Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Interna	as		Pa	yme	ent Fo	m		BIR Form 060)5	
For the Calendar Fiscal Guarter		4 Due			Date (MM/DD/YYYY)		5 No. of Shee	September 2003(ENCS) 5 No. of Sheets Attached 6 ATC		
Year Ended (MM/YYYY)	O 1st O 2nd (O 3rd	O 4th	0		2018	0		MC200	
12 - December 2018										
Return Period (MM / DD / YYYY)	04 30	2018		25	ax	WE				
Part I		- Indiana de la companya de la compa	Ba	1 1	vpe ound Int	-	tion			
Taxpayer Identification No.					er Classification			12 Line of Business/Occupation		
009 590 900 000 54B			01	0	N		519	5190 OTHER WHOLESA		
3 Taxpayer's Name (Last Name, First Name, Middle Name for Individuals) /(Registered Name for EGATE INC.					Non-Individuals)					
5 Registered Address					***************************************		16 Zip C	ode		
U-E NANAY NORA BUILDING	CENTENNIAL RO	AD GA	HAK KA	TIWA			410)4		
7 Manner of Payment					18 Type of Payment					
Voluntary Payment			Per Audit/Delinquent Account					O Installment		
Self-Assessment Penalties	-	Preliminary/Final Assess/Deficiency Tax					No. of Installment			
O Acco				ounts Receivable/Delinquent Account				O Partial Payment		
Tax Deposit/Advance Payment							Full	Full Payment		
Income Tax Second Installment(Indiv Others(Specify)	idual)									
01-E										
Part II			Con		stion of	T				
Basic Tax/Deposit/Advance Payment			COII	iputa	ation of	тах	40 [4.400.00	
Add: Penalties	Interest				Compromise	,	19		1,100.00	
20A 0.00	20B		0.00	20C			0.00 20D		0.00	
Total Amount Payable(Sum of Items 19 &	20D)						21		1,100.00	
O Pre-approved by	Investigating Office					Not app	proved by Inve	stigating Office	/-	
I declare, under the penalties of made in good faith, verified by me belief, is true and correct, pur Internal Revenue Code, as amen	, and to the best of m suant to the provision ded, and the regulation	ny knowl	edge and		From	Audit/Inve	ficiency Taxes estigation/ ccount	(of Receiving Office te of Receipt	
22A FCATFIX Authorized Representative Title/Position of Signatory					22B Signature Over Printed Name of Head of Office				CEIVE NK-BACAGO	
rt III	Deta	ails	of Pay	men				MAY	0 0 20/2	
nticulars Drawee Bank/Agency		A VI						MAY MAY	11 3 - 11 3	
Cash/Bank	Number		MM	DD	YYYY	20.		Amount		
Debit Memo						23		PANICSOUE:	015-160	
24A 2	4B	724C				24D				
Check >	>					>			. //	
Tax Debit 2	5A	256				25C	***************************************		$-+\lambda/$	
Marro	•								-V	
The state of the s	6B	26C				26D				
Others •	•			1	Lil				•	
chine Validation/Revenue Official Rec	eipt Details (If not file	ed with the	he bank)							