



CHECKLIST OF DOCUMENTARY REQUIREMENTS

CDR F1106

REVISED JAN 2024

QF11-08.2024.00

► DLN:

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APPLICATION FOR AUTHORITY TO PRINT (ATP) INVOICES

IMPORTANT: [To be accomplished by taxpayer]

1. Processing of transactions commences only upon submission of complete documents. **INCOMPLETE REQUIREMENTS WILL BE RETURNED TO APPLICANT/WILL NOT BE PROCESSED.**
2. Mark "✓" for submitted documents and "X" for lacking documents.

FOR NEW AND SUBSEQUENT APPLICATION OF ATP – MANUAL BOUND INVOICES

- | | | |
|--------------------------|----|--|
| <input type="checkbox"/> | 1. | BIR Form No. 1906; (2 originals) <i>[for manual application]</i> <i>Note: Taxpayer-applicant should choose an Accredited Printer of Invoices</i> |
| <input type="checkbox"/> | 2. | Final clear sample of OWN Invoices/Supplementary Invoices; (1 original) or |
| <input type="checkbox"/> | 3. | For subsequent application: Last issued ATP (1 photocopy) or Printer Certificate of Delivery (PCD) (1 photocopy); or Any booklet from the last issued ATP. (Booklet need to be presented) |

FOR NEW AND SUBSEQUENT APPLICATION OF ATP – MANUAL LOOSE LEAF INVOICES

- | | | |
|--------------------------|----|---|
| <input type="checkbox"/> | 1. | BIR Form No. 1906; (2 originals) <i>[for manual application]</i> <i>Note: Taxpayer-applicant should choose an Accredited Printer of Invoices</i> |
| <input type="checkbox"/> | 2. | Permit to Use Loose Leaf Invoices; (1 photocopy) |
| <input type="checkbox"/> | 3. | Final clear sample of OWN Invoices/Supplementary Invoices; (1 original) |
| <input type="checkbox"/> | 4. | Last issued ATP for subsequent application. (1 photocopy) |

FEES TO BE PAID

- | | | |
|--------------------------|----|------|
| <input type="checkbox"/> | 1. | None |
|--------------------------|----|------|

ADDITIONAL DOCUMENTS, IF APPLICABLE:

- | | | |
|--------------------------|----|--|
| <input type="checkbox"/> | 1. | If transacting through a Representative: For Individual: 1.1 Special Power of Attorney (SPA) executed by the taxpayer-applicant indicating specific transaction; [1 original for first time submission, if authorized to more than one transaction, submit certified true copy (together with the original copy for presentation and validation only)] 1.2 Any government-issued ID of the taxpayer and authorized representative. (1 photocopy, both with one specimen signature) For Corporation/Non-individual 1.1 Board Resolution/Written Resolution (in case of OPC) or Secretary's Certificate, indicating the purpose and the name of the authorized representative; [1 original for first time submission, if authorized to more than one transaction, submit certified true copy (together with the original copy for presentation and validation only)] 1.2 Any government-issued ID of one of the signatory and authorized representative. (1 photocopy, both with one specimen signature) |
|--------------------------|----|--|

SUBMITTED BY:

| | | |
|----------------|---|-------|
| Sign here ► | | Date: |
| | Full Name of Taxpayer/Representative (Signature over printed name) | |

[FOR BIR USE ONLY] RECEIVED BY:

| | | |
|----------------|---|-------|
| Sign here ► | | Date: |
| | Officer: (Signature over printed name) | |

Continuation...

RETURN OF DOCUMENT/S

Upon preliminary evaluation of the completeness of the application and its supporting documents, the applicant has been informed of the identified lacking documentary requirement/s (marked "X") above for completion or resubmission of application.

| | | |
|----------------|--|-------|
| Sign here ► | Evaluator/Officer (Signature over printed name) | Date: |
|----------------|--|-------|

ACKNOWLEDGMENT BY THE APPLICANT:

I _____, of legal age, hereby acknowledge the identified lacking documentary requirement/s (marked "X") and understand that pursuant to the IRR of RA 11032 otherwise known as "Ease of Doing Business and Efficient Government Service Delivery Act of 2018", the government office or agency shall not process deficient or incomplete applications or requests.

| | | |
|----------------|---|-------|
| Sign here ► | Full Name of Taxpayer/Representative (Signature over printed name) | Date: |
|----------------|---|-------|

DATA PRIVACY NOTICE

The Bureau is committed to protect the information herein provided. Information provided are for documentation purposes not to be shared with other parties. This CDR shall be kept in a secured place in the office that received the application for the period prescribed under existing BIR policy. Thereafter, it shall be disposed of through shredding.

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 CUSTOMER SATISFACTION SURVEY FORM.

[This CDR shall be attached as cover sheet of the application.]

Continue to the back page. ►

[PRINT THIS CDR ON BOTH SIDES]