Depa Depa	c of the Philippin rtment of Finance of Internal Reven	•			
Danuary 2018(ENCS) Page 1  BIR Form No.  Quarterly Percenta  Quarterly Percenta  "X". Two copies MUST be filled with the BIR	BLACK ink. Mark ap	plicable boxes with an		25510	Q 01/18ENCS P1
	2nd 3rd	<b>4</b>	Amended Retu	•	o. of Sheet/s
(MINI/FFFF)	nd Informa	tion			
6 Taxpayer Indentification Number (TIN) 764 757 043 000			<b>7</b> R	DO Code	045 🗸
8 Taxpayer's Name (Last Name, First Name, Middle Name for Individual OR Register ABALOS, PAOLO ISAIAH SANTOS (SUPREME CARGO LOGIST		<u> </u>			
Registered Address (Indicate complete address. If branch, indicate the branch address the RDO to update registered address using BIR Form No. 1905)		·	the current add	dress, go to 9	<b>▲</b> Zip Code
36 OREGON ST., GOLDEN MEADOWS SUBD. MAYAMOT, CITY	OF ANTIPOLO	) RIZAL			870
10 Contact Number (Landline/Cellphone No.)	mail Address				
09190010317   logis	tics.supremecar	rgo@gmail.com			
12 Are you availing of tax relief under Special Law / International Tax Treaty?  Yes  N	o 12	A If yes, specify			~
Only for individual taxpayers whose sales/receipts are subject to Percentage Tax What income tax rates are you availing? (choose one)  (To be filled out only on the initial quarter of the taxable year)  Graduated income tax ratincome	e on net taxable	he Tax Code, as amen  8% income tax rate		receipts/others	S
Part II - Total Ta	x Payable				
14 Total Tax Due (From Schedule 1 Item 7)					0.00
Less: Tax Credit/Payment (attach proof)					
15 Creditable Percentage Tax Withheld per BIR Form No. 2307					0.00
16 Tax Paid in Return Previously Filed, if this is an Amended Return					0.00
17 Other Tax Credit/Payment (specify)					0.00
18 Total Tax Credits/Payments (Sum of Items 15 to 17)					0.00
19 Tax Still Payable/(Overpayment) (Item 14 less Item 18)					0.00
Add: Penalties  20 Surcharge					0.00
21 Interest					0.00
22 Compromise					0.00
·					0.00
23 Total Penalties (Sum of Items 20 to 22)					0.00
24 TOTAL AMOUNT PAYABLE(Overpayment) (Sum of Items 19 and 2	23)				0.00
If overpayment, mark one box only:		To be issued a Tax Cre			
I/We declare under the penalties of perjury that this return, and all its attachments, have been made it provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority the 2012(RA. No. 10173) for legitimate and lawful purposes. (If Authorized Representative, attach authorization le	ereof. Further, I give my co	e/us, and to the best of my/o nsent to the processing of m	our knowledge and y information as cor	belief, is true and ntemplated under t	correct pursuant to the the *Data Privacy Act of
For Individual:	For Non-Individual:				
		D:			
Signature over Printed Name of Taxpayer/Authorized Representative/Tax Agent (Indicate Title/Designation and TIN)	_	Signature over Printed I zed Officer or Representative		e Title/Designation	and TIN)
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)	Date of Issue (MM/DD/YYYY)	<u> </u>	(MM/DD/YY	YY)	
	ails of Payment	t Date (MM/DD/	YYYY)	Λ.	mount
25 Cash/Bank Debit Memo		Date (IIIII DD)	,		inount
26 Check		,			
27 Tax Debit Memo					
28 Others (specify below)					
Machine Validation/Revenue Official Receipt (ROR) Details (if not filed with an Authorized Agent Bank)			Receiving Office/AA O's Signature/Bank		ceipt
*NOTE: Please read the BIR Data Privacy Policy found in the BIR website (www.bir.gov.ph)					

