**ANNEX “B”**

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| --- | --- |
| **APPLICATION FOR**  **ACCREDITATION OF:**  *(Please check appropriate answer)* | Cash Register Machine (CRM)  Point-of-Sale (POS)  Bundled POS (Hardware and Software)  Sales Receipting System Software  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Specify whether Taximeter, Handheld or Mobile Devices, etc.)* |

|  |  |  |
| --- | --- | --- |
| **NAME OF TAXPAYER** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **TIN (include Branch Code)** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **RDO** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **SOFTWARE NAME/VERSION NO./ MACHINE BRAND/MODEL (FOR CRM)** | **:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

| **REQUIREMENTS** | **SUBMITTED** |
| --- | --- |
| Put check (✓) in the check box if requirement/s is/are submitted. Put (🗶) on the items still for compliance. | |
| 1. Company Profile; |  |
| 1. Proof of online application via Electronic Accreditation and Registration (eAccReg) system; |  |
| 1. Sworn Statement in accordance with the pro-forma attached as Annex “C” of Revenue Memorandum Order (RMO) No. \_\_\_\_\_\_\_\_\_\_ with attached Special Power of Attorney (SPA) *(for Individual)* or Board Resolution indicating the purpose and the name of the authorized representative or Secretary’s Certificate *(for non-individual)*, and any government-issued ID of the authorized representative, if transacting through a Representative; |  |
| 1. Sample print-out of Official Receipts (OR)/ Sales Invoices (SI) generated by the machine legibly showing the data required under RR 11-2004 and RR 10-2015 as amended by RR 16-2018 for all types of transactions, including discounted transactions [Regular Discount, Senior Citizen Discount, Persons with Disability (PWD) Discount, National Athletes and Coaches Discount, and Solo Parent Discount, whichever is applicable], and other charges that the “Sales Machines/Software” can cater (Packaging Charge, Delivery Charge, Service Charge, etc.); |  |
| 1. Sample print-out of document generated by the “Sales Machines/Software” for sales adjustment documents (e.g., Cancel, Void, Return, Refund, etc.) reflecting the Document Number of the corresponding receipt/ invoice being adjusted; |  |
| 1. A sample print copy of the “X-Reading” (Cashier’s Accountability/ End-of-shift Report) and “Z-Reading” (End-of-day Report); **\*** |  |
| 1. List of other reports that can be generated from the “Sales Machines/Software” with sample print-out of each; (i.e., BIR Sales Summary Report, Senior Citizen Sales, PWD Sales, National Athletes and Coaches Sales, Solo Parent Sales, etc.); **\*** |  |
| 1. Sample e-journal (soft copy and hard copy) in.txt file format (must be the electronic copy of all the receipts/ invoices generated from item no. 5, including Void/Refund/Return, if any); |  |
| 1. Narrative system description and design/ structure of the “Sales Machines/Software” being applied for accreditation; |  |
| 1. Printout of the screenshot of the Software Name & Version No. reflected on the Log-In Screen, Home Screen and Splash Screen (if applicable); | **❑** |
| 1. Screenshot of the Online/Offline Indicator (if applicable); | **❑** |
| 1. Machine brochure/ Operating manual, if applicable; | **❑** |
| 1. Printed copy of System audit trail or activity log containing Date and Time Stamp, User Name/ ID, Activity Performed, and Values of Data Involved in the Activity; | **❑** |
| 1. Narrative Back-up Procedure and Disaster Recovery Plan (DRP); and | **❑** |
| **If with previously denied application:**   1. Photocopy of the Notice/ Letter of Denial issued by the Large Taxpayers Accreditation Board (LTAB) or Regional Accreditation Board (RAB) showing the list of items not yet complied with during the past evaluation. | **❑** |
| **\*With data based on the sample receipts provided.** | |

**\*\*\*NOTHING FOLLOWS\*\*\***

Acknowledgement by the Taxpayer-Applicant:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of legal age, hereby acknowledge the identified lacking documentary requirement/s (marked with “🗷”). I understand that my application will only be processed upon submission of complete document/s.

(Signature over printed name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Taxpayer-Applicant/ Representative

Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_

Validated by:

(Signature over printed name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CSS Personnel

TWG Secretariat

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_