NEW APPLICATION RENEWAL

**ANNEX “G.1”**

X

**EVALUATION SHEET**

**SUBJECT : APPLICATION FOR TAX CLEARANCE CERTIFICATE FOR FINAL SETTLEMENT**

**OF GOVERNMENT CONTRACTS (TCFG)**

**DATE : MM-DD-YYYY**

**NAME OF AUTHORIZED REPRESENTATVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT NO. (MOBILE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (LANDLINE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLAIM STUB NO: \_\_\_\_\_\_ DATE OF RELEASE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Upon evaluation of the submitted documents relative to the application for Tax Clearance Certificate for Final Settlement of Government Contracts of **NAME OF TAXPAYER (TRADE NAME)** with **TIN 000-000-000-00000** and verification of the applicant’s compliance with the prescribed criteria provided under RR No. 17-2024, the following has been noted:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PRESCRIBED CRITERIA** | | | **VERIFIED BY:** | | **REMARKS** | |
| **DESCRIPTION** | **COMPLIANT** | **NOT-COMPLIANT** |  |  | |
| **COLLECTION DIVISION (TAX CLEARANCE SECTION)** | | | | | | |
| No record of Accounts Receivable/Delinquent Accounts (ARDA) |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name  Date:\_\_\_\_\_\_\_\_\_\_ | For the existence of ARDA, indicate the **current handling office** as verified with ARMS and/or manually maintained database | |
| **LEGAL DIVISION** | | | | | | |
| No pending criminal information filed in any court of competent jurisdiction  arising from any tax or tax-related cases. |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name  Date:\_\_\_\_\_\_\_\_\_\_ |  | |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Over Printed Name of Revenue Officer**

Evaluator