Less: Tax Credit/Payment (attach proof)         15 Creditable Percentage Tax Withheld per BIR Form No. 2307       0.00         16 Tax Paid in Return Previously Filed, if this is an Amended Return       0.00         17 Other Tax Credit/Payment (specify)       0.00         18 Total Tax Credits/Payments (Sum of Items 15 to 17)       0.00         19 Tax Still Payable/(Overpayment) (Item 14 less Item 18)       0.00         Add: Penalties       0.00         21 Interest       0.00         22 Compromise       0.00         23 Total Penalties (Sum of Items 20 to 22)       0.00	For BIR BCS/ Use Only Item:			oublic of the Philip Department of Fina Teau of Internal Re	nce				
2 Year Field   Customar   Floor	2551Q January 2018(ENCS)	nter all required information in CAP	ITAL LETTERS	using BLACK ink. Ma	rk applicable bo		255	1Q 01/18ENCS P1	
6 Tappyer Indentification Number (TIN)   764   757   043   000   7 RDO Code   045   >   8 Tappyers Name (Last Name, First Name, Middle Name for Individuals OR Registered Name for Non-Individual)   RABALOS, PACOL ISSIAH SANTOS (SUPPREME CARGO LOSISTICS SERVICES)   9 Registered Address (Indianal complete address. In Franch, Indianal to the branch address. If the registered address is different from the current address, go to   9A,7 p. Code   1870   1870   1970	Year Ended 12 - Decen	<u> </u>			3rd		_   " '		
Replaced Affairs (Indian complete address (Indian Complete (Indian Comple		nber (TIN) 764 757	043	000			7 RDO Code	045 🗸	
15   Cental Ambier (Landine College Note: A processing of tax relief under   12   Separal Law / Infermational Tax Transy   Yes   No.   12A   If Semilar Address   Separal Law / Infermational Tax Transy   Yes   No.   12A   If Semilar College   Yes   Ye	ABALOS, PAOLO ISAIA  Registered Address (Indicate	AH SANTOS (SUPREME C e complete address. If branch, indie	CARGO LOC	SISTICS SERVIO	CES)	lifferent from the curren	at address, go to		
Deg190010317   Sopial waveling of tax relief under   Yes   Yes   No   12A   Iryes, specify   Yes   Sopial Law Printernational Tax Treaty?   Yes   Ye	36 OREGON ST., GOLD	DEN MEADOWS SUBD. N	MAYAMOT, (	CITY OF ANTIPO	DLO RIZAL			1670	
12 Are you availing of tax relat under Special Law Hirmantional Tax Traphy Yes Special Law Hirmantional Tax Traphy 13 Only for individual taxpyers whose sales/recorpts are subject to Percentage Tax under section 116 of the Tax Code, as amended: What income tax rates are you swalling? (choose one) (To be filled out only on the initial quarter of the taxable year)  14 Total Tax Due (From Schedula: Hem 7)  Part II - Total Tax Payable  14 Total Tax Due (From Schedula: Hem 7)  15 Creditable Percentage Tax Withheld per BIR Form No. 2307  16 Tax Pad in Return Prevously Filled, if this is an Amended Return  17 Other Tax CreditPayment (gland to) 17 Other Tax CreditPayment (gland to) 18 Total Tax CreditPayment (gland to) 19 Tax Still Payable((Overpayment) (Hem 14 less Item 18)  Add: Penalties  20 Surcharige  20 Surcharige  21 Interest  22 Compromise  23 Total Penalties (Sum of Items 20 to 22)  24 TOTAL AMOUNT PAYABLE(Overpayment) (Sum of Items 19 and 23)  If overpayment, mark one box only:  (The department of the payable of pening that this return, and at its attachments, the return in a position of the temporation of the Notice Intermed Color of the Notice Intermed Color of the Notice Intermed Color of Supaths over Penalties of Payment (Intermed Color of the Notice Intermed Color of Supaths over Penalties of Payment (Intermed Color of Supaths o		/Cellphone No.)		<b>11</b> Email Address					
12 Special Law / International Tax Treaty?	09190010317			logistics.suprem	ecargo@gm	ail.com			
What income tax rates are you availing? (choose one) (To be filled out only on the Initial (Dradulated income tax rate on net taxable) (note) (To be filled out only on the Initial (Dradulated income) (Part II - Total Tax Payable  Less: Tax Credit/Payment (attach proof)  15 Creditable Percentage Tax Withheld pr BIR Form No. 2307  16 Tax Paid in Return Previously Filed, if this is an Amended Return  17 Other Tax Credit/Payment (given of thems 15 to 17)  18 Total Tax Credit/Payments (Sum of thems 15 to 17)  19 Tax Still Payable (Overpayment) (Rem 14 less item 18)  Add: Penalties  20 Surcharge  21 Interest  22 Compromise  23 Total Penalties (Sum of tiems 20 to 22)  4 TOTAL AMOUNT PAYABLE(Overpayment) (Sum of tiems 19 and 23)  If overpayment, mark one box only:  One of the first penalties of perigh that this name, and all is static-previous terms of pool delity, verified by mexis, and to the best of mylocit knowledge and belief is titus and coverpayment to the 2012/Ret Also 1013 to legitude and leaded proposes (if full motored Representation them)  For Non-Individual:  Materials (Sum of tiems 20 to 22)  Part III - Details of Payment  Signature over Previous Liver of Taxopes (Michierose Representation them)  Part III - Details of Payment  Signature over Previous Remark of Taxopes (Michierose Representation them)  Part III - Details of Payment  Signature over Previous Remark of Taxopes (Michierose Representation them)  Part III - Details of Payment  Signature over Previous Remark of Taxopes (Michierose Representation them)  Part III - Details of Payment  State (Payed Accorditation Not.)  Machierose (Specify below)  Machierose (Specif			(	● No	<b>12A</b> If ye	es, specify		~	
14 Total Tax Due (From Schedule 1 litem 7)	What income tax rates are y (To be filled out only on the	you availing? (choose one)	luated income to				ales/receipts/othe	ers	
