OFFICE OF THE CITY TREASURER Miscellaneous Taxes & Fees Division

Name	
	me:
Surname:First Name:	
Middle Name:	
Address:	
Occup	ation:
TIN#:	Sex: Status:
Place of	of Birth:
Date o	f Birth:
Date of Birth: Weight: Weight:	
	Community Tax: onal Community Tax:
1.	Gross receipt from Business (1 Peso for every 1,000.00) Php
2.	Salaries of Occupation Income
	(1 Peso for every 1,000.00) Php
3.	
	(1 Peso for every 1,000.00) Php
	Total:
	Signature