

Republic of the Philippines Department of Finance

BUREAU OF INTERNAL REVENUE

Revenue Region No. 18, Koronadal City Revenue District Office No. 107 Cotabato City ISO 9001:2015 Certified Tel. No. 064-421-5606



SWORN STATEMENT OF INCOME

(MARGINAL INCOME EARNER)

I/We am/ FAIZZA B. ODIN are residing at (Indicate full name, middle name and surname)

3RD STREET DON E. SERO SUBD., ROSARY HEIGHTS-V, COTABATO CITY

(indicate complete address)

I am not employed and I am not earning any compensation income.

I am/We currently ONLINE SELLER as my principal source of income (Indicate type of business, e.g., Copra Farmer, Fishermen, Sari-Sari Store or Carpentaria Owner, etc.)

Subsistence and livelihood and my gross sales/receipts in a 12-month period does not exceed thirty-six thousand pesos (P36,000.00).

SCHOLARSHIP PROGRAM/ EDUCATIONAL ASSISTANCE SITTIE ALYYAH B. ODIN

January 14, 2025
Date

Taxpayer
(Signature over Printed Name)

I attest to the identity of herein named taxpayer.

24492164

Witness attesting to identity of taxpayer
(Signature over Printed Name)
(I.e. Barangay Chairman)

SUBSCRIBED AND SWORN TO before me this 14th day January, 2025, Affiant exhibiting his Community Tax Certificate No. ________ on _______

Assir Revenue District Officer
(Signature over Printed Name)