



Application for Authority to Print Receipts and Invoices

Fill in applicable spaces. Mark all appropriate boxes with an "X".

1 TAXPAYER'S TIN ▶ <input style="width: 100%;" type="text"/>				2 ATP APPLIED FOR ▶ <input type="checkbox"/> Head Office <input type="checkbox"/> Branch Office				3 RDO CODE ▶ <input style="width: 100%;" type="text"/>																																																						
4 TAXPAYER'S NAME ▶ <input style="width: 30%;" type="text"/> (Last Name, <input style="width: 30%;" type="text"/> First Name, <input style="width: 30%;" type="text"/> Middle Name, if Individual) <input style="width: 100%;" type="text"/> Mother's Maiden Name ▶ <input style="width: 100%;" type="text"/> (Registered Name, if non-individual)																																																														
5 TRADE NAME ▶ <input style="width: 100%;" type="text"/>																																																														
6 BUSINESS ADDRESS Indicate applicable head or branch office address; <input style="width: 100%;" type="text"/> 7 ZIP CODE ▶ <input style="width: 100%;" type="text"/>																																																														
8 CONTACT NUMBER ▶ <input style="width: 100%;" type="text"/>						9 E-MAIL ADDRESS ▶ <input style="width: 100%;" type="text"/>																																																								
10 PRINTER'S TIN ▶ <input style="width: 100%;" type="text"/>						11 PRINTER'S NAME ▶ <input style="width: 100%;" type="text"/>																																																								
12 PRINTER'S ACCREDITATION NUMBER ▶ <input style="width: 100%;" type="text"/>						13 DATE OF ACCREDITATION ▶ <input style="width: 100%;" type="text"/>																																																								
14 PRINTER'S BUSINESS ADDRESS ▶ <input style="width: 100%;" type="text"/>																																																														
15 CONTACT NUMBER ▶ <input style="width: 100%;" type="text"/>						16 E-MAIL ADDRESS ▶ <input style="width: 100%;" type="text"/>																																																								
17 TYPE/NATURE OF APPLICATION ▶ <input type="checkbox"/> Bound <input type="checkbox"/> Loose Leaf <input type="checkbox"/> Others																																																														
18 DESCRIPTION OF RECEIPTS AND INVOICES (ATTACH ADDITIONAL SHEET/S IF NECESSARY)																																																														
A For Principal Receipts and Invoices																																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 30%;">DESCRIPTION</th> <th colspan="2">TYPE</th> <th colspan="2">NO. OF BOXES/BOOKLETS</th> <th rowspan="2">NO. OF SETS PER BOX/BOOKLET</th> <th rowspan="2">NO. OF COPIES PER SET</th> <th colspan="2">SERIAL NO.</th> </tr> <tr> <th>VAT</th> <th>NON-VAT</th> <th>LOOSE</th> <th>BOUND</th> <th>START</th> <th>END</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>												DESCRIPTION	TYPE		NO. OF BOXES/BOOKLETS		NO. OF SETS PER BOX/BOOKLET	NO. OF COPIES PER SET	SERIAL NO.		VAT	NON-VAT	LOOSE	BOUND	START	END																																				
DESCRIPTION	TYPE		NO. OF BOXES/BOOKLETS		NO. OF SETS PER BOX/BOOKLET	NO. OF COPIES PER SET	SERIAL NO.																																																							
	VAT	NON-VAT	LOOSE	BOUND			START	END																																																						
B For Supplementary Receipts and Invoices																																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 30%;">DESCRIPTION</th> <th colspan="2">TYPE</th> <th colspan="2">NO. OF BOXES/BOOKLETS</th> <th rowspan="2">NO. OF SETS PER BOX/BOOKLET</th> <th rowspan="2">NO. OF COPIES PER SET</th> <th colspan="2">SERIAL NO.</th> </tr> <tr> <th>VAT</th> <th>NON-VAT</th> <th>LOOSE</th> <th>BOUND</th> <th>START</th> <th>END</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>												DESCRIPTION	TYPE		NO. OF BOXES/BOOKLETS		NO. OF SETS PER BOX/BOOKLET	NO. OF COPIES PER SET	SERIAL NO.		VAT	NON-VAT	LOOSE	BOUND	START	END																																				
DESCRIPTION	TYPE		NO. OF BOXES/BOOKLETS		NO. OF SETS PER BOX/BOOKLET	NO. OF COPIES PER SET	SERIAL NO.																																																							
	VAT	NON-VAT	LOOSE	BOUND			START	END																																																						
19 DECLARATION I declare, under the penalties of perjury, that this application has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.										Stamp of BIR Receiving Office and Date of Receipt																																																				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">_____</p> <p style="text-align: center;">TAXPAYER/AUTHORIZED AGENT (Signature over Printed Name)</p> </div> <div style="width: 45%;"> <p style="text-align: center;">_____</p> <p style="text-align: center;">TITLE/POSITION OF SIGNATORY</p> </div> </div>										Date of Release of Authority to Print <input style="width: 100%;" type="text"/>																																																				

ATTACHMENTS:**For New Taxpayers:**

- Original Printer's Job Order
- Original copy of sample layout/template of OR/SI/CI
- Photocopy of Loose-leaf Permit, if applicable

For Old Taxpayers:

- Original Printer's Job Order
- Original copy of sample layout/template of OR/SI/CI
- Photocopy of previous Authority to Print Receipts and Invoices, if not available, the last series of the printed OR/SI/CI.
- Photocopy of Loose-leaf Permit, if applicable.

REMINDER:

Only the head office shall file the "Application for Authority to Print Receipts and Invoices (ATP)". One application should be filed and one permit should be issued for every establishment (head office or each branch). The data that should appear in the ATP are the data pertaining to the establishment that will use the receipts/invoices.