

SWORN DECLARATION OF GROSS REMITTANCES
(For Sellers/Merchants Engaged in Business within Electronic Marketplaces)

I, _____ of legal age with business address

 (Name of BIR Registered Seller/Merchant)
 located at _____ and Taxpayer
 Identification Number (TIN) _____, after having been duly sworn in accordance with law
 hereby depose and state:

1. That I derive my income from sale of goods and services from Electronic Marketplace and/or Digital Financial Services Provider (indicate the names of electronic marketplace operators or digital financial services providers).

2. That for the period _____, the gross remittances from the sale of goods and services by Electronic Marketplace Operators and Digital Financial Services Providers
 - Do not exceed Five Hundred Thousand Pesos (₱500,000.00).
 - Exceed Five Hundred Thousand Pesos (₱500,000.00).
3. That if at any time during the taxable period, the gross remittances exceed ₱500,000.00, the Electronic Marketplace Operator and Digital Financial Services Provider/withholding agents shall automatically withhold the rate of one percent (1%) on the one-half ($\frac{1}{2}$) of gross remittances for the goods and services sold/paid through their platform/facility.
4. That I duly execute this **SWORN DECLARATION** in compliance with the implementing guidelines of Revenue Regulations No. 16-2023.
5. That I declare, under the penalties of perjury, that this declaration has been made in good faith, and to the best of my knowledge and belief to be true and correct.

IN WITNESS WHEREOF, I have hereunto set my hand this ____ day of _____, 20____ at _____, Philippines.

Signature over Printed Name Individual Taxpayer or Authorized Representative

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____ in _____
 _____ . Applicant exhibited to me his/her _____ issued

 (Government Issued ID and No.)
 at _____ on _____.

NOTARY PUBLIC

Doc No.: _____
 Page No.: _____
 Book No.: _____
 Series of _____

Affix ₱30.00
 Documentary Stamp Tax

(To be filled-out by the withholding agent/lone payor)

Date Received: _____
 (MM-DD-YYYY-00001)

Received by:

Signature over Printed Name of the Withholding Agent / Payor or Authorized Officer

Designation / Position of Authorized Officer

Name of Withholding Agent / Lone Payor