

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 SWORN DECLARA 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 | |
| Doc. No.: | | | (00101111011101110111011101110111011101 | | NOT | ARY PUBLI | С | | |
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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