Less: Tax Credit/Payment (attach proof)  15 Creditable Percentage Tax Withheld per BIR Form No. 2307  16 Tax Paid in Return Prevocusly Field, if this is an Amended Return  0.00  17 Other Tax Credit/Payment (specify)  18 Total Tax CreditsPayment (specify)  19 Tax Still Payabelic/(Overpayment) (Item 15 to 17)  0.00  19 Tax Still Payabelic/(Overpayment) (Item 14 less Item 18)  0.00  20 Surcharge  0.00  21 Interest  0.00  22 Interest  0.00  23 Total Penalties (Sum of Items 20 to 22)  24 TOTAL AMOUNT PAYABLE(Overpayment) (Sum of Items 19 and 23)  If overpayment, mark one box only:  16 verpayment, mark one box only:  17 or be refunded  18 total Tax Credit Certificate  19 To be issued a Tax Credit Certificate  19 To be issued a Tax Credit Certificate  10 Once  10 Once  10 Once  11 Total Penalties (Sum of Items 20 to 22)  10 Once  12 Total Penalties (Sum of Items 20 to 22)  10 Once  10 Once  11 Total Certificate  10 Once  11 Once Items 19 panalties of periny that this return, and all its altachments, have been made in good fairs, verified by make, and to the best of mylour browledge and belief, is the and cornect pursuant to the provisions of the National Interest (17) of perspective under the penalties of periny that this return, and all its altachments, have been made in good fairs, verified by make, and to the best of mylour browledge and belief, is the and cornect pursuant to the provisions of the National Interest (17) of perspective University Penalties (17) (17) (Interest) (Interest Interest (17) (Interest Interest (Interest Interest (Interest Interest Interest Interest (Interest Interest Inter			Part II - Tota	I Tax Payable					
15 Creditable Percentage Tax Withheld per BIR Form No. 2307  16 Tax Paid in Return Previously Filed, if this is an Amended Return  17 Other Tax Credit/Payment (specify)  18 Total Tax Credit/Payment (specify)  19 Tax Still Payable/(Overpayment) (item 14 less Item 18)  20 Surcharge  20 Surcharge  21 Interest  20 Surcharge  21 Interest  22 Compromise  22 Compromise  3 Total Penalties (Sum of Items 20 to 22)  24 TOTAL AMOUNT PAYABLE(Overpayment) (Sum of Items 19 and 23)  16 overpayment, mark one box only:  17 To be refunded  18 To be refunded  19 To be issued a Tax Credit Certificate  18 Needesine under the penalties of perjury that this return, and all is altachments, have been made in good faith, verified by melus, and to the best of myour knowledge and belief, is true and correct pursuant to the provisions of the Radioral Internal Evenue Code, as amended, and the regulations caude under authority mercer. Further, 1 journey consent to the processing of my Information as contemplated under the Public Privacy Act of 2012/CEA. Ab. 10 1715 for Ingalimate and lawful purposes. (If Authorized Representative Tax Agent (Indicate Title-Designation and TIV)  18 Tax Agent Accreditation Nov. Authorized Representative Tax Agent (Indicate Title-Designation and TIV)  19 Tax Debit Memo  28 Others (specify below)  10 To the Indicated Title Designation Revenue of Taxagayer/Authorized Representative Tax Agent (Indicate Title-Designation and TIV)  19 Tax Debit Memo  28 Others (specify below)  10 To the Indicated Title Designation Revenue of Taxagayer/Authorized Agent Results of Payment  10 Tax Report Microinform Revenue Official Receipt (ROS Signature Bark Teller's Initial)  10 Tax Still Memo  28 Others (specify below)	14 Total Tax Due (From Schedul	lle 1 Item 7)						0.00	
16 Tax Paid in Return Previously Filed, if this is an Amended Return  17 Other Tax Credits/Payment (specify)  18 Total Tax Credits/Payment (specify)  19 Tax Still Payable/(Overpayment) (Item 15 to 17)  20 Out  Add: Penalties  20 Surcharge  20 Surcharge  20 Surcharge  21 Interest  22 Compromise  23 Total Penalties (Sum of Items 20 to 22)  24 TOTAL AMOUNT PAYABLE(Overpayment) (Item 16 less the steady of the standard of the stand									
17 Other Tax Credit/Payment (specify)	15 Creditable Percentag	ge Tax Withheld per BIR Form No. 2	307					0.00	
18 Total Tax Credits/Payments (Sum of Items 15 to 17)  19 Tax Still Payable/(Overpayment) (Item 14 less Item 18)  20 Surcharge  20 Surcharge  21 Interest  22 Compromise  23 Total Penalties (Sum of Items 20 to 22)  24 TOTAL AMOUNT PAYABLE(Overpayment) (Sum of Items 19 and 23)  If overpayment, mark one box only:    O	<b>16</b> Tax Paid in Return P	Previously Filed, if this is an Amende	d Return					0.00	
19 Tax Still Payable/(Overpayment) (Item 14 less Item 18)  Add: Penalities  20 Surcharge  0.00  21 Interest  0.00  22 Compromise  0.00  23 Total Penalities (Sum of Items 20 to 22)  24 TOTAL AMOUNT PAYABLE(Overpayment) (Sum of Items 19 and 23)  If overpayment, mark one box only:  Or obe refunded  To be refunded  To be issued a Tax Credit Certificate  Whe declars under the penalities of prijity that this return, and all its attachments, have been made in good faith, verified by melus, and to the best off myour knowledge and belief, its true and correct pursuent to the processing of my information as contemplated under the "Data Privacy Act of 2012/RA. No. 10173) for legitimate and lawful purposes, (if Authorized Representative, attach authorization lettern  For Non-Individual:  For Non-Individual:  For Non-Individual:  Part III - Details of Payment  Part III - Details of Payment  Particulars  Drawee Bank/Agency  Number  Date (MM/DD/YYYY)  Amount  25 Cash/Bank Debit Memo  28 Others (specify below)  Machine Validation/Revenue Official Receipt (ROS Signature Bank Teller's Initial)  Machine Validation/Revenue Official Receipt (ROS Distatis)  (if not field with an Authorized Agent Bank)  Signature Bank Teller's Initial)	17 Other Tax Credit/Pay	yment (specify)						0.00	
