

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

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06 January 2023

MEMORANDUM NO. 03 Series of 2023

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 13, 2023** 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)

Ì		1 0	0.0				of legal age	ingle/married to	
					( <i>Citizenship</i> ) ( <i>Citizenship</i> ) ( <i>Citizenship</i> )			Il age, single/ married to	
		(Name o	of Spouse)		(Address)			with	
Taxpayer Ic with law	lentificat	ion Number (TI	N)			, after havi	ng been duly sw	orn in accordance	
hereby depo	ose and st	tate:							
1.	. That I	l derived my	(hucinoss /professional)	income o	come only from				
			ication Number						
					;				
2.	(₱250 comp	That for the current year, 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 wil comply with the requirement to file my Income Tax Return on the prescribed due date. For this purpose, I opt to avai 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.							us, not file the	
		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;							
3.	but n	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:							
	a. In case of Graduated Income Tax Rates, I acknowledge that aside from income tax, I am subje business tax (Percentage Tax, if applicable) and creditable withholding of income in excer P250,000.00, and business tax withholding, if any, are applicable on the entire income paym OR							cess of	
	b.	b. 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.		I duly execute th nue Regulations	iis <b>SWORN DECLARA</b> No;	ATION in cor	mpliance with the	e requiremen	t prescribed und	er Section of	
5.			the penalties of perju to be true and corre		is declaration has	s been made i	n good faith, and	to the best of my	
II Philippir		NESS WHERE	OF, I have hereunt	to set my l	hand this d	ay of	, 20	at	
					Si	ignature over Printe	d Name of Individual Tax	payer	
S	UBSCRI	BED AND			e this o me his/her	day o	f	, 20 in issued at	
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			(To be filled-out b	by the with	holding agent/lor	ne payor)			
Date Receiv		-DD-YYYY-0000	<u>01)</u>	Receive	d by:				
					Signature over Printed N	lame of the Withhold	ding Agent/Payor or Auth	orized Officer	
					Desi	ignation/Position of	Authorized Officer		

Name of Withholding Agent/Lone Payor