**ANNEX A**

**REPORT ON NUMBER OF INFORMATION MATERIALS DISTRIBUTED**

**For \_\_\_ Semester \_\_\_\_\_\_\_\_**

**RDO No. \_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Taxpayer Awareness Program**

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| **Name of Information Material** | **When/Where/Event Distributed** | **No. of Copies Distributed** |
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| **Total No. of Copies of Information Materials Distributed** | |  |

**SUBMITTED BY: VALIDATED BY: CERTIFIED TRUE AND CORRECT:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Signature Over Printed Name) (Signature Over Printed Name) (Signature Over Printed Name)

Revenue District Officer Client Support Unit Head Regional Director

**ANNEX B1**

**ACCOMPLISHMENT REPORT ON OPERATIONAL KEY PERFORMANCE INDICATOR**

**For \_\_\_\_ Semester \_\_\_\_\_\_\_\_**

**RDO No. \_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Taxpayer Awareness Program**

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| **Activity** | **Date Conducted** | **Means of Verification\*** | **Point** | |
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| **Total Points (TP) for the Semester** | | | |  | |
| **Average Points Per Month** (TP ÷ 6) | | | |  | |

***\*****Specify available documentation(s) that can be used by the region’s CSU Head as reference to validate the actual conduct of information dissemination activities by the RDO. (Example: Publication of event in page \_\_ of BIR Weekender Briefs Vol. No. \_\_, Issue No. \_\_\_, photos, Attendance Sheet, etc.).*

**SUBMITTED BY: VALIDATED BY: CERTIFIED TRUE AND CORRECT:**

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(Signature Over Printed Name) (Signature Over Printed Name) (Signature Over Printed Name)

Revenue District Officer Client Support Unit Head Regional Director

**ANNEX B2**

**CONSOLIDATED ACCOMPLISHMENT REPORT ON OPERATIONAL KEY PERFORMANCE INDICATOR**

**For \_\_\_\_ Semester \_\_\_\_\_\_\_\_**

**Revenue Region No. \_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Taxpayer Awareness Program**

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| **RDO** | **Total Points for the Semester** | **Average Points Per Month** |
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*\* Required Attachment: Semestral TAP Accomplishment Reports (Annex B1) submitted by the Revenue District Officers, which indicate the Total Points for the Semester and Average Points Per Month per district office computed by the region’s CSU Head.*

**PREPARED BY: CERTIFIED TRUE AND CORRECT:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Signature Over Printed Name) (Signature Over Printed Name)

Client Support Unit Head Regional Director

**ANNEX C1**

**EVALUATION REPORT ON OPERATIONAL KEY PERFORMANCE INDICATOR**

**For 1st Semester \_\_\_\_\_\_\_**

**Taxpayer Awareness Program**

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| **Revenue District Office** | **Total Points**  **for the Semester** | **Average Points**  **Per Month** | **Score\*** | **Ranking of Office** |
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*\* Score is based on the KPI Weight of 1.00 per RMO No. 5-2020, as specified in Section III.1 of this Order, which shall be based on the computed 1st Semester Average Points of the RDO.*

**PREPARED BY: CERTIFIED TRUE AND CORRECT:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Signature Over Printed Name) (Signature Over Printed Name)

Chief, Internal Communications Division ACIR, Client Support Service

**ANNEX C2**

**EVALUATION REPORT ON OPERATIONAL KEY PERFORMANCE INDICATOR**

**For CY \_\_\_\_\_\_\_**

**Taxpayer Awareness Program**

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| --- | --- | --- | --- | --- | --- | --- |
| **Revenue District Office** | **Total Points**  **for 1st Semester** | **Total Points**  **for 2nd Semester** | **Total Points**  **for the Year** | **Average Points**  **Per Month** | **Score\*** | **Ranking of Office** |
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*\* Score is based on the KPI Weight of 1.00 per RMO No. 5-2020, as specified in Section III.1 of this Order, which shall be based on the computed Average Points per Month of the RDO for the year.*

**PREPARED BY: CERTIFIED TRUE AND CORRECT:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Signature Over Printed Name) (Signature Over Printed Name)

Chief, Internal Communications Division ACIR, Client Support Service