19 Tax Still Payable/(Overpayment) (Item 14 less Item 18)  Add: Penalities  20 Surcharge  0.00  21 Interest  0.00  22 Compromise  0.00  23 Total Penalities (Sum of Items 20 to 22)  24 TOTAL AMOUNT PAYABLE(Overpayment) (Sum of Items 19 and 23)  If overpayment, mark one box only:  Overpayment, mark		, ,						0.00	
20 Surcharge		ent) (Item 14 less Item 18)						0.00	
21 Interest 0.0.00 22 Compromise 0.0.00 23 Total Penalties (Sum of Items 20 to 22) 0.0.00 24 TOTAL AMOUNT PAYABLE(Overpayment) (Sum of Items 19 and 23) 0.00 25 Total Penalties of perjury that this return, and all its statements, have been made in good faith, verified by melus, and to the best of mylour knowledge and belief, is true and correct pursuant to the provisions of the hadional internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012[RA No. 10173) for legitimate and lawful purposes. (if Authorized Representative, attach authorization letter) 25 Interest								0.00	
22 Compromise 0.0.00 23 Total Penalties (Sum of Items 20 to 22) 0.0.00 24 TOTAL AMOUNT PAYABLE(Overpayment) (Sum of Items 19 and 23) 0.00 25 To be refunded 0 To be issued a Tax Credit Certificate  We deciser under the penalties of perjury that this return, and all its attachments, have been made in good faith, verified by melus, and to the best of mylour knowledge and belief, is true and correct pursuant to the provisions of the hadronal Internal Revenue Code, as amended, and the regulations issued under authority the recof. Further, I give nosent to the processing of my information as contemplated under the "Data Privacy Act of 2012(RA No. 10173) for legitimate and lawful purposes, (If Authorized Representative, attach authorization letter)  For Individual:  Signature over Printed Name of TaxpayerfAuthorized Representative Tax Agent (Indicate Title/Designation and Titly)  Tax Agent Accreditation No./ Attorney's Roll No. (If applicable)  Part III - Details of Payment  Particulars  Drawee Bank/Agency  Number  Date (MM/DD/YYYY)  Amount  Authorized Officer or Representative/Tax Agent (Indicate Title/Designation and Titly)  Tax Agent Accreditation No./ Authority Representative Tax Agent (Indicate Title/Designation and Titly)  Tax Agent Accreditation No./ Authority Representative Tax Agent (Indicate Title/Designation and Title)  Part III - Details of Payment  Particulars  Drawee Bank/Agency  Number  Date (MM/DD/YYYY)  Amount  Stamp of Receiving Office/AAB and Date of Receipt (If Onl field with an Authorized Agent Bann)  Machine Validation/Revenue Official Receipt (ROR) Details  (If not field with an Authorized Agent Bann)									
23 Total Penalties (Sum of Items 20 to 22)  24 TOTAL AMOUNT PAYABLE(Overpayment) (Sum of Items 19 and 23)  If overpayment, mark one box only:  To be refunded  To be issued a Tax Credit Certificate  Why declare under the penalties of perjuty that this return, and all its attachments, have been made in good faith, verified by melus, and to the best of mylour knowledge and belief, is true and correct pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulation issued under authority thereof. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012(RA. No. 10173) for legitimate and lawful purposes. (If Authorized Representative, attach authorization letter)  For Individual:  Signature over Printed Name of Taxpayer/Authorized Representative/Tax Agent (Indicate Title Designation and Tith)  Tax Agent Accreditation No./ Attorney's Roll No. (If applicable)  Part III - Details of Payment  Particulars  Drawee Bank/Agency  Number  Date (IMM/DD/YYYY)  Amount  Authorized Signature over Printed Name of President/Vice President/ (IMM/DD/YYYY)  Amount  Particulars  Drawee Bank/Agency  Number  Date (IMM/DD/YYYY)  Amount  Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature-Bank Teller's Initial)  Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature-Bank Teller's Initial)								0.00	
If overpayment, mark one box only:    To be refunded	22 Compromis	se						0.00	
If overpayment, mark one box only:  To be refunded  To be issued a Tax Credit Certificate  I/We declare under the penalties of perjury that this return, and all its attachments, have been made in good faith, verified by melus, and to the best of mylour knowledge and belief, is true and correct pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012(R.A. No. 10173) for legitimate and lawful purposes. (If Authorized Representative, attach authorization letter)  For Individual:  Signature over Printed Name of Taxpayeri/Authorized Representative/Tax Agent (Indicate Title/Designation and Titly)  Tax Agent Accreditation No./ Attorney's Roll No. (If applicable)  Part III - Details of Payment  Particulars  Drawee Bank/Agency  Number  Date (MM/DD/YYYY)  Amount  Amount  Amount  Machine Validation/Revenue Official Receipt (ROR) Details  (If not filed with an Authorized Agent Bank)  Stamp of Receiving Office/ABB and Date of Receipt (RO'S Signature/Bank Teller's Initial)	,	,						0.0	
