# 

# ANNEX “A1”

**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, JONDY D. GONZALES, FILIPINO , of legal age, single/ married to

*(Name) (Citizenship)*

*N/A*  Permanently residing at KANIPAAN, KANIPAAN, BASAK PARDO CITY CEBU,

*(Name of Spouse)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with

*(Address)*

Taxpayer Identification Number (TIN) \_\_\_\_\_324-201-413-000 after having been duly sworn in accordance with law

Hereby depose and state:

Professional

Department of Health – Regional Office VII

1. That I derived my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ income only from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Business/professional) (Name of Lone Payor)

001-378-550-004

With Taxpayer Identification Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and business address at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Osmeña Boulevard, Cebu City

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

1. That for the current year \_2024\_, my gross receipts will not exceed Two Hundred Fifty Thousand Pesos (₱250,000.00) and that I am registered as a non-VAT taxpayer; that whatever is the amount of income received, I will comply with the requirement to file my Income Tax Return on the prescribed due date. For this purpose, I opt to avail of either one of the following:

* Graduated Income Tax Rates under Section 24(A)(2)(a) of the Tax Code, as amended, based on the taxable income. With this selection, I acknowledge that I am subject to 0% income tax, thus, not subject to creditable withholding tax; subject to percentage tax, if applicable, and will file the required percentage tax returns or subject to withholding percentage tax, in case of government money payments.
* Eight Percent (8%) income tax rate under Section 24(A)(2)(b) of the Tax Code, as amended, based on gross receipts/sales and other non-operating income - with this selection, I understand that this is in lieu of the graduated income tax rates and the Percentage Tax under Section 116 of the Tax Code, as amended; thus, no withholding tax shall be made;

1. That based on my selection above, if my gross sales/receipts and other non-operating income exceeds ₱250,000.00 but not over ₱3,000,000.00, my afore-stated lone income payor shall automatically withhold the prescribed rate of withholding tax:
2. In case of Graduated Income Tax Rates, I acknowledge that aside from income tax, I am subject to business tax (Percentage Tax, if applicable) and creditable withholding of income in excess of P250,000.00, and business tax withholding, if any, are applicable on the entire income payment; OR
3. In case of Eight Percent (8%) income tax rate, I acknowledge that I am only subject to income tax and 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 \_\_\_\_ of Revenue Regulations No. \_\_\_\_\_\_\_\_;
5. That I declare, under the penalties of perjury, that this declaration has been made in good faith, and to the best of my knowledge and belief to be true and correct.

**IN WITNESS WHEREOF,** I have hereunto set my hand this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_, Philippines

**JONDY D. GONZALES**

*Signature over Printed Name of Individual Taxpayer*

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Applicant exhibited to me his/her \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(Government Issued ID and No.)*

NOTARY PUBLIC

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Series of \_\_\_\_\_\_\_\_\_\_\_

Affix ₱30.00

Documentary Stamp Tax

***(To be filled-out by the withholding agent/lone payor)***

**Date Received:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Received by:**

*(MM-DD-YYYY-00001)*

\_\_ANGELINE T. ADLAON – VILLARIN, MBA , CPA\_

*Signature over Printed Name of the Withholding Agent/Payor or Authorized Officer*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ACCOUNTANT III\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Designation/Position of Authorized Officer*

\_\_\_\_\_\_\_\_\_\_\_\_DOH CVCHD -- VII\_\_\_\_\_\_\_\_

*Name of Withholding Agent/Lone Payor*