ANNEX "C"

SWORN STATEMENT

I, (<u>Name of Affiant</u>), (<u>Nationality of Affiant</u>), of legal age, ted as (<u>Position</u>), duly representing (<u>Name of Company/Corporation</u>), with business designated as (address located at do hereby voluntarily depose and say: THAT the company is engaged in (<u>Line of Business</u>) and existing under Business Name):

THAT the software to be adopted in computerized accounting system or components thereof is

Customized/In-house

Off the Shelf

THAT for customized accounting system or components thereof (The Company) hereby contracted the services of (Name of Supplier of Program/System Developer) with TIN Number (___) and business address at _____, to develop the Computerized Accounting System.

THAT the above mentioned contract was entered into without intention of defrauding the government and in pursuance to existing rules and regulations of the National Internal Revenue Code of 1997;

THAT the system is secured, can provide information and generate a unique control number per transaction;

THAT the system is equipped with effective mechanism to keep tract of cancelled transactions and adjustments;

THAT the system can generate and print reports;

THAT access to operations manual Application System and Database for System Demo shall be allowed if necessary;

THAT no changes, upgrade and enhancements will be made on the original system covered by the approved permit

THAT, in the event that the foregoing be discovered to be in violation of existing rules and regulations, I hereby undertake to face any legal sanctions and pay corresponding penalties thereof as provided for under the National Internal Revenue Code of 1997;

I HEREBY DECLARE UNDER PENALTIES OF PERJURY THAT THE FOREGOING ATTESTATIONS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Notary Public:

(

Name & Signature of Affiant/Taxpayer (President or Authorized Representative)

TIN TIN: ______ Address : ______

ANNEX "D"

FUNCTIONAL AND TECHNICAL EVALUATION/APPRAISAL CHECKLIST FOR PERMIT TO ADOPT COMPUTERIZED ACCOUNTING SYSTEM OR COMPONENTS THEREOF

Taxpayer Identific	ation Number:
Company Name : _	
Address :_	
Contact Person : _	Tel No

PART I FUNCTIONAL APPROVAL CRITERIA

	REQUISITES	YES	NO	REMARKS
1.	Can the system provide information on a per			
	transaction basis?			
	1.1 Can it be viewed?			
	1.2 Can it be printed?			
2.	Is the system equipped with effective			
	mechanism to keep tract cancellation of			
	transaction?			
	2.1 Can the system deny cancellation of			
	Transaction?			
	2.2 Can the original entries be retrieved/			
	Viewed/printed?			
	2.3 Can the source document be cross-			
	Referenced and retrieved?			
	2.4 Can a report be printed on all cancelled			
	Transactions?			
3.	Is the system equipped with effective			
	mechanism to enable/tract adjustments?			
4.	Can the system generate and print reports:			
	4.1 Regular (Requirements of BIR;			
	i.e. summary of sales and purchases)			
	4.2 Adhoc			
	4.3 Exception			
5.	Does the system generate unique control # per			
	Transaction?			

PART II TECHNICAL (Refer to Executive Summary of ISG Memo 6-2001)

REQUISITES	YES	NO	REMARKS
1. Are all technical specifications adhered to?			

PART III – ISSUES AND CONCERNS

No.	Date Raised	Issue/Concern	Resolution/Action Points	Status

CSET MEMBERS

EVALUATOR

EVALUATOR

EVALUATOR

EVALUATOR

ANNEX "E"

REPUBLIC OF THE PHILIPPINES BUREAU OF INTERNAL REVENUE

Office:_____

Permit No.