I/We declare under the penalties of perjury that this return, and all its attachments, have been made in good faith, verified by merus, and to the best of mylour knowledge and belief, is true and correct pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012(R.A. No. 10173) for legitimate and lawful purposes. (If Authorized Representative, attach authorization leiter)  For Individual:  Signature over Printed Name of Taxpayer/Authorized Representative/Tax Agent (Indicate Title/Designation and TIN)  Tax Agent Accreditation No/ Altoney's Roll No. (If applicable)  Part III - Details of Payment  Particulars  Drawee Bank/Agency  Number  Date of Issue  Part III - Details of Payment  Particulars  Drawee Bank/Agency  Number  Date (IMM/DD/YYYY)  Amount  Amount  Signature over Printed Name of Tessident/Vice President/Vice President/Vic	24 TOTAL AMOUNT PA	YABLE(Overpayment) (S	um of Items 19	and 23)				0.00	
provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012(RA. No. 10173) for legitimate and lawful purposes. (If Authorized Representative, attach authorization letter)  For Individual:  Signature over Printed Name of Taxpayer/Authorized Representative/Tax Agent (Indicate Title/Designation and TIN)  Tax Agent Accreditation No. (Indicate Title/Designation and TIN)  Date of Issue (IMM/DD/YYYY)  Part III - Details of Payment  Particulars  Part III - Details of Payment  Particulars  Drawee Bank/Agency  Number  Date (MM/DD/YYYY)  Amount  25 Cash/Bank Debit Memo  Check  Others (specify below)  Machine Validation/Revenue Official Receipt (ROR) Details  (If not filed with an Authorized Agent Bank)  Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)		,						and correct pursuant to the	
Signature over Printed Name of Taxpayer/Authorized Representative/Tax Agent (Indicate Title/Designation and TIN)  Tax Agent Accreditation No./ Authorized Officer or Representative/Tax Agent (Indicate Title/Designation and TIN)  Part III - Details of Payment  Particulars  Particulars  Drawee Bank/Agency  Number  Date (MM/DD/YYY)  Amount  25 Cash/Bank Debit Memo  26 Check  27 Tax Debit Memo  Authorized Specify below)  Machine Validation/Revenue Official Receipt (ROR) Details (If not filed with an Authorized Agent Bank)  Signature over Printed Name of President/Vice President/ Authorized Officer or Representative/Tax Agent (Indicate Title/Designation and TIN)  Date of Issue (MM/DD/YYY)  Date of Issue (MM/DD/YYYY)  Particulars  Particulars  Drawee Bank/Agency  Number  Date (MM/DD/YYYY)  Amount  Signature over Printed Name of President/Vice President/ (MM/DD/YYYY)  Date of Issue (MM/DD/YYYY)  Amount  Sometime Validation/Revenue Official Receipt (ROR) Details (If not filed with an Authorized Agent Bank)  Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)	provisions of the National Internal Revent 2012(R.A. No. 10173) for legitimate and le	nue Code, as amended, and the regulations	issued under author	ority thereof. Further, I give tion letter)	my consent to the p	rocessing of my information	as contemplated unde	er the *Data Privacy Act of	
Tax Agent Accreditation No./ Attorneys Roll No. (If applicable)  Part III - Details of Payment  Particulars  Particulars  Date (MM/DD/YYYY)  Particulars  Date (MM/DD/YYYY)  Amount  Cash/Bank Debit Memo  Check  Tax Debit Memo  Others (specify below)  Machine Validation/Revenue Official Receipt (ROR) Details (If not filed with an Authorized Agent Bank)  Machine Validation/Revenue Official Receipt (ROR) Details (If not filed with an Authorized Agent Bank)  Authorized Officer or Representative/Tax X-gent (Indicate Title/Designation and TIN)  Date of Issue (IMM/DD/YYYY)  Amount  Amount  Stam/Date (MM/DD/YYYY)  Amount  Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)	For Individual:			For Non-Individu	al:				
Tax Agent Accreditation No./ Attorney's Roll No. (If applicable)  Part III - Details of Payment  Particulars  Particulars  Drawee Bank/Agency  Number  Date (MM/DD/YYYY)  Amount  25 Cash/Bank Debit Memo  Cash/Bank Debit Memo  Cash/Bank Debit Memo  Date (MM/DD/YYYY)  Amount  Cash/Bank Debit Memo  Cash/Bank De	Signature over Printed N	lame of Taxpayer/Authorized Representative and cate Title/Designation and TIN)	e/Tax Agent	Α.				on and TIN)	
Part III - Details of Payment  Particulars Drawee Bank/Agency Number Date (MM/DD/YYYY) Amount  25 Cash/Bank Debit Memo Check C	Tax Agent Accreditation No./			Date of Issue		Date	of Expiry		
25 Cash/Bank Debit Memo			Part III -	Details of Payn	nent				
26 Check 27 Tax Debit Memo 28 Others (specify below)  Machine Validation/Revenue Official Receipt (ROR) Details (If not filed with an Authorized Agent Bank)  Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)		Drawee Bank/Agency		Number	Da	ate (MM/DD/YYYY)		Amount	
Tax Debit Memo  Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)  Machine Validation/Revenue Official Receipt (RO's Signature/Bank Teller's Initial)									
Others (specify below)  Machine Validation/Revenue Official Receipt (ROR) Details (If not filed with an Authorized Agent Bank)  Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)									
Machine Validation/Revenue Official Receipt (ROR) Details (If not filed with an Authorized Agent Bank)  Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)									
(If not filed with an Authorized Agent Bank)  (RO's Signature/Bank Teller's Initial)	28 Others (specify below)	1							
(If not filed with an Authorized Agent Bank)  (RO's Signature/Bank Teller's Initial)		pakina Validatian/Paus Off-i-I B	DOD) Det-"-			Clomp of Describe 2"	ino/AAR on i Dita 11	20 agint	
*NOTE: Please read the BIR Data Privacy Policy found in the BIR website (www.bir.gov.ph)	ма							ισυσιμι	
THE LEADING THAT THE DISTRICT T	*NOTE: Please read the BIR Data	Privacy Policy found in the BIR web	site (www bir gov	(,ph)					

