



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

For BIR BCS/
Use Only Item:

BIR Form No.
2551Q
January 2018(ENCS)
Page 1

Quarterly Percentage Tax Return

Enter all required information in CAPITAL LETTERS using BLACK ink. Mark applicable boxes with an "X". Two copies MUST be filled with the BIR and one held by the Taxpayer.



1 For the <input checked="" type="radio"/> Calendar <input type="radio"/> Fiscal	3 Quarter <input checked="" type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd <input type="radio"/> 4th	4 Amended Return? <input checked="" type="radio"/> Yes <input type="radio"/> No	5 No. of Sheet/s Attached <input type="text" value="0"/>
2 Year Ended (MM/YYYY) <input type="text" value="12 - December"/> <input type="text" value="2023"/>			

Part I - Background Information

6 Taxpayer Identification Number (TIN) <input type="text" value="764"/> <input type="text" value="757"/> <input type="text" value="043"/> <input type="text" value="000"/>	7 RDO Code <input type="text" value="045"/>
8 Taxpayer's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) <input type="text" value="ABALOS, PAOLO ISAIAH SANTOS (SUPREME CARGO LOGISTICS SERVICES)"/>	
9 Registered Address (Indicate complete address. If branch, indicate the branch address. If the registered address is different from the current address, go to the RDO to update registered address using BIR Form No. 1905) <input type="text" value="36 OREGON ST., GOLDEN MEADOWS SUBD. MAYAMOT, CITY OF ANTIPOLLO RIZAL"/>	
9A Zip Code <input type="text" value="1870"/>	
10 Contact Number (Landline/Cellphone No.) <input type="text" value="09190010317"/>	11 Email Address <input type="text" value="logistics.supremecargo@gmail.com"/>
12 Are you availing of tax relief under Special Law / International Tax Treaty? <input type="radio"/> Yes <input checked="" type="radio"/> No 12A If yes, specify <input type="text"/>	
13 Only for individual taxpayers whose sales/receipts are subject to Percentage Tax under section 116 of the Tax Code, as amended: What income tax rates are you availing? (choose one) (To be filled out only on the initial quarter of the taxable year) <input type="radio"/> Graduated income tax rate on net taxable income <input checked="" type="radio"/> 8% income tax rate on gross sales/receipts/others	

Part II - Total Tax 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) <input type="text"/>	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
23 Total Penalties (Sum of Items 20 to 22)	0.00
24 TOTAL AMOUNT PAYABLE(Overpayment) (Sum of Items 19 and 23)	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 me/us, and to the best of my/our 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 Taxpayer/Authorized Representative/Tax Agent (Indicate Title/Designation and TIN) Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)	For Non-Individual: Signature over Printed Name of President/Vice President/ Authorized Officer or Representative/Tax Agent (Indicate Title/Designation and TIN) Date of Issue (MM/DD/YYYY) <input type="text"/> <input type="text"/> Date of Expiry (MM/DD/YYYY) <input type="text"/> <input type="text"/>
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Part III - Details of Payment

Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount
25 Cash/Bank Debit Memo				
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)
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SUPREME CARGO LOGISTICS SERVICES

2023 SERVICE REVENUE

1ST QUARTER	419,715.94
2ND QUARTER	423,871.18
3RD QUARTER	513,283.19
4TH QUARTER	529,803.91
<u>Grand Total</u>	<u>1,886,674.22</u>

**** EXEMPTED FROM TAX DUE TO BMBE CERTIFICATION**

REPUBLIKA NG PILIPINAS
KAGAWARAN NG PANANALAPI
KAWANIHAN NG RENTAS INTERNAS

REVENUE REGION NO. 7/B
 REVENUE DISTRICT NO. 045

BIR Form No. 2303
 Revised July 1997

3RC0000984689
OCN

CERTIFICATE OF REGISTRATION

TIN 764-757-043-000	NAME ABALOS, PAOLO ISAIAH SANTOS	REGISTRATION DATE 03/06/2020
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REGISTERED ADDRESS 36 OREGON ST., GOLDEN MEADOWS, SUBD MAYAMOT, ANTIPOLLO CITY, 1870

REGISTERED ACTIVITY(IES)
TAX TYPE
 INCOME TAX PERCENTAGE TAX - QUARTERLY
 REGISTRATION FEE

TRADE NAME SUPREME CARGO LOGISTICS SERVICE
LINE OF BUSINESS / INDUSTRY 9309 OTHER SERVICE ACTIVITIES
ES N.E.C

REMINDER: With BMBE Certificate of Authority Effective 03/05/20 to 03/05/22

FILING REQUIRED TAX RETURNS TO CONFORM WITH THE ABOVE TAX TYPES/WITH OR WITHOUT OPERATION TO AVOID PENALTIES			
INCOME TAX	WITHHOLDING TAX - EMPLOYED	WITHIN 30 DAYS FROM REGISTRATION DATE THE FOLLOWING SHOULD BE ACCOMPLISHED:	
SINGLE PROPRIETOR	CORP/PART/ASSOC	* BOOKS OF ACCOUNTS	
1701Q	1702Q	* AUTHORITY TO PRINT INVOICES/ RECEIPT	
1st Quarter 15-May	1st Quarter 30-May	RENEWAL OF ANNUAL REGISTRATION FEE ON OR BEFORE JANUARY 31 USING BIR FORM 0605.	
2nd Quarter 15-Aug	2nd Quarter 29-Aug	* IMMEDIATELY INFORM THIS DISTRICT OFFICE IN CASE OF TRANSFER/ CESSATION OF REGISTRATION AND OTHER CONCERNS BY FILING FORM 1905	
3rd Quarter 15-Nov	3rd Quarter 29-Nov		
1701	1702		
15-Apr	15-Apr		
VAT	PERCENTAGE TAX		
2550M - 20th day of the following month	2551Q - every 25th day after the close of each quarter		

I HEREBY CERTIFY THAT THE ABOVE NAMED PERSON IS REGISTERED AS INDICATED ABOVE UNDER THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE AS AMENDED

SARTPODEN M BANTOC **JESSICA O BERNALES**
 Asst. Revenue District Officer

REVENUE DISTRICT OFFICER (signature over printed name)

THIS CERTIFICATE MUST BE EXHIBITED CONSPICUOUSLY IN THE PLACE OF BUSINESS.
 If qualified and opted to avail of the 8% income tax rate, the filing of quarterly percentage tax return is not required for the current taxable year the option was made.





BMBE Form 02

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

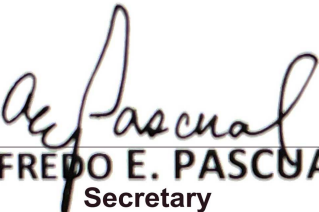
Name of Enterprise

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

