

BIR eFPS has received the payment confirmation for your tax return from LBP. 180 - 964 - 890 - 000 SERDENA, MICHAEL SANOT Taxpayer's Name Tax Type Return Period 09/30/2019 LBP (086000) Transacting Bank Reference Number 401900032769422 191273809 Payment Transaction Number 10/25/2019 Payment Transaction Date . 800.00 Actual Amount Paid 00102520191720082900 LBP's Confirmation Number Please refer to the Tax Return Inquiry facility to check the status of your payment,

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RELEASED

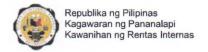
DATE: 11-9-19

SIGNATURE.

DATE MONICED

TIME:

BY:



eFPS Payment Form

| axpayer Identification Number | : 180 - 964 - 890 - 000 |
|--|-------------------------|
| DO Code | : 090 |
| axpayer's Name | : SERDENA MICHAEL SANOT |
| eturn Period | : 09/30/2019 Qtr: 3 |
| ах Туре | : WE |
| mount Due (PhP) | 800.00 |
| ayment Transaction Number Transaction Log Number) | 191273809 |
| ayment Transaction Date | 1 0/25/2019 |
| FPS MODE OF PAYMENT | Bank Transfer ▼ |
| ransacting Bank Authorized Agent Bank) : 086000 - LBP(HEA | ND OFFICE) ▼ |
| mount : 8 | 300.00 |
| | |
| Print | Submit Cancel |

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REPUBLIC OF THE PHILIPPINES DEPARTMENT OF FINANCE BUREAU OF INTERNAL REVENUE

FILING REFERENCE NO.

| Tax Type | : WE | DEURO | Transacting Bark |
|------------------------------------|-----------------------|------------------|---|
| Date Filed | : 10/25/2019 | | FFFS MODE OF TAYM |
| For Tax Period | : 09/30/2019 | | Payment Transaction |
| Accounting Type | 2 C - Calendar | | (Transaction Log Nur |
| Amount Payable Over Remittance) | : 800 00 | | Amount Due (PfR) Payment Transaction |
| Reference No. | : 401900032769422 | | Тах Туре |
| Form Type | t 1601EQ | | Return Period |
| RDO | :090 | | l'axpayer's Name |
| Name | SERDENA MICHAEL SANOT | | RDO Code |
| TIN | : 180-964-890-000 | AND THE PARTY OF | Taxpayer Identi <mark>nugi</mark> |

Proceed to Payment

Amount

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Guidelines and Instructions | Help Reference No.401900032769422 Date Filed: October 25 2019 10:29 AM Batch Number:0