For BIR BCS/ Use Only Item:			Departn	of the Philippi nent of Finand Internal Reve	ce				
BIR Form No.  2551Q  January 2018(ENCS) Page 1	Quarterly P nter all required information in CAPI "X". Two copies MUST b	TAL LETTERS	S using B	LACK ink. Mark	applicable boxes witl	h an	<b>                                    </b>	551Q 01/18EI	NCS P1
1 For the	O Fiscal	<b>3</b> Qua	arter			4 Amended Ret	urn? 5	No. of Sheet	
2 Year Ended (MM/YYYY) 12 - Decer	mber > 2023	O 1st	0	2nd	d O 4th	O Yes	No Att	ached	0
	Part I -	Backgr	o u n d	Inform	ation				
6 Taxpayer Indentification Nun		043	000			7 F	RDO Code	045 🗸	
	ne, First Name, Middle Name for Ind AH SANTOS (SUPREME C				· · · · · · · · · · · · · · · · · · ·				
,	e complete address. If branch, indica				•	from the current ad	dress, go to	<b>9A</b> Zip Cod	e
the RDO to update registere	ed address using BIR Form No. 1905 DEN MEADOWS SUBD. M.	,	CITY	OF ANTIDOL	O PIZAI			1870	
10 Contact Number (Landline		ATAMOT,		ail Address	.O NIZAL				
09190010317	,				argo@gmail.co	m			
12 Are you availing of tax relief	f under		No	1	2A If yes, spec	ify		~	
•	ers whose sales/receipts are subject	to Percentage	e Tax und	der section 116 o	of the Tax Code, as a	mended:			
What income tax rates are (To be filled out only on the quarter of the taxable year		uated income t	tax rate o	n net taxable	8% income tax	rate on gross sales	/receipts/otl	ners	
	Р	art II - Tota	al Tax	Payable					
14 Total Tax Due (From Schedu	ule 1 Item 7)								0.00
Less: Tax Credit/Payment (a									
15 Creditable Percentage	ge Tax Withheld per BIR Form No. 23	07							0.00
16 Tax Paid in Return F	Previously Filed, if this is an Amended	Return							0.00
17 Other Tax Credit/Pa	yment (specify)								0.00
18 Total Tax Credits/Payments (	Sum of Items 15 to 17)								0.00
19 Tax Still Payable/(Overpayme	ent) (Item 14 less Item 18)								0.00
Add: Penalties									
20 Surcharge									0.00
21 Interest									0.00
22 Compromis	se								0.00
23 Total Penalties (Sum of Items	s 20 to 22)								0.00
24 TOTAL AMOUNT PA	AYABLE(Overpayment) (Su	ım of Items 19	and 23)						0.00
If overpayment, mark one box o	only:	To be refun	ided	С	To be issued a Tax	Credit Certificate			
	of perjury that this return, and all its attachm nue Code, as amended, and the regulations i								
2012(R.A. No. 10173) for legitimate and For Individual:	lawful purposes. (If Authorized Representative	e, attach authoriza	ation letter)	For Non-Individual:		<u> </u>			
Signature over Printed N	Name of Taxpayer/Authorized Representative ndicate Title/Designation and TIN)	/Tax Agent			Signature over Pri prized Officer or Represen	inted Name of President/ ntative/Tax Agent (Indicat			
Tax Agent Accreditation No./ Attorney's Roll No. (If applicable)				Date of Issue (MM/DD/YYYY)		Date of Ex (MM/DD/Y)	piry (YY)		
		Part III		ls of Payme					
Particulars  25 Cash/Bank Debit Memo	Drawee Bank/Agency		Num	nber	Date (MN	I/DD/YYYY)		Amount	
26 Check		-							
27 Tax Debit Memo									
28 Others (specify below)	Į.						P		
Ma	achine Validation/Revenue Official Receipt (F (If not filed with an Authorized Agent Ba				Star	mp of Receiving Office/A. (RO's Signature/Ban			
*NOTE: Places road 41- PIP P (	Privacy Policy found in #5 - PID - 1	ito (unese bis	w pb)						
NOTE: Please read the BIK Data	Privacy Policy found in the BIR webs	ite (www.bir.go	v.pn)						

