BIR Form No. January 2018

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## **Quarterly Remittance Return**

of Creditable Income Taxes Withheld (Expanded)

Enter all required information in CAPITAL LETTERS using BLACK ink. Mark all applicable boxes with an
"X". Two copies MUST be filled with the BIR and one held by the Taxpayer.



1	or the Year	2	Quarter				3	Amended Return?			4	Any Taxes Withheld?		5 No. of Sheet/s Attached		
2021		• 1ST		2ND	3RD 4TI	н		Ye	s •	No		Yes	• No		0	
						Part	· I -				n					
Part I - Background Information  6 Taxpayer Identification Number (TIN) 008 220 975 000 7 RDO Code 044																
Transparent resistance in terms of the property of the propert																
Withholding Agent's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)  UPLUS CORPORATION																
<ul> <li>9 Registered Address (Indicate complete address. If branch, indicate the branch address. If registered address is different from the current address, go to the RDO to update registered address by using BIR Form No. 1905)</li> <li>430 BLDG 4 CELERY RD FTI WESTERN BICUTAN TAGUIG CITY</li> </ul>																
											$\overline{}$		9A 2	ZIP Code	1630	
10 Contact Number 09178017253											nholding Agent Private Gov			overnment		
12	12 Email Address upluscorporation@gmail.com															
Part II - Computation of Tax																
ATC Tax base (Consolidated for the Quarter) Tax Rate Tax Withheld (Consolidated for the Quarter)																
13					•							%			0.00	
14												%			0.00	
15												— <sub>%</sub>			0.00	
16												— <sub>%</sub>			0.00	
17												<b>%</b>			0.00	
18	,								]			— %			0.00	
				,					,			,,,	J		0.00	
19	Total Tayos M	/ithhc	old for the C	Quarter (Sum a	of Items 13 to 18)								19		0.00	
				•	,								20		0.00	
20	Less: Remittar	ices i											· ).			
21	2 <sup>nd</sup> Month of the Quarter											21		0.00		
22		Tax Remitted in Return Previously Filed, if this is an amended return											22		0.00	
23	Over-remittance from Previous Quarter of the same taxable year											23		0.00		
24	Total Remittances Made (Sum of Items 20 to 23)											24		0.00		
25	Tax Still Due/(Over-remittance) (Item 19 less Item 24)												25		0.00	
	Add: Penalties	26	Surcharge										26		0.00	
	27 Interest												27		0.00	
	28 Compromise											28		0.00		
29 Total Penalties (Sui					Items 26 to 28)								29		0.00	
30	TOTAL AMO	JNT :	STILL DUE	/(Over-remitta	ince)(Sum of Items	: 25 and	29)						30		0.00	
If	If over-remittance, mark one (1) box only  To be Refunded  To be issued Tax Credit Certificate  To be carried over to the next quarter within the same calendar year (not applicable for succeeding year)															
I/We declare under the penalties of perjury that this remittance form, and all its attachments, has been made in good faith, verified by me/us, and to the best of my/our 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. Further, I/we give my/our consent to the processing of my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If Authorized Representative,																
	attach authorization letter) For Individual: For Non-Individual:															
Signature over Printed Name of Taxpayer/Authorized Representative/Tax Agent (Indicate Title/Designation and TIN)								Signature over Printed Name of President/Vice President/ Authorized Officer or Representative/Tax Agent (Indicate Title/Designation and TIN)								
	Tax Agent Accreditation No./ Attorney's Roll No. (If applicable)						Date of Issue (MM/DD/YYYY)				Date of E	Date of Expiry (MM/DD/YYYY)				
	Part III - Details of Payment															
	Particulars			Drawee Bank/Agency				Number			ate (N	MM/DD/YYY	Y)	Amount		
31	Cash/Bank De	ebit M	lemo													
32	Check															
33	Tax Debit Me	mo	ĺ													
34	34 Others (specify below)															

Machine Validation/Revenue Official Receipt Details (If not filed with an Authorized Agent Bank)	Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)						
NOTE: *Please read the BIR Data Privacy Policy found in the BIR website (www.bir.gov.ph)							