BIR Form No. 1702Q Page 1 of 2

9 Taxpayer's Name EGATE IN 11 Registered Add U-E NANAY 12 Zip Code 14 Are you availin O Yes N Part II Declaration T	MYYYYY) uber 2020 009 590 e C. dress Y NORA BLD0	900 00 G., CENTE	3 Quarte 1st	r) 3rd	4 Amended Re Yes Informat	turn?	5 No. of Sheet	ts Attached	
Part I TIN Taxpayer's Name EGATE IN Registered Add U-E NANAY Zip Code Are you availin Yes N Part II Declaration T	M/YYYY) uber 2020 009 590 e C. dress / NORA BLD0 410 ng of tax relief unit	900 00 G., CENTE	● 1st	○ 2nd	Backg) 3rd	O Yes			is Allaulled	
12 - Decem Part I TIN Taxpayer's Name EGATE IN 1 Registered Add U-E NANAY 2 Zip Code 4 Are you availin Yes Negrat II Declaration T	009 590 e C. dress / NORA BLD0 ng of tax relief und	G., CENTE				round		INU	U		
Part I TIN Taxpayer's Name EGATE IN Registered Add U-E NANAY Zip Code 4 Are you availin Yes N Part II Declaration T	009 590 e C. dress / NORA BLD0 410	G., CENTE					Informat				
TIN Taxpayer's Name EGATE IN Registered Add U-E NANAY Zip Code Are you availin Yes N Part II Declaration T	e C. dress / NORA BLD0 410	G., CENTE					. III O I III a L	o n			
EGATE IN 1 Registered Add U-E NANAY 2 Zip Code 4 Are you availin Yes N Part II Declaration T	C. dress / NORA BLD0 410	_	ENNIAL RO			54B			_n 5190%20O	THER%20\	
I1 Registered Add U-E NANAY I2 Zip Code 4 Are you availit Yes NANAY Part II Declaration T	dress / NORA BLD0 410 ng of tax relief und	_	ENNIAL RO				Dusines		elephone Number		
U-E NANAY 12 Zip Code 14 Are you availi 2 Yes N Part II Declaration T	/ NORA BLD0 410 ng of tax relief unc	_	NNIAL RO						0917507808	34	
2 Zip Code 4 Are you availin Yes N Part II Declaration T	410	_	INNIAL RO	AD CAL	1 1 1 1 1 1 1	VAULT CAVU	ITE	_			
14 Are you availing Yes No	ng of tax relief und	4	12	thod of Ded		WII CAV	IIE				
Yes N Part II Declaration T	•		_			O 40% O	ptional Standard	d Deduction	on		
Yes N Part II Declaration T	•			. T. T		45 ^	TC				
Part II Declaration T	10 y cc, cpcc		aw or Internation	onal lax Ire	eaty?	15 <u>A</u>					
6Sales/Revenues/		, IT		Com	putat	tion of					
	Γhis Quarter		EXEMPT		•		Т	AXABLE			
					_	Spe	ecial Rate		Regula	r Rate	
71- 0	·	16A			16B		0.00	16C		375,780.97	
7 Less: Cost of Sa	ales/Services	17A			17B		0.00	17C		550,312.39	
8 Gross Income	0 "	18A		0.00	18B		0.00	18C	3	325,468.58	
9 Add : Other No			me	0.00	19A 20B		0.00	19B 20C		0.00	
:0 Total Gross Inco :1 Less : Deducti		20A			20B 21B		0.00	20C		325,468.58 325,468.58	
2 Taxable Income		ZIA		0.00	22A		0.00	21C		0.00	
_	Income from Pre	vious Quarter	(s)		23A		0.00	23B		0.00	
4 Total Taxable In					24A		0.00	24B		0.00	
5 Tax Rate (Exce					25A	0.00 %		25B	30.00 %		
6 Income Tax (Oth	her Than MCIT)				26A		0	26B		0	
?7 Less: Share of	f Other Agencies	(RA 7916 / 8	748 etc.)		27		0.00				
8 Minimum Corp	porate Income Ta	ax (MCIT) (se	e Schedule 1)					28		0.00	
9 Tax Due											
29A Tax on f	transactions und ver is higher)	ler Regular R	ate (Normal I	ncome Tax	or Minim	um Corpora	te Income Tax	29A		0.00	
29BLess: U	nexpired Excess	of Prior Yea	r's MCIT over	Normal Inc							
	ible only if the q		due is the no	rmal rate)				29B		0.00	
	e (Item 29A less I Due to the BIR or		under					29C		0.00	
	Due to the BIR or ate (26A less 27)	ı u ansacılons	unuel	2	9D		0.00				
O Aggregate Inco	ome Tax Due (Su	m of Items 29	9C and 29D)				30		0.00)	
1 Less: Tax Cr	edits/Payments										
31APrior Ye	ear's Excess Cre	dits - Taxes \	Withheld				31A		0.00		
31BTax Payment(s) for the Previous Quarter(s) of the same								0.00			
31CMCIT Payment(s) for the Previous Quarter(s) of the same taxable year							31C	0.00			
31DCreditable Tax Withheld for the Previous Quarter(s)						31D 31E			0.00		
31E Creditable Tax Withheld Per BIR Form No. 2307 for th 31F Tax Paid in Return Previously Filed, if this is an Amer									0.00		
31Gothers, please specify					31F 31F			0.00			
31HTotal Tax Credits/Payments (Sum of Items 31A to 3							31H		0.00	_	
32 Tax Payable/(0	•	·					32		0.00		
3 Add: Pena		Intorest		C	rom!or		,				
Surchar 33A	0.00 3	Interest 3B	0	Compr .00 33C		ſ	0.00 33D		0.0	00	
,		,								. •	
34Total Amount P							34		0.00		
We declare, und is true and correct							verified by us, and mended, and the				
35A							35B				
	President/Vice I		ncipal Officer Over Printed I		d Tax Age	ent/			er/Assistant Tre		
	Position -f C'			· · · · · · · · · · · · · · · · · · ·	N of O:	otor:				· · · · · · · · · · · · · · · · · · ·	
Title/Position of Signatory				TIN of Signatory				Title/Position of Signatory			
Tax Agent Acc. No./Atty's Roll No. (if applicable)				Date of Issuance Date of Expiry Details of Payment					TIN of Signatory	mp of Receivin	
Particulars	Drawee Bank/ Agency	N	mber		ate		Amou	ınt	0	Office/AAB and Date of Receipt	
36 Cash/Bank 36		36B	mber 360			36D	Amot		(R	RO's Signature/	
Debit Memo 37 Check 37	7A	37 B	370			37D			Bar	nk Teller's Initial	
38 Tax Debit Memo	ev: 001	38A	388			380					
	9A	39B	390			39D					