Depa Dec	c of the Philippin rtment of Finance of Internal Reven	•	1		
2551Q January 2018(ENCS) Page 1  Quarterly Percenta  CAPITAL LETTERS using "X". Two copies MUST be filled with the BIR	BLACK ink. Mark ap	plicable boxes with an		25	51Q 01/18ENCS P1
	2nd 3rd	● 4th	Amended Retu	-	No. of Sheet/s
Part I - Backgroun	nd Informa	tion			
6 Taxpayer Indentification Number (TIN)   764   757   043   00		. data - D	<b>7</b> R	DO Code	045 🗸
8 Taxpayer's Name (Last Name, First Name, Middle Name for Individual OR Register ABALOS, PAOLO ISAIAH SANTOS (SUPREME CARGO LOGIST		·			
Registered Address (Indicate complete address. If branch, indicate the branch address the RDO to update registered address using BIR Form No. 1905)		•	n the current add	dress, go to	9A Zip Code
β6 OREGON ST., GOLDEN MEADOWS SUBD. MAYAMOT, CIT	OF ANTIPOLO	RIZAL			1870
10 1 7	mail Address				
Are you evailing of tay relief under	stics.supremeca				
Special Law / International Tax Treaty?  Yes  N	o 12	A If yes, specify			<b>~</b>
Only for individual taxpayers whose sales/receipts are subject to Percentage Tax What income tax rates are you availing? (choose one)  (To be filled out only on the initial quarter of the taxable year)  Graduated income tax rat income	e on net taxable	the Tax Code, as amen  8% income tax rate		receipts/oth	ers
Part II - Total Ta	x Payable				
14 Total Tax Due (From Schedule 1 Item 7)					0.00
Less: Tax Credit/Payment (attach proof)  15 Creditable Percentage Tax Withheld per BIR Form No. 2307					
· · · · · · · · · · · · · · · · · · ·					0.00
16 Tax Paid in Return Previously Filed, if this is an Amended Return					0.00
17 Other Tax Credit/Payment (specify)					0.00
18 Total Tax Credits/Payments (Sum of Items 15 to 17)					0.00
19 Tax Still Payable/(Overpayment) (Item 14 less Item 18)					0.00
Add: Penalties  20 Surcharge					0.00
21 Interest					0.00
					0.00
22 Compromise					0.00
23 Total Penalties (Sum of Items 20 to 22)					0.00
24 TOTAL AMOUNT PAYABLE(Overpayment) (Sum of Items 19 and 2	23)			<u></u>	0.00
If overpayment, mark one box only:		To be issued a Tax Cre			
I/We declare under the penalties of perjury that this return, and all its attachments, have been made it provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority the 2012(RA. No. 10173) for legitimate and lawful purposes. (If Authorized Representative, attach authorization le	ereof. Further, I give my co	e/us, and to the best of my/onsent to the processing of m	our knowledge and ny information as cor	belief, is true a ntemplated und	and correct pursuant to the ler the *Data Privacy Act of
2012(R.A. No. 10173) for regilimate and lawful purposes. (If Authorized Representative, attach authorization le For Individual:	For Non-Individual:				
Signature over Printed Name of Taxpayer/Authorized Representative/Tax Agent (Indicate Title/Designation and TIN)		Signature over Printed zed Officer or Representative	e/Tax Agent (Indicate	e Title/Designat	tion and TIN)
Tax Agent Accreditation No./ Attorney's Roll No. (If applicable)	Date of Issue (MM/DD/YYYY)		Date of Exp (MM/DD/YY	YY)	
	ails of Paymen	t Date (MM/DD	/YYYY) I		Amount
25 Cash/Bank Debit Memo	umber	Date (MINIDE	,,,,,,		Amount
26 Check				,	
27 Tax Debit Memo					
28 Others (specify below)					
Machine Validation/Revenue Official Receipt (ROR) Details (if not filed with an Authorized Agent Bank)			FReceiving Office/AA RO's Signature/Bank		
*NOTE: Please read the BIR Data Privacy Policy found in the BIR website (www.bir.gov.ph)					