(Mo & Yr/RDO#/Sequence #)

Permit to Use Computerized Accounting System or Components thereof

(Date)
(Name of Company)
(Address)
Gentlemen:
Permit is hereby granted on your Application dated for:
Complete Computerized Accounting System (CAS)
e-Invoicing System
General Journal
Computerized Books of Accounts Subsidiary Ledger(s): Specify
Point of Sales Machines (POS) linked to CAS Number of POS Units (Refer to attached List of POS Machine)
Cash Register Machine (CRM) linked to CAS Number of CRM Units (Refer to attached list of CRM Machine)
Others
Pertaining to a system which is : (check only one box)
Integrated or Independent
Applied by:
Head Office or Branch (only for independent system)
This Permit shall take effect
The approved software to be used is It shall be understood that any apgrading, integration or modification made in the systems without prior approval shall mean automatic revocation of his permit and shall be subject to penalties and sanctions pursuant to the provisions of the Tax Reform Act of 1997.

Note: Schedules duly attached under Annex "E-1" (if applicable)

Dry Seal

Very truly yours,

COMMISSIONER OF INTERNAL REVENUE By:

(ACIR-LTS/LTDO/RDO)

SCHEDULES OF ATTACHMENTS IN THE PERMIT

Name of Taxpayer	•
Registered Address	•
Taxpayer Identification Number	·
Permit No./Date of Issue	:

Schedule I. List of branches using the same Computerized Accounting System

Address	Branch Code	Branch Name
Address	Dianeir Code	Didicit Name

Schedule II. List of Documents/Reports Generated, if applicable

Documents/Reports Generated	System Application / Modules Used

Schedule III. Number and Description of POS/CRM to be used

RDO No.	HO/ Branch	No. of Machines	Brand	Serial Number	Туре		Model	Maximum	Reset	*Function	**Condition of the
INO.	DIANCI	Machines		Number	Electronic	Mechanical		Accumulating Sales Capacity	Counter Number	(Code)	Machine
								. ,			(Code)
nction (Jode		RA – Res	settable Acc	umulating Gra	and I otal	NRA – N	on-Resettable Acc	umulating G	rand I otal	

**Condition of the Machine Code N – New

SH – Second Hand

Schedule IV. Approved Range of Serial No.

Type of Document	Range of S	Serial Nos.
(eg. Cash Invoice, Sales Invoice, Official Receipt etc.)	From	То

Schedule V. Approved Method of Record Keeping

Book of Accounts and Other Accounting Records/Documents (Please Specify)	Method (Manual or Electronic) Note: If electronic, please specify form used e.g. CD-ROM, etc.

Notice:

Void if this schedule is with erasure(s).

REPUBLIC OF THE PHILIPPINES BUREAU OF INTERNAL REVENUE Office:

Branch Permit No.

(Mo & Yr/RDO#/Br Sequence # /Branch Code #)

Branch Permit to Use Computerized Accounting System or Components thereof

	(Date)
(Name of Company)	-
(Address) TIN:	-
Branch Code	
Gentlemen:	
Permit is hereby granted or	your Application dated for:
Complete Comp	uterized Accounting System (CAS)
e-Invoicing Syste	em
General Journal	
Computerized Bo Subsidiary Ledge	poks of Accounts er(s): Specify
	achines(POS)linked to CAS Units (Refer to attached list of POS Machine)
	achine (CRM) linked to CAS Units (Refer to attached list of CRM)
Others	
This permit shall take effect _ Memorandum Order No revoked.	subject to the provisions of Revenue datedand shall be valid until
	tegration or modification made in the systems without prior vocation of this permit and shall be subject to penalties and
Note: Schedules Duly Attached Under	Very truly yours,
Annex "F-I" (If Applicable) Dry Seal	
Diy Jeal	

COMMISSIONER OF INTERNAL REVENUE By:

(ACIR-LTS/LTDO/RDO)

(Note: This permit is to be issued only by the LTAD I or II/LTDO/RDO of the applicant taxpayer-Head Office for its application for branch permit.)

