

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 3468 | +63 999-221-1489 | ovca.uplb@up.edu.ph | www.uplb.edu.ph

07 December 2023

MEMORANDUM NO. 43 Series of 2023

TO:

All concerned COS/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 two (2) copies of sworn declaration of their gross income together with a photocopy of Certificate of Registration (COR) to UPLB Accounting Office on or before 12 January 2024 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.

Kindly take note of the following due dates for filing 1701Q/1701A.

April 15 - Annual Filing

Aug 15 - Second Quarter

May 15 - First Quarter

Nov 15 - Third Quarter

Certificate of Creditable Tax Withheld at Source (BIR Form 2307) is available two weeks before the said deadline.

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

For strict compliance.

ROLANDO T. BELLO Vice Chancellor

INCOME PAYEE'S SWORN DECLARATION OF GROSS RECEIPTS/SALES

(For Self-Employed and/or Engaged in the Practice of Profession with Lone Income Payor)

	Ι, _		(Name)	,, of legal age, single/ married to		
			(Name of Spouse)	permanently residing at		
			(гчате ој зроиме)	with		
Taxpaye	r Idei	ntification Nu	mber (TIN)	(Address) , after having been duly sworn in accordance with law		
hereby d	epos	e and state:				
	1.	That I derive	ed my(business/professional)	income only from		
		with Taxpay	(business/professional) rer Identification Number	(Name of Lone Payor) and business address at		
	2.	that I am reg	istered as a non-VAT taxpayer;	gross receipts will not exceed Two Hundred Fifty Thousand Pesos (\$\mathbb{P}\$250,000.00) and ver; that whatever is the amount of income received, I will comply with the requirement escribed due date. For this purpose, I opt to avail of either one of the following:		
		inco	me. With this selection, I acknow holding tax; subject to percenta	Section 24(A)(2)(a) of the Tax Code, as amended, based on the taxable wledge that I am subject to 0% income tax, thus, not subject to creditable ge tax, if applicable, and will file the required percentage tax returns or ix, in case of government money payments.		
		recei	pts/sales and other non-operati	under Section 24(A)(2)(b) of the Tax Code, as amended, based on gross ng income - with this selection, I understand that this is in lieu of the Percentage Tax under Section 116 of the Tax Code, as amended; thus,		
	3.	That based of ₱3,000,000.	on my selection above, if my gro 00, my afore-stated lone income	ss sales/receipts and other non-operating income exceeds \$\mathbb{P}250,000.00\$ but not over e payor shall automatically withhold the prescribed rate of withholding tax:		
		tax	(Percentage Tax, if applicable)	ates, I acknowledge that aside from income tax, I am subject to business and creditable withholding of income in excess of P250,000.00, and applicable on the entire income payment; OR		
		b. In ca to th	ase of Eight Percent (8%) income e creditable withholding income	ne tax rate, I acknowledge that I am only subject to income tax and thus, e 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.		re, under the penalties of perjury b be true and correct.	, that this declaration has been made in good faith, and to the best of my knowledge		
	IN	WITNESS V	VHEREOF, I have hereunto set	t my hand thisday of, 20at, Philippines		
				Signature over Printed Name of Individual Taxpayer		
Applica		BSCRIBED hibited to me		isday of, 20in issued at on		
			(Government Issued ID and	d Na)		
Doc. No.:				NOTARY PUBLIC		
	x P30.					
	imenta ip Tax					
			(To be filled-o	ut by the withholding agent/lone payor)		
Date R	eceiv	ed:	<u>YYYY-00001)</u>	Received by:		
				Signature over Printed Name of the Withholding Agent/Payor or Authorized Officer		
				Designation/Position of Authorized Officer		
				Name of Withholding Agent// one Payer		