

OFFICE OF THE VICE CHANCELLOR FOR ADMINISTRATION UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

3/F Bienvenido M. Gonzalez Hall, UP Los Baños, College, Laguna 4031 Philippines +63 49 536 2331 | +63 49 536 3468 | ovca.uplb@up.edu.ph | www.uplb.edu.ph

03 January 2021

MEMORANDUM NO. 01

Series of 2022

TO

All Concerned ICSs/JOs

SUBJECT:

Income Payee's Sworn Declaration of Gross Receipts/Sales

(Annex B-2)

In compliance with Section 2, BIR Revenue Regulation 11-2018 on withholding of Income Tax, all concerned ICSs/JOs are required to accomplish and submit four (4) copies of sworn declaration of their gross income together with a photocopy of Certificate of Registration (COR) to UPLB Accounting Office on or before January 14, 2022 in order to be subjected to only 5% withholding tax. Failure to submit the Sworn Declaration shall subject them to a withholding tax rate of 10%.

Please see attached Annex B-2 for reference and guidance.

For concerns and inquiries, kindly coordinate with Mr. Jefferson Q. Sancon of UPLB Accounting Office.

For strict compliance.

ROLANDO T. BELLO

Vice Chancellor

Encl.: a/s

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, _			Nam	e)			(Ci	úzenship)		_, of legal as	ge, single/ m	arried to	
	(Name of Spouse) permat									ently residing at				
	with													
Taxpayer	Ide	ntificati	on Number ((TIN)			Į. Tuure	34)	, after h	aving been d	uly sworn in	accordance	with law	
hereby de	epos	e and st	ate:											
	1.	That I	derived my		professiona	1	_ income or	ily from _	Univ		Philippines	- Los Baños	5	
							- <u>004</u> and b	ousiness a	ddress at		of Lone Payor) s Baños, Lag	una;		
	2.	That for the current year 2021, my gross receipts will not exceed Two Hundred Fifty Thousand Pesos (\$\mathbb{P}\$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:												
		0	income. W	ith this withholdi	selection, ng tax; sul	I acknow	ledge that in the contract of	lam subj , ifapplic	ect to 0% able, and	6 income ta:	ed, based on to x, thus, not required percents.	subject to		
		a	gross recei	pts/sales ted incon	and other in	non-operates and the	ting income	- with thi	is selection	n, I understa	as amended, nd that this is ax Code, as	s in lieu of		
	 That based on my selection above, if my gross sales/receipts and other non-operating income exceeds \$250,000.0 over \$3,000,000.00, my afore-stated lone income payor shall automatically withhold the prescribed rate of withhold 													
a. In case of Graduated Income Tax Rates, I acknowledge that aside from income business tax (Percentage Tax, if applicable) and creditable withholding of P250,000.00, and business tax withholding, if any, are applicable on the entire income.										holding of	income in	excess of		
		Ь.					tax rate, l a ne tax in exc				ject to incom	ne tax and		
	4.	That I duly execute this SWORN DECLARATION in compliance with the requirement prescribed under Section $\underline{2}$ of Revenue Regulations No. $\underline{11-2018}$;												
	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.												
Philipp			ESS WHER	EOF, I	have her	eunto se	t my hand	this	_ day of		, 20	_ at		
		Signature over Prinsed Name of Individual Taxpayer												
Applicant		BSCRI exhibi	BED AND Sted to		to before his/her	me this _	day of		, 20 issued	in at			 on	
	00		^^^	(Gr	wernment Issue	d ID and No.;								
Des Maria								NO	rary pu	BLIC				
Doc. No.: Page No.: Book No.:														
Series of														
Affix f	nentar	У												
Stamp	o Tax													
-					(To be fil	led-out by	the withho	lding age	nt/lone pa	vor)			0	
D-4- D		. a.			12002				p	yy				
Date Rec	EIVE		-DD-YYYŸ-0	0001)		Ke	ceived by:							
						÷	Sig	nature over Pr	inted Name of	the Withholding Ag	gent/Payor or Author	orized Officer		
						-			Designation	Position of Author	rized Officer		10	
						-			Name of W	ithholding Agent/L	one Payor			