50</u>	<u>2</u>	<u>0001-1250</u>	<u>SOGOD</u>
Loose								

(C) Mode of delivery

Partial Delivery 1/4 Full Delivery

(D) Size of Receipts/Invoice

Bound

Looseleaf

(E) Details of Delivery:

Total No. of Booklets/Looseleaf to be Printed

25

Less: No. of Booklets/Looseleaf delivered

Previous Delivery

This/Current Delivery

Outstanding Balance

25

2. That upon issuance of the authority to print (ATP) by the BIR-RDO No. 090 on 26-2003 under OCN/ATP No. 2AU0002128937, the aforesaid receipts and invoices were printed. Photocopy of aforementioned ATP is hereto attached.

3. That copies of the aforementioned receipts/invoices have been delivered to the above-named taxpayer;

4. That no other copies of aforementioned receipts/invoices have been printed or reproduced except the copies delivered to the taxpayer as mentioned in the preceding statement; and

5. That the 'printer' shall not print or reproduce nor shall it permit its machines or facilities to be used to print or reproduce extra or additional copies of the receipts/invoices above described.

This certification is issued to HMP CO. in compliance with BIR Regulations No. 26-2003 and for all legal intents and purposes this may serve.

Done this 6 day of DECEMBER 2010 SOGOD SO. LEYTE.

I declare under the penalties of perjury that this certificate 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.

NAME OF PRINTER  
ADDRESS  
TIN

EDDY T. BECERRO REDAUX PRINTING PRESS  
RIZAL ST. ZONE IV, SOGOD, SO. LEYTE  
942-600-383

BY

SIGNATURE OVER PRINTED NAME  
AUTHORIZED REPRESENTATIVE

POSITION: