

Transaction No. _____

City of Makati
Finance Department
Miscellaneous Taxes Division

Professional Tax Receipt (PTR)

DATE:

NAME: _____

PROFESSION: _____

ADDRESS: _____

TEL. NO. _____

TIN NO. _____

PRC CARD NO. _____ VALID UNTIL : _____

for renewal:

PREVIOUS PTR NO.: _____

DATE/PLACE OF ISSUE: _____

NOTE: (for **renewal**) original previous O.R.

(for **new**) Please present your PRC I.D. Card

Lawyer: Certificate of Membership from Supreme Court

Insurance Agent: Certificate from Insurance Commission

Masseur: Certificate from DOH

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