PMT-SS-FORM-02

SWORN STATEMENT OF GROSS SALES OR RECEIPTS ON THE PRECEDING CALENDAR YEAR 2024

Date

HON. MA. ESTE City Mayor Sorsogon City	R E. HAMOR		
THR	U: MS. NANCY D. CABALLER City Treasurer	Ю.	
Dear Mayor Ham	or:		
Pursuant to the provision of Chapter, Article L, Section 4, Par.5 of City Ordinance No. 08, Series of 2013 (Amended Sorsogon City Tax Code of 2011) and in Conformity with R.A. 7160 otherwise known as the Local Government Code of 1991. I/ we hereby declare under penalty of PERJURY that the following report has been examined by me/us to the best of my/our own knowledge and belief is true, correct and complete report of the GROSS SALES OR RECEIPTS of the preceding C.Y. 2024 of the herein business establishment located			
at			this City.
PSIC NUMBER	LINE OF BUSINESS		ANNUAL GROSS SALES OR RECEIPTS
I hereby certify that the foregoing information are true and correct to the best of my knowledge and based on authentic records and documents. Any falsehood in my application will cause the revocation of my business / license and closure of my business establishment. Very truly yours,			
Signature over promoted Manager/Repres	inted name of Owner/Proprietor or entative.		
SUBSCRIBED AND SWORN TO before me this day of			
Sorsogon City, Ph Doc. No.: Page No.: Book No.: Series of			Notary Public