For BIR BCS/ Use Only Item: Republic of the Philippines Department of Finance Bureau of Internal Revenue															
BIR Form No. 1601-EQ January 2018 Page 1			Q Ente	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.									1601-EQ 01/18 P1		
٠.	or the Year 2018	2	Quarter O 1ST	② 2ND	O3RD (О4тн	3 Amended R	_		Any Taxes \			of Sheet/s Attached		
							Part I - Backgro	und Infor	mation						
6 та	xpayer Identific	cation	Number	(иш)	590	900	p 000		Martin and and the art 11th and artists and		7 RDO Code] 54E			
		nt's N	iame (Las	t Name, Firs	Name, Middle	Name f	or Individual OR Regis	tered Name	for Non-Individ	lual)					
1	EGATE INC.					on the statement for sta			The second contract of	et get troub at higher and the man			, carrier a supplication of the same of the same state of		
ac	U-E NANAY NORA BUILDING CENTENNIAL ROAD GAHAK KAWIT CAVITE														
9A ZIP Code 4104													4104		
10	Contact Numbe	r 102	644052	74		-		11 Categor	11 Category of Withholding Agent P			e Og	overnment		
				TO COMPANY THE RESIDENCE OF THE SECOND	Domail com										
12 Email Address rjulykajoy092987@gmail.com Part II - Computation of Tax															
	AT	c		Tax	base (Conso	lidated t	for the Quarter)	italion o	Tax Rate	e was rea remer a sur o	Tax Withh	eld (Consolid	lated for the Quarter)		
13	***************************************	100					66,000.00		The second secon	5.0 %			3,300.00		
14	<u> </u>		***************************************	<u> </u>		-	***************************************			%			0.00		
15				<u> </u>			and the state of t	Í		%			0.00		
16	<u> </u>			Ì	**************************************		CONTRACTOR OF THE PARTY OF THE			%		<u> </u>	0.00		
17							***************************************			%			0.00		
18			*************				CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	<u></u>	····	%		THE PROPERTY OF THE PERSON.	0.00		
	3			,				•			1				
40											40	··· r	2 200 00		
19				-	n of Items 13 to	0 18)					19	ļ	3,300.00		
20	Less: Remitta									20		1,100.00			
21	2 nd Month of the Quarter										21		1,100.00		
22	Tax Re	mitte	in Retun	n Previously	Filed, if this is a	an amen	ded return				22		0.00		
23	Over-re	mitta	nce from l	Previous Qua	irter of the sam	e taxabi	e year				23		0.00		
24	Total Remittances Made (Sum of Items 20 to 23)										24		2,200.00		
25	Tax Still Due	/(Ove	er-remittar	nce) (Item 19	less (tem 24)						25		1,100.00		
	Add: Penaltie	s 26	Surcharg	ge							26		0.00		
İ		27	Interest	rest							27		0.00		
		Compro	mise									0.00			
		29	Total Pe	enalties (Sum	of Items 26 to	28)					29		0.00		
30	TOTAL AMO						25 and 29)				30	<u> </u>	1,100.00		
30 TOTAL AMOUNT STILL DUE/(Over-remittance)(Surm of Items 25 and 29) To be carried over to the next quarter within the same															
If over-remittance, mark one (1) box only															
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,															
attech authorization letter) For Individual: For Non-Individual:															
							j								
<u> </u>	Signatura	or Dei	ntod No.	e of Taynovo	r/Authorizad D	nresort	ative/Tay Agent		Signatur	e over Print	ed Name of Pro	esident/Vice D	resident/		
<u> </u>			(Indica	Name of Taxpayer/Authorized Representative/Tax Agent Indicate Title/Designation and TIN)					Signature over Printed Name Authorized Officer or Representative/Tax A				gent (Indicate Title/Designation and TIN)		
	Tax Agent Accreditat Attorney's Roll No. (If a							Date of issue (MM/DD/YYYY)				Date of Expiry (MM/DD/YYYY)			
							Part III - Detai	is of Pay	ment						
	Particu	iars		Draw	e Bank/Agend	су	Number		Date (I	MM/DD/YYY	(Y)		Amount		
31	Cash/Bank D	Debit f	Memo												
32	Check			f											
33	Tax Debit Me	emo													
34	Others (spec	ify be	low)												
	chine Validation of filed with an				etails						of Receiving Of (RO's Signatur		Date of Receipt s Initial)		
NOT	E: *Please read	d the	BIR Data	Privacy Polic	y found in the E	3IR webs	site (www.bir.gov.ph)								