SCHEDULES OF ATTACHMENTS IN THE BRANCH PERMIT

Name of Taxpayer _____ Registered Address _____ Taxpayer Identification Number _____ Permit No./Date of Issue :

Schedule I. List of Documents/Reports Generated, if applicable

Documents/Reports Generated	System Application/ Modules Used

Schedule II. Number and Description of CRM/POS Machines to be used

RDO Bra No.	Branch	Branch No. of Machine s		Serial Numb er	T	Туре		Maximum	Reset	*Function	**Condition
					Electronic	Mechanical		Accumulating Sales Capacity	Counter Number	(Code)	of the Machine (Code)
ction Co	de	F	RA – Rese	ettable Acc	cumulating G	rand Total N	IRA – Nor	n-Resettable Accun	nulating Gra	and Total	

*Condition of the Machine Code N – New

SH – Second Hand

Schedule III. Approved Range of Serial No.

Type of Document	Range of Serial Nos.			
(eg. Sales Invoice, Official Receipt Cash Invoice etc.)	From	То		

Schedule V. Approved Method of Record Keeping

Book of Accounts and Other Accounting Records/Documents (Please Specify)	Method (Manual or Electronic) Note: If electronic, please specify form used e.g. CD-ROM, etc.

Notice: Void if this schedule is with erasures

ANNEX "G" (STICKER)

REPUBLIC OF THE PHILIPPINES BUREAU OF INTERNAL REVENUE OFFI Head Office

Branch

Permit Number : _____

(Yr./RDO #/Br. Code/Serial #)

Permit to Use Cash Register Machine (CRM) or Point of Sale (POS) Machine

This approved CRM/POS machine shall be used in _____ branch with address at _____. It is understood that any reversion on the approved maximum range of serial numbers and sales capacity shall mean an automatic revocation of this permit and shall be subject to penalties and sanctions pursuant to the provisions of the Tax Reform Act of 1997.

COMMISSIONER OF INTERNAL REVENUE By:

(ACIR-LTS/LTDO/RDO)

Instructions: Standard size of POS/CRM sticker should be 11 x 14 cm.; color white; letters in blue ink with BIR Logo.

ANNEX "H"

LETTER OF DENIAL OF APPLICATION FOR PERMIT TO ADOPT COMPUTERIZED ACCOUNTING SYSTEM OR COMPONENTS THEREOF

(Date)

(Taxpayer)

(Address)

Sir/Madam:

We regret to inform you that your Application for Authority to Use Computerized Accounting System or Components thereof has been "denied" per recommendation of the Computerized System Evaluation Team due to the following reason(s)/deficiency(ies):

1.

2.

3.

4.

5.

Wherefore, you are hereby advised to comply based on the reasons herein-above stated and submit a new application together with the documentary requirements to be submitted to the Large Taxpayers Service/Large Taxpayer District Office/Revenue District Office having jurisdiction over your head office.

Very truly yours,

COMMISSIONER OF INTERNAL REVENUE By:

(ACIR-LTS/LTDO/RDO)

REPUBLIC OF THE PHILIPPINES BUREAU OF INTERNAL REVENUE Office: _____

Temporary Permit to Use Computerized Accounting System or Components thereof

(Date)

(Name of Company)

(Address)
TIN:

Gentlemen:

You are hereby granted a temporary permit relative to your application for <u>(Type of Application</u>) dated <u>(Date of Application)</u> due to the following reason(s):

1. 2. 3. 4.

5.

This temporary Permit shall take effect <u>(Date)</u> subject to the provisions of Revenue Memorandum Order No. <u>dated</u> and shall be valid for <u>days</u>.

The validity of this temporary permit may either be shortened or renewed depending on your compliance on the reason(s) for issuance of the temporary permit unless application for Permit to Use Computerized Accounting System or components thereof is revoked thereby a new application is required.

The software to be used on the basis of this permit is <u>(Name of System Software)</u> It shall be understood that the system(s) used shall be subject to further evaluation of the Computerized System Evaluation Team.

