

 Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas		Payment Form BIR Form No. 0605 September 2003(ENCS)	
1 For the <input checked="" type="radio"/> Calendar <input type="radio"/> Fiscal		3 Quarter <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd <input type="radio"/> 4th	
2 Year Ended (MM/YYYY) 12 - December 2018		4 Due Date (MM/DD/YYYY) 03 10 2018	
5 No. of Sheets Attached 0		6 ATC MC200	
7 Return Period (MM / DD / YYYY) 02 28 2018		8 Tax Type WE	
Part I Background Information			
9 Taxpayer Identification No. 009 590 900 000		10 RDO Code 54B	
11 Taxpayer Classification <input type="radio"/> I <input checked="" type="radio"/> N		12 Line of Business/Occupation 5190 OTHER WHOLESA	
13 Taxpayer's Name (Last Name, First Name, Middle Name for Individuals) / (Registered Name for Non-Individuals) EGATE INC.		14 Telephone Number 0464405274	
15 Registered Address U-E NANAY NORA BUILDING CENTENNIAL ROAD GAHAK KAWIT		16 Zip Code 4104	
17 Manner of Payment			
Voluntary Payment <input type="radio"/> Self-Assessment <input type="radio"/> Penalties <input type="radio"/> Tax Deposit/Advance Payment <input type="radio"/> Income Tax Second Installment(Individual) <input checked="" type="radio"/> Others(Specify) 1601-E		Per Audit/Delinquent Account <input type="radio"/> Preliminary/Final Assess/Deficiency Tax <input type="radio"/> Accounts Receivable/Delinquent Account	
18 Type of Payment <input type="radio"/> Installment No. of Installment <input type="radio"/> Partial Payment <input checked="" type="radio"/> Full Payment			
Part II Computation of Tax			
19 Basic Tax/Deposit/Advance Payment		19 1,100.00	
20 Add: Penalties			
Surchage		Interest	
20A 0.00		20B 0.00	
20C 0.00		20D 0.00	
21 Total Amount Payable(Sum of Items 19 & 20D)		21 1,100.00	
<input type="radio"/> Pre-approved by Investigating Office <input type="radio"/> Not approved by Investigating Office			
For Voluntary Payment I declare, under the penalties of perjury, that this document has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of National Internal Revenue Code, as amended, and the regulations issued under authority thereof. 22A <i>EGATE INC Robert J. [Signature]</i> Signature over Printed Name of Taxpayer/Authorized Representative		For Payment of Deficiency Taxes From Audit/Investigation/ Delinquent Account APPROVED BY: 22B <i>[Signature]</i> Signature Over Printed Name of Head of Office	
Stamp of Receiving Office and Date of Receipt <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED METROBANK - BACAO CEPZ RDO 54-B MAR 07 2018 Teller 1 </div>			
Part III Details of Payment			
Particulars	Drawee Bank/Agency	Number	MM DD YYYY
23 Cash/Bank			
Debit Memo			
24A	24B	24C	24D
24	Check		
25 Tax Debit Memo			
25A	25B	25C	25D
26A	26B	26C	26D
26 Others			
Machine Validation/Revenue Official Receipt Details (If not filed with the bank)			
Taxpayer Classification: I - Individual N - Non-Individual			