BIR Form No. 1601-EQ January 2018

Page 1

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 F	or the Year	2 G	(uarter				3 /	Amended F	Return?		4	Any Taxe	s Withheld?	•	5 No. of Sh	eet/s Attached	
	2019	(O 1ST	O 2ND	3RD	→ 4TH		O Ye	s	No No		● Y	es	O No		0	
						Pa	rt I - I	Backgro	ound Info	rmatio	n]					
6 та	vnovor Idontifica	otion N	lumbor /T	IN) 009	590	900	00		, u.i.u		•		7 RDO 0	Code	54B		
6 Taxpayer Identification Number (TIN) 009 590 900 000 / RDO Code 54B 8 Withholding Agent's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)																	
_	EGATE INC.	t S INGI	iie (Last	rvarrie, i ir si	. rvarrie, iviid	ule Ivallie for III	uividue	ii Ort rtegi	stered rearrie	101 11011-1	IIGIVI	uuai)					
J.		no (Inc	lianta ann	mnloto oddr	ooo If brong	h indicata tha	hranah	addraga l	f ragiatorad a	ddroon in	diffo	rant from	the ourrent	oddrooo a	o to the BDO to	update registered	
9 R	dress by using E	ss (inc BIR Fo	rm No.19	npiete addr 105)	ess. II brand	ri, iridicate trie i	orancn	address. I	registered a	iaaress is	anne	reni irom i	ine current a	address, g	o lo lhe RDO lo	update registered	
Į	JNIT E NANA	Y NC	RA BL	OG., CEN	TENNIAL	RD., GAHAK	, KAV	VIT, CAV	ITE								
Г											\equiv			9A z	IP Code 410)4	
10 (10 Contact Number 09175092056 11 Category of Withholding Agent Private Government																
							I I Category of Withholding Agent					iivale	ate Government				
12 🛭	Email Address	<u> ra</u>	agubele	ctrical@y	ahoo.com												
									utation o								
13	ATC Tax base (Consolidated for the Quarter) WI100 66,000.00									Tax Rate Tax 5.0 %					Nithheld (Consolidated for the Quarter) 3,300.00		
	VVII	00				00	,000.0	, o							3,		
14								_				<u></u> %				0.00	
15												<u></u> %				0.00	
16												%				0.00	
17												%				0.00	
18												%				0.00	
19	Total Taxes Wi	thheld	for the Q	uarter (Sur	n of Items 1	3 to 18)								19 Г		3,300.00	
20	Less: Remittano					,								20		1,100.00	
21	2000. Horritan	Month of th										21	1,100.00				
22	T D		4		J.					22	0.00						
			•		s an amended												
23				ame taxable yea						23		0.00					
24	Total Remittano												2,200.00				
25	Tax Still Due/(emittance	e) (Item 19	less Item 24)			25 1,10					1,100.00				
	Add: Penalties	urcharge						26					0.00				
		nterest						27					0.00				
		Compromi	ise				28					0.00					
		29 T	otal Pena	alties (Sum	of Items 26	to 28)						29		0.00			
29 Total Penalties (Sum of Items 26 to 28) 30 TOTAL AMOUNT STILL DUE/(Over-remittance)(Sum of Items 25 and 29)														30		1,100.00	
30	TOTAL AMOU	141 51	ILL DOL	/(000-10111	mance)(Sun	TOT ILETTIS 25 at						30		1,100.00			
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,																	
_	h authorization le ndividual:	etter)							For Non-Ind	ividual.							
	iai fidual.								or non marriada.								
L																	
	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./								Date of Is	sue 🗀				Date of Expiry			
	Attorney's Roll No. (If applicable)									(MM/DD/YYYY) (MM/DD/YYYY)							
	Dantiaula			Drawa	- Dank/Ass		art II		is of Pay		-4- /B	AM/DD/W	000		A		
31	Particula Cash/Bank Del		mo	Drawe	e Bank/Age	псу		Number		שנו	ate (N	MM/DD/YY	111)		Amoun		
		JIL IVIEI	110											<u> </u>			
32	Check													<u></u>			
33	Tax Debit Mem																
34	Others (specify	below	v) — I-														
										<u></u>				<u></u>			
Mach (If no	nine Validation/R of filed with an Au	evenu uthoriz	ed Agent	Receipt De	tails							Stamp			AB and Date of I k Teller's Initial)	Receipt	
l)" ""	mar an Al		- u . iguill	ny									, J J Gigit	o, Daili			
<u>L</u>	* * * * * * * * * * * * * * * * * * * *					DID				_							
NOTE	: *Please read t	ne BIR	t Data Pri	vacy Policy	tound in the	BIR website (v	ıid.ww	r.gov.ph)									