Very truly yours,

ACIR/LTS/LTDO/RDO

Recommending Approval:

Deputy Commissioner Information Systems Group Approved by:

Deputy Commissioner Operations Group

ANNEX "K"

LIST OF PERMITS ISSUED TO BRANCHES OFFICE:_____

Name of Taxpayer	Registered TIN of Taxpayer	Permit No.	Date of Issuance	Branch Address	Branch Code	Branch Permit	Date of Issuance
			100000.100				

Prepared By:

ACIR/LTS/LTDO/RDO

ANNEX "L"

QUARTERLY INVENTORY OF PERMITS ISSUED AND PENDING APPLICATIONS TO USE COMPUTERIZED ACCOUNTING SYSTEM OR COMPONENTS THEREOF FOR THE QUARTER ENDING ______ OFFICE______

	No. of	No. of	No. of	No. of	
Type of	Pending	Applications	Permits	Pending	
Application/	Applications	Received this	Issued this	Applications	Reasons/Remarks
Classification	Last Quarter	Quarter	Quarter	this Quarter	
		(a)	(b)	(a - b) (c)	
		(u)	(0)	(u))(c)	

Prepared By:

Approved By:

Taxpayers Service Section

Chief, LTAD I or II/RDO/LTDO

ANNEX "M"

REPORT OF THE RANGE OF SERIAL NUMBERS OF RECEIPTS AND INVOICES CONSUMED/CANCELLED

Name of Taxpayer	·
Registered Address	•
Taxpayer Identification Number	·
Permit No./Date of Issue	:
Taxable Year Covered	·

RDO No.	Head Office/ Branch Name	Address/ Location	Type of Acctg Doc., e.g.OR/	Serial From	Nos. To	Status (State Whether Consumed or
			Invoices			Cancelled)

Submitted by:

Taxpayer

Date

Annex "N"

Post Reporting Requirement for Computerized Accounting System in Lieu of Hardbound Computer Generated Books of Accounts, Receipts and Invoices and other Accounting Records/Documents

	AFFIDAVIT
KN	IOW ALL MEN BY THESE PRESENTS:
des	I, <u>(Name of Taxpayer's Representative)</u> , <u>(Nationality of Representative)</u> , of legal age, ignated as <u>(Position)</u> of <u>(Name of Company/Corporation)</u> , with business address located at , do hereby certify the following:
1.	That, <u>(Name of Corporation)</u> with business address at is a duly registered corporation organized under the laws of the Philippines.
2.	That the above-mentioned corporation maintains a Computerized Accounting System (CAS) under Head Office/Branch Permit No issued at <u>LTAD/LTDO/RDO</u> on
3.	That for purposes of compliance under RMO dated the above-mentioned corporation in lieu of hardbound computer generated books of accounts/other accounting records/documents for taxable year hereby maintains in CD-ROM form duly labeled with the name of taxpayer, taxable year, Serial number and Volume number of Books of Accounts duly stamped "registered" and signed by the Authorized Revenue Official or maintain the above-mentioned Books of Accounts and other accounting records/documents in an Archive Information form.
4.	That the aforementioned Books of Accounts/Accounting Records are herein listed as follows:
	Book of Accounts/Accounting Records (Please specify) Volume No. Series No. 1. 2.
5.	That the Receipts/Invoices or other related documents duly assigned with serial numbers stated as follows have been Consumed/Cancelled for the taxable period covering
	Type of Accounting DocumentSeries No.1.2.
6.	That the Books of Accounts, Invoices and Receipts and other accounting records/documents of the above- mentioned company is in the form of CD-ROM or in an Electronic Archive Information which have the capacity to retain the information (read only and in report format) installed and shall be kept for a period of not less than three (3) years and that the duly authorized Internal Revenue Officer of the BIR shall be allowed access the aforementioned information.
Ph	In WITNESS WHEREOF, I have hereunto set my hand this day of in the Republic of the hilippines.
	(Affiant/Authorized Representative)
exh	SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public for and in (City/Municipality) , (Province) , this day of(month and year) affiant nibiting to me her Community Tax Certificate No issued on at (place)
pla	ce above written. Notary Public
Do	c No
Pag	ge No ok No

Series of ____