For EIR BCS/ Jee Only Item:	La Page	(Departm	I the Philippines ent of Finance nternal Revenue		
BIR Form No. 1601-EQ January 2018 Page 1	of Creditable In	come Taxes W	nce Return lithheld (Expanded) ACK Ink. Mark all applicable boxes and one held by the Taxpayer.	with an	1601-EQ 01/18 P1
1 For the Year 2 Quarter	□ 2ND □ 3RD € 4		€ 6 No 6	ves Withheld?	5 No. of Sheet/s Attached
	(TIN) 1009 1590 1900	000	ound Information	7 RDO Code	548 *
6 Taxpayer Identification Number 8 Withholding Agent's Name (Lategate inc.	(1110) 1 1		istered Name for Non-Individual)	- ROC Gode	7.10_1
address by using BIR Form No.	omplete address. If branch, inclid 1905) ITENNIAL RD. GAHAK KAWIT C		If registered address is different from	n the current address, go	to the RDO to update registered
				9A ZIP Co	ode 4104
10 Contact Number D464405274 11 Category of Withholding Agen				t © Private © Government	
	092987@gmail.com			THE PARTY OF THE P	Secretary and the secretary an
in cum cannon harman	and the second s	Part II - Com	putation of Tax		
ATC	ATO Tax base (Consolidated for the Quarter) Tax Rate				onsolidated for the Quarter)
13 Wi100	The state of the s			5 0 % 3,300 00	
14			%		0.00
15			%		0.00
16			%		0.00
17			%		0.00
18			%		0.00
				40 [3.300.00
	Quarter (Sum of Items 13 to 18	,		19	1,100.00
20 Less: Remittances Made: 1st Month of the Quarter				20	1,100.00
21 2 nd Month of the Quarter				21	0.00
Tax Remitted in Return Previously Filed, if this is an amended return				22	0.00
23 Over-remittance from Previous Quarter of the same taxable year				23	2.200.00
24 Total Remittances Made (Sum of Items 20 to 23)				24	1,100.00
25 Tax Still Due!(Over-remittance) (Item 19 less Item 24)				25	0.00
Add: Penalties 26 Surcharge				27	0.00
27 Interest					0.00
28 Compromise				28	0.00
29 Total Penalties (Sum of Items 26 to 28)					
30 TOTAL AMOUNT STILL DI	30	1,100.00			
If over-remittance, mark one (1) box only To be	Refunded To be in	soued Tax Credit Certificate	To be carried over to the n calendar year (not applicat	ext quarter within the same sie for succeeding year)
I/We declare under the penalties of perju- provisions of the National Internal Revenues Act of 2012 (R.A. No. 10173) for legitimate. For Individual	ry that this remittance form, and all its at Code, as amended, and the regulations and lawful purposes. (If Authorited Pap	tachments, has been made in g issued under authority thereof, esentative, affach authoritation	pod faith, verified by me/us, and to the best of Further, liwe give my/bur consent to the pro- letter) For Non-Individual.	if my/our knowledge and belief, i sessing of my/our information as	sitrue and correct, pursuant to the contemplated under the "Data Privacy
יעסעי	wordly kan	ما	P-FAUTA-VALCENZARIES		
Signature over Printed N	ere of Telpayer/A thorized Represent		Signature over Printed Name of President/Vice President/ Authorized Officer or Representative/Tax Agent (Indicate Title/Designation and Titl)		
Tax Agent Accreditation No./ Attorney's Rot No. (Tappicable			Date of Issue (MM/DDYYYY)	Date of Exp	ry F
милтеу в пол тео, (таррасаот		Part III - Deta	ails of Payment	(MMAJL877)	1
Particulars	Drawee Bank/Agency	Number	Date (MM/DD/Y)	(YY)	Amount
31 Cash/Bank Debit Memo					
32 Check					
33 Tax Debit Memo					
34 Others (specify below)					
				DE	DESTREE
Machine Validation/Revenue Official Recei If not filled with an Authorized Agent Bank	pt Details			Stamp of Receiving Officer/AAB (RD's Stansture-Bank)	and Date of Paceur eller's Initial)
NOTE: "Please read the BIR Data Privacy I	Folioy found in the BIR was one face a Ric	gov ph)		SER JA	HI I A TIGHE
Towns the site being place is freely to	The same of the same same same to	25040		3/12/ 5(1)	
				TELLERS	NITIAL:
				BANK COD	EL DI HEIL