

For BIR BCS/ Use Only Item:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No.

1601-EQ

January 2018
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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.



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1 For the Year 2020	2 Quarter <input type="radio"/> 1ST <input checked="" type="radio"/> 2ND <input type="radio"/> 3RD <input type="radio"/> 4TH	3 Amended Return? <input type="radio"/> Yes <input checked="" type="radio"/> No	4 Any Taxes Withheld? <input checked="" type="radio"/> Yes <input type="radio"/> No	5 No. of Sheet/s Attached 0
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Part I - Background Information

6 Taxpayer Identification Number (TIN)	009 590 900 000	7 RDO Code	54B
8 Withholding Agent's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) EGATE INC.			
9 Registered Address (Indicate complete address. If branch, indicate the branch address. If registered address is different from the current address, go to the RDO to update registered address by using BIR Form No. 1905) U-E NANAY NORA BLDG., CENTENNIAL ROAD GAHAK, KAWIT CAVITE			
10 Contact Number			09175078084
11 Category of Withholding Agent		<input checked="" type="radio"/> Private <input type="radio"/> Government	
12 Email Address egateinc@yahoo.com			

Part II - Computation of Tax

	ATC	Tax base (Consolidated for the Quarter)	Tax Rate	Tax Withheld (Consolidated for the Quarter)
13	WM100	66,000.00	5.0 %	3,300.00
14			%	0.00
15			%	0.00
16			%	0.00
17			%	0.00
18			%	0.00

BTR-BIR DEPOSIT SLIP

Validation (Not official unless machine validated)
MOLGT01 0212 07/14/2020 12:10:15 0241007
241
*****3300.00 PHP 0009 BCFCN

Date 7/14/20

BTR-BIR

Taxpayer's Name Egate Inc					
Tax Paid by [Signature]					
Signature of Taxpayer/ Signature Over Printed Name of Representative					
TIN 009 590 900 000	Tax Period 06/2020				
Tax Type ENT	Tax Form 1601EQ				
Mode of Payment: (Please put a check on the appropriate box) <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Bank Debit System <input type="checkbox"/> Tax Debit Memo (TDM)					
CASH BREAKDOWN					
Denomination	Qty.	Amount	Denomination	Qty.	Amount
CHECK DEPOSIT					
Drawee Bank/ Branch		Check Number	Amount		
BANK DEBIT SYSTEM (Thru Bank Debit Memo)					
Bank Debit Advice Number/ Taxpayer's Name		Amount			
TDM PAYMENT					
TDM Number		Amount			

19	3,300.00
20	0.00
21	0.00
22	0.00
23	0.00
24	0.00
25	3,300.00
26	0.00
27	0.00
28	0.00
29	0.00
30	3,300.00

Tax Credit Certificate ☐ To be carried over to the next quarter within the same calendar year (not applicable for succeeding year)

has been made in good faith, verified by me/us, and to the best of my/our knowledge and amended, and the regulations issued under authority thereof. Further, I/we give my/our f 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If Authorized Representative,

or Non-Individual:

Signature over Printed Name of President/Vice President/
Authorized Officer or Representative/Tax Agent (Indicate Title/Designation and TIN)

Date of Issue MM/DD/YYYY Date of Expiry MM/DD/YYYY

of Payment

Date (MM/DD/YYYY)	Amount

Stamp of Receiving Office/AAB and Date of Receipt
(RO's Signature/Bank Teller's Initial)

Stamp of Receiving Office/AAB and Date of Receipt
(RO's Signature/Bank Teller's Initial)