	SUPREME CARGO LOGISTICS SERVICES
	2023 SERVICE REVENUE
1ST QUARTER	419,715.9
2ND QUARTER	423,871.1
3RD QUARTER	513,283.1
4TH QUARTER	529,803.9
<b>Grand Total</b>	1,886,674.2

REPUBLIKA NG PILIPINAS
KAGAWARAN NG PANANALAPI
KAWANIHAN NG RENTAS INTERNAS
REVENUE REGION NO
REVENUE DISTRICT NO 5

FORM NOTIFIED BUREAU OF THE REVISED THE RE

3RC0000984689

## **CERTIFICATE OF REGISTRATION**

REGISTRATION DATE TIN NAME 03/06/2020 PAOLO ISAIAH SANTOS 764-757-043-000 ABALOS, REGISTERED ADDRESS NO 6 A OREGON STA GOLDEN MEADOWS SUBD MAYAMOT ANTIPOLO CITY 1870 REGISTERED ACTIVITY(IES) TAX TYPE OUARTERLY PERCENTAGE TAX INCOME TAX REGISTRATION FEE LINE OF BUSINESS / INDUSTRY TRADE NAME 9309 OTHER SERVICE ACTIVITIES, SUPREME CARGO LOGISTICS SERVICE ES With BMBE Certificate of Authority Effective 03/05/20 to 03/05/22 REMINDER: FILING REQUIRED TAX RETURNS TO CONFORM WITH THE ABOVE TAX TYPES/WITH OR WITHOUT OPERATION TO AVOID PENALTIES WITHIN 30 DAYS FROM REGISTRATION DATE THE WITHHOLDING TAX-EXPANDED INCOMETAX FOLLOWING SHOULD BE ACCOMPLISHED: 0619E 10th day of the following month CORP/PART/ASSOC SINGLE PROPRIETOR 1601EQ last day of the month following the close of the atr \* BOOKS OF ACCOUNTS 17020 17010 AUTHORITY TO PRINT INVOICES/ RECEIPT 1604E Annual Information Return - March 01 Ist Quarter 30-May 15-May Ist Quarter 29-Aug 2nd Quarter 2nd Quarter 15-Aug RENEWAL OF ANNUAL REGISTRATION FEE ON OR WITHHOLDING TAX-COMPENSATION 19-Nov 15-Nov 3rd Quarter BEFORE JANUARY 31 USING BIR FORM 0605 1601C 10th day of the following month 1701 E 15-Apr 815-Apr 1702 1604 CF Annual Information Return January 31 IMMEDIATELY INFORM THIS DISTRICT OFFICE IN CASE OF TRANSFER/ CESSATION OF REGISTRATION AND PERCENTAGE TAX 2550M - 20th day of the following month OTHER CONCERNS BY FILING FORM 1905 25510 every 25th day after the close of each quarter 25500 - every 25th day after the close of each quarte



INDICATED ABOVE, UNDER THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE AS AMENDED.

SARIPODEN M. BANT

DEFINAL REVENUE BUREAU OF HIT MALES

REVENUE DISTRICT OFFICER (signature over printed name)

THIS CERTIFICATE MUST BE EXHIBITED CONSPICUOUSLY IN THE PLACE OF BUSINESS.

EN



BMBE CA No. :CRT-040000000-150

## BMBE Certificate of Authority

(Registered Barangay Micro Business Enterprise)

THIS Certificate entitles the registered Barangay Micro Business Enterprise (BMBE) to all the benefits and incentives, subject to the terms and conditions, of Republic Act No. 9178, otherwise known as the Barangay Micro Business Enterprises (BMBEs) Act of 2002, and the implementing rules and regulations thereof by virtue of Department Administrative Order No.16-01 Series of 2016 of the Department of Trade and Industry. This Certificate is effective for two (2) years and will expire on **December 12, 2024.** This may be renewed for the same period of (2) years and every two (2) years thereafter subject to the applicant's continued compliance with the eligibility requirements prescribed under the BMBE law's IRR.

## Granted to:

## SUPREME CARGO LOGISTICS SERVICES

Name of Enterprise

Owner/Manager: ABALOS, PAOLO ISAIAH SANTOS

Address : 36 OREGON STREET, GOLDEN MEADOWS SUBDIVISION

MAYAMOT, CITY OF ANTIPOLO (CAPITAL), RIZAL, REGION

IV-A (CALABARZON) 1870

IN TESTIMONY WHEREOF, I have set my hand and caused the seal of the Department of Trade and Industry to be affixed in Makati City, Philippines this **12th day** of **December** in the year of our Lord, **twenty hundred and twenty two.** 

**Approved** 

ALFREDO E. PASCUAL

Secretary

