1601-EQ

## 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.



January 2018 Page 1

BIR Form No.

1	For the Year	<b>2</b> Qu	uarter		· · · · · · · · · · · · · · · · · · ·	3 Amended	Return?	4 Any Taxes	Withheld?	5 No. of Sheet/s Attached	
	2020		) 1ST	O 2ND O 3RD	<b>●</b> 4TH	Oy	es No	● Yes	o No	0	
					Da						
c -	Part I - Background Information  6 Taxpaver Identification Number (TIN) 009 590 900 000 7 RDO Code 54B										
- Laspayer Identification (City)											
Withholding Agent's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)											
	EGATE INC.										
9 <sup>R</sup>	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)										
	U-E NANAY NORA BLDG., CENTENNIAL ROAD GAHAK, KAWIT CAVITE										
- [	<b>9A</b> ZIP Code 4104										
40	0.0										
							11 Category of Wit	thholding Agent	Private	Government	
12 Email Address egateinc@yahoo.com											
Part II - Computation of Tax											
	ATC			Tax base (Co	nsolidated for t		Tax F		Tax Withheld	(Consolidated for the Quarter)	
13	WI100				66,000.00			5.0 %		3,300.00	
14								%		0.00	
15								%		0.00	
16								%		0.00	
17								%		0.00	
18								%		0.00	
							,				
19	Total Taxes Wi	ithheld f	for the Ω	Quarter (Sum of Items	13 to 18)				19	3,300.00	
				•					20	1,100.00	
21	Less: Remittances Made: 1 <sup>st</sup> Month of the Quarter  2 <sup>nd</sup> Month of the Quarter								21	1,100.00	
										0.00	
22	•								22		
23	·								23	0.00	
24									24	2,200.00	
25									25	1,100.00	
Add: Penalties <b>26</b> Surcharge									26	0.00	
27 Interest									27	0.00	
28 Compromise									28	0.00	
29 Total Penalties (Sum of Items 26 to 28)									29	0.00	
30	TOTAL AMOU			/(Over-remittance)(Su		nd 29)			30	1,100.00	
_						·				no next quarter within the	
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)											
orovis	ions of the National I	nternal Re	evenue Co	ode, as amended, and the r	egulations issued un	der authority thereof.	Further, I/we give my/our co			ief, is true and correct, pursuant to the n as contemplated under the *Data Privacy	
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  Signature over Printed Name of President/Vice President/										
(Indicate Title/Designation and TIN) Tax Agent Accreditation No./							Authorized Officer or Representative/Tax Agent (Indicate Title/Designation and TIN)  Date of Expiry				
Attorney's Roll No. (If applicable)							(MM/DD/YYYY)	]	(MM/DD/	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Part III - Details of Payment											
24	Particula Carla (Parala Dal			Drawee Bank/Age	ncy	Number	Dat	te (MM/DD/YYYY)		Amount	
31	Cash/Bank De	DIT IVIEM	10								
	Check										
33	Tax Debit Mem	10									
34	Others (specify	/ below)	)								
				<u> </u>							
	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)										
		3-11	,						, , , , , , , , , , , , , , , , , , , ,	,	