NEW APPLICATION RENEWAL

**ANNEX “G”**

X

**EVALUATION SHEET**

**SUBJECT : APPLICATION FOR TAX COMPLIANCE VERIFICATION CLEARANCE**

**FOR FINAL SETTLEMENT OF GOVERNMENT CONTRACTS (TCVC-FG)**

**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 Compliance Verification Clearance 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** |  | |  | |
| **CLIENT SUPPORT SECTION** | | | | | | | |
| Not tagged as "Cannot Be Located" taxpayer |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name  Date:\_\_\_\_\_\_\_\_\_\_ | |  | |
| **COMPLIANCE SECTION** | | | | | | | |
| No open valid "Stop-Filer" cases |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name  Date:\_\_\_\_\_\_\_\_\_\_ | |  | |
| Regular User of Electronic Filing and Payment System (EFPS) |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name  Date:\_\_\_\_\_\_\_\_\_\_ | |  | |
| **COLLECTION SECTION** | | | | | | | |
| No record of Accounts Receivable/Delinquent Accounts:   * *No Unpaid Second Installment* * *No Unredeemed Dishonored Check* * *No Unpaid Tax Due per Tax Returns* |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name  Date:\_\_\_\_\_\_\_\_\_\_ | |  | |

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

**Signature Over Printed Name of Revenue Officer**

Evaluator