



Republic of the Philippines
OFFICE OF THE CITY ASSESSOR
 Quezon City, Metro Manila



TAX DECLARATION APPLICATION & ROUTING FORM
 (TRANSFER)

Date filed: _____ Control No.: _____

IMPORTANT: [PLEASE PRINT THIS PORTION LEGIBLY TO AVOID ERROR IN PERSONAL REFERENCE] PROCESSING OF TRANSACTION COMMENCES ONLY UPON SUBMISSION OF COMPLETE DOCUMENTS. INCOMPLETE REQUIREMENTS WILL NOT BE PROCESSED.

* REQUIRED FIELDS		PREFERENCE FOR RELEASE (pls check):	<input type="checkbox"/>	PICK-UP	<input type="checkbox"/>	REGISTERED MAIL	<input type="checkbox"/>
SUBJECT / TYPE OF PROPERTY: Tax Declaration No. _____		*Land	<input type="checkbox"/>	*Building	<input type="checkbox"/>	*Machinery	<input type="checkbox"/>
*NAME OF NEW REGISTERED OWNER: [TCT/Building plan as reference]						* Registered owner's email address: _____	
List of Co-owners, if any: _____							
*New Owner/s' Complete Mailing Address: _____							
*Registered owner's contact number: _____							
Administrator: _____							
Address: _____							

** Tick Box for CAO Evaluator's use ONLY **

MANDATORY REQUIREMENTS ATTACHED (Please check appropriate box):

<input type="checkbox"/>	RD Certified True Copy of Title (TCTs/CCTs) - Certified copy of previous Title may be required for continuity		
<input type="checkbox"/>	Deed of Conveyance (Any of the ff. please check):		
<input type="checkbox"/>	Deed of Sale/Donation	<input type="checkbox"/>	Deed of Exchange
<input type="checkbox"/>	Extra-judicial settlement of estate	<input type="checkbox"/>	Affidavit of Self Adjudication (sole heir)
<input type="checkbox"/>	Deed of conditional sale	<input type="checkbox"/>	Certificate of Award; or others (specify) _____
<input type="checkbox"/>	Transfer tax receipt (original or certified copy from CTO & photocopy) and Tax Bill		
<input type="checkbox"/>	BIR Electronic-Certificate Authorizing Registration(eCAR), duplicate or photo copy (AO 186 s-2007)		
<input type="checkbox"/>	Picture of property (3"x5" colored, photo paper) - frontage/facade showing full view of structure		

OTHER REQUIREMENTS:

<input type="checkbox"/>	Properly filled-up Request Form	<input type="checkbox"/>	Authorization letter or Special Power of Attorney from the owner, duly signed, and
<input type="checkbox"/>	Secretary Certificate is required, if seller is a Corp.	<input type="checkbox"/>	gov't ID (both owner or representative) to be presented upon release.
<input type="checkbox"/>	LRA Certification & Affidavit of Loss (in the absence of CAR, Transfer Tax & Conveyance)		

A PENALTY OF P2,000.00 PER TITLE SHALL BE IMPOSED FOR LATE DECLARATION OF PROPERTY FILED SIXTY (60) DAYS AFTER THE ISSUANCE OF TCT/CCT FROM THE REGISTRY OF DEEDS (ORDINANCE NO. SP 2361, S-2014). To show proof of release, submit Acknowledgement Slip reflecting EPEB No. or Certification of Release from RD.

I DECLARE UNDER THE PENALTIES OF PERJURY that all information contained in this application are true and correct based on my personal knowledge and all its attachments are authentic records submitted to the City Assessor's Office. Any fake or misleading information supplied/attached, or production of fake/falsified documents, shall be grounds for appropriate legal action against me and automatically denies the application.

Further, I give my consent to the processing of all personal information as defined under the Data Privacy Act of 2012 (R.A. No. 10173) and its IRR for legitimate and lawful purposes and agrees that real property related accounts or records with Quezon City Government may be processed, profiled or shared to requesting parties or for the purpose of any court, legal process, examination, inquiry and audit or investigation of any authority. (If signed by an Authorized Representative, indicate Valid ID, email and attach Notarized SPA/authorization letter)

<p>Prepared/Filed by:</p> <p>* _____ Date _____</p> <p>Name of Applicant _____</p> <p>*Valid contact no. _____</p> <p>*Valid email address : _____</p>	<p>Received by:</p> <p>_____ Date _____</p> <p>Receiving Officer _____</p>	<p>FORM</p> <p>101</p>
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DOCUMENT TRACKING			
WORKSTATION	Received Time	Record Out	REMARKS
RECEIVING/RRE			
STN 1 - OSS	EDP TMD PAD CLERK		
STN 2			
STN 3	VERIFY REVIEW APPROVAL TRANSMIT		
STN 4			
STN 5			
STN 6			

ACKNOWLEDGEMENT/CLAIM SLIP

Control No.: _____

FILED BY: _____

CONTACT NO. _____ TEL. NO. **8988-4242 LOC. 8031; 8291**

FOLLOW-UP BEFORE SCHEDULED RELEASE ON: _____ ** New TD/NOA will be released to the owner upon presentation of this claim slip.

We want to serve you better and improve our client service standards. To fulfill this, let us know what you think and how well did we serve you by answering our Client Satisfaction Measurement survey form, or thru our contact details : CityAssessor@quezoncity.gov.ph or https://www.facebook.com/quezoncityassessorsoffice.