
 Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas		Payment Form		BIR Form No. 0605 September 2003(ENCS)	
1 For the <input checked="" type="radio"/> Calendar <input type="radio"/> Fiscal		3 Quarter <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd <input type="radio"/> 4th		4 Due Date (MM/DD/YYYY) 03 10 2018	
2 Year Ended (MM/YYYY) 12 - December 2018		5 No. of Sheets Attached 0		6 ATC MC200	
7 Return Period (MM / DD / YYYY) 02 28 2018		8 Tax Type WE			
Part I Background Information					
9 Taxpayer Identification No. 009 590 900 000		10 RDO Code 54B		11 Taxpayer Classification <input type="radio"/> I <input checked="" type="radio"/> N	
12 Line of Business/Occupation 5190 OTHER WHOLESAL		13 Taxpayer's Name (Last Name, First Name, Middle Name for Individuals) / (Registered Name for Non-Individuals) EGATE INC.		14 Telephone Number 0464405274	
15 Registered Address U-E NANAY NORA BUILDING CENTENNIAL ROAD GAHAK KAWIT		16 Zip Code 4104			
17 Manner of Payment					
Voluntary Payment <input type="radio"/> Self-Assessment <input type="radio"/> Penalties <input type="radio"/> Tax Deposit/Advance Payment <input type="radio"/> Income Tax Second Installment(Individual) <input checked="" type="radio"/> Others(Specify) 1601-E			Per Audit/Delinquent Account <input type="radio"/> Preliminary/Final Assess/Deficiency Tax <input type="radio"/> Accounts Receivable/Delinquent Account		
18 Type of Payment <input type="radio"/> Installment No. of Installment <input type="radio"/> Partial Payment <input checked="" type="radio"/> Full Payment					
Part II Computation of Tax					
19 Basic Tax/Deposit/Advance Payment				19 1,100.00	
20 Add: Penalties					
Surcharge 20A 0.00		Interest 20B 0.00		Compromise 20C 0.00	
				20D 0.00	
21 Total Amount Payable(Sum of Items 19 & 20D)				21 1,100.00	
<input type="radio"/> Pre-approved by Investigating Office					
<input type="radio"/> Not approved by Investigating Office					
For Voluntary Payment I declare, under the penalties of perjury, that this document 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 National Internal Revenue Code, as amended, and the regulations issued under authority thereof.			For Payment of Deficiency Taxes From Audit/Investigation/ Delinquent Account APPROVED BY:		Stamp of Receiving Office and Date of Receipt
22A Signature over Printed Name of Taxpayer/Authorized Representative			22B Signature Over Printed Name of Head of Office		
Part III Details of Payment					
Particulars	Drawn Bank/Agency	Number	MM	DD	YYYY
23 Cash/Bank					
Debit Memo					
24A		24B		24C	
24 Check		24B		24C	
25 Tax Debit Memo		25A		25B	
25 Tax Debit Memo		25A		25B	
26 Others		26A		26B	
26 Others		26A		26B	
Machine Validation/Revenue Official Receipt Details (If not filed with the bank)					
Taxpayer Classification: I - Individual N - Non-Individual					