or BIR BCS/ se Only Item:	COLLEGE CONTROLS	Bureau of	ment of Finance f Internal Revenue		
BIR Form No. 1601-EQ January 2018 Page 1	of Creditable Inc Enter all required information in CAPI	COME Taxes V	Ance Return Withheld (Expanded) BLACK Ink. Mark all applicable boxes with and one held by the Taxpayer.	th an	1601-EQ 01/1
For the Year 2 Quart		3 Amended		18/Hhhald?	
2018	ST O2ND @3RD O4T	тн О	YAL ONO OYO		5 No. of Sheet/s Attach
Taxpayer Identification Numb	per (TIN) 009 590 9	Part I - Backg	round Information	The second secon	- For seasons
	Last Name, First Name, Middle Name		gistered Name for Non-Individual)	7 RDO Code	1548 V.
			:. If registered address is different from th	he current address,	go to the RDO to update regi
U-E NANAY NORA BU	ILDING CENTENNIAL ROAD	GAHAK KAWIT CA	AVITE		fields make in consumption accounts
The second secon				9A	ZIP Code 4104
O Contact Number 0464405			11 Category of Withholding Agent	Private	O Government
2 Email Address rjulyk	rajoy092987@gmail.com				Striffinide downers reconstitute, suspect
100	Tay have (Canaplidate		putation of Tax		
3 WI100,	Tax base (Consolidated	d for the Quarter) 66,000.00	Tax Rate 5.0 %	Tax Withheld	(Consolidated for the Quart
	XI		5.0 %		3,300.00
		particular and and an arrangement of the second	% %		0.00
	The state of the s		% %	***************************************	0.00
		Market Interpretate Teachers (INCOME) and Commence account	%	-	0.00
			%		0.00
	April 17			*	0.00
Total Taxes Withheld for th	ne Quarter (Sum of Items 13 to 18)	*		19	3,300.00
Less: Remittances Made: 1				20	1,100.00
Charlet charge to	2 nd Month of the Quarter			21	1,100.00
	urn Previously Filed, if this is an amer	anded return		22	0.00
	Previous Quarter of the same taxab			23	0.00
Total Remittances Made (S				24	2,200.00
	ance)-(Item 19 less Item 24)			* 25	1,100.00
Add: Penalties 26 Surchal	rge			26	0.00
27 Interes				27	0.00
28 Compr				28	0.00
	Penalties (Sum of Items 26 to 28)				
	OUE/(Over-remittance)/Sum of Items	25 20)		29	0.00
f over-remittance, mark one (1			r To be	30 e carried over to the	1,100.00 next quarter within the same
We declare under the penaltie	s of perjury that this remittance form,	, and all its attachment	ts, has been made in good faith, verified	ndar year (not applic by me/us, and to th	cable for succeeding year) ne best of my/our knowledge a
sent to the processing of mylo ch authorization letter) Individual:	ur information as contemplated unde	r the *Data Privacy Ac	as americed, and the regulations issued at of 2012 (R.A. No. 10173) for legitimate	and lawful purpose	reof. Further, I'we give myrou is. (If Authorized Representat
				1	
Signature over Printed Nam (Indic	ne of Taxpayer/Authorized Represent cate Title/Designation and TIN)	tative/Tax Agent	Signature over Printed Authorized Officer or Representativ	d Name of Presider	nt/Vice President/
Tax Agent Accreditation No Attorney's Roll No. (If applica	0.3		Date of Issue (MM/DD/YYYY)	Date of Ex	xpiry
	Dej	Part III - Deta	ils of Payment	(MM/DD/Y	YYY) &
Particulars	Drawec Bank/Agency	Number	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Y)	Amount
Cash/Bank Debit Memo				Committee of the commit	
Check					
Tax Debit Memo			CONTRACTOR		Section 2015 Annual Control of the C
Others (specify below)					
Office Committee Office			11		40 20-4 40
hine Validation/Revenue Offic ot filed with an Authorized Age				Receiving Office/AA RO's Signature/Bank	