For BIR Use BCS/ Only Item

| (| | Kagawa | lika ng Pilip raran ng Par ilhan ng Rer as | nanalapi | Enter | of or all requi es with ar | Credit | table Incom | Remittan ne Taxes Wit ITAL LETTERS u T be filed with the | thheld | (Evnander | i) all applicable he Taxpayer | le r. | BIR For 1601 January Page | -EQ | |
|------|-----------------------------|-------------|---|---------------------|------------------|---|-------------|-------------------|---|--------------|------------------|-------------------------------------|----------|------------------------------------|-------------|--|
| 1 | For the Year | 2 Qua | arter | | 3 | 3 Amende | ed Return | n? | 4 Any Taxes | Withheld | d? | 5 No. of 8 | Sheet | /s Attached | | |
| 2 | 2019 | 1st | 2nd 3 | 3rd 41 | łth | O Yes | No | | Yes | | | 0 | | | | |
| _ | | 100 | 2.10 | Sru | | | | | | | | | | | | |
| 6 | Taxpayer Iden | ntification | 0 | 100 | | | Processor . | - Backgrou | and Informat | ion | 1 6 | | - 1 | | | |
| | Number (TIN) |) | | 180 | | | 964 | | - 890 | | - 000 | | | 7 RDO Code | 090 | |
| | Withholding A ERDENA, MI | | | lame, First Na | me, M | fiddle Nar | me for In | idividual OR Re | egistered Name f | or Non-Ir | ndividual) | | | | | |
| _ | | | | anlata address | If hra | The incli | - nto the | t-net address | 4 distant of a | t to one for | **** | | | | | |
| reg | istered addres | ss by usi | ng BIR For | m No. 1905) | . It Drai | non, muic | ate the t | branch address | s. If registered ad | dress is | different from t | he current a | addres | ss, go to the RD | O to update | |
| # | 19 CONCEP | CION Z | ONE II SO | DUTHERN LE | YTE | | | | | | | | | | | |
| | | | | | | | | | | | | | 9A | ZIP Code | 6606 | |
| L | O Contact Nun | | 0916193 | 36216 | | | 11 | | Nithinolding Agent Government | السيا | | 24 | | | | |
| 12 | 2 Email Addre | es | lai_jane(| 04@yahoo.co | om | | | | | | | | - | | | |
| | | | | | | | Par | t II - Compu | utation of Ta | X | | | - | | | |
| ., | 110100 | ATC | | Tax Base | e (Con | nsolidate | | e Quarter) | Tax Rate | | Tax Withh | reld (Conso | olidate | ed for the Quar | , | |
| | WI100 | | | | | | | 48,000.00 | 5.00 | | | 2,400 | | | | |
| 14 | | | | | | | | 0.00 | 0.00 | וכ | | | | | 0.00 | |
| 15 | | | | | | | | 0.00 | 0.00 |) | | | | | 0.00 | |
| 16 | | | | | | | | 0.00 | 0.00 |) | | | | | 0.00 | |
| 17 | | | | | | | | 0.00 | 0.00 | | | | | | 0.00 | |
| 18 | | | | | | | | 0.00 | 0.00 | | | | | | 0.00 | |
| 19 | Total Taxes | Withheld | for the Qua | arter (Sum of Ite | tems 1 | 13 to 18) | | | | | | | | | 2,400.00 | |
| _ | | | | onth of the Qua | | | | | | | | | | | 800.00 | |
| 21 | | | nd Month of | | | | | | | | | | _ | | 800.00 | |
| 22 | Tax Rem | | | iously Filed, if th | thie ie | an ameny | ded rotur | - | | | | | | | | |
| 23 | | | | ous Quarter of t | | | | n | | | | | | | 0.00 | |
| | | - | | of Items 20 to 23 | | ITIE IAAAD | ie year | | | | | | | | 0.00 | |
| _ | | _ | - | (Item 19 Less It | _ | 41 | | | | | | | | | 1,600.00 | |
| | Add: Penalties | | | tem is Less it | 10111 24 | 1) | | | | | | | | | 800.00 | |
| _ | Add. I Charles | 27 Inte | - | | _ | | | | | _ | | | | | 0.00 | |
| | | | mpromise | | | | | | | | | | _ | | 0.00 | |
| | | | | s (Sum of Items | s 26 to | 28) | | | | | | | _ | | 0.00 | |
| 30 | TOTAL A | | | DUE /(Over- | | | um of Ite | ms 25 and 29) | | | | | _ | | 800.00 | |
| | If over-remitta | | office and the second | (: | | be refunde | - | | Tax Credit Certific | cate | To be carried | d over to the | next | quarter within th | | |
| I/We | e Declare und | er the ne | enalties of ne | perium that this | remitt to the | ance forn provision | m and all | lar year (not app | plicable for succe ts, has been mad al Revenue Code | eeding ye | ear) | l humalia a | and to | the best of soul | | |

For Non-Individual:

| ax Agent Accreditation No./ Att | omey's Roll No.(if applicable) | Date of Issue | Representative/Tax Agent (Indicate Tit Date of Ex (MM/DD/) | rpiry |
|---------------------------------|------------------------------------|---------------------------------------|--|--|
| | | Part III - Details of Pa | A STATE OF THE PARTY OF THE PAR | 111/1 |
| Particulars | Drawee Bank/ Agency | Number | Date(MM/DD/YYYY) | Amount |
| 31 Cash/Bank Debit Memo | | | | |
| 32 Check | | | | |
| 33 Tax Debit Memo | | | | |
| 34 Others (specify below) | | | L | |
| | | | | |
| Machine Validatio | n/Revenue Official Receipt Details | ; (if not filed with an Authorized A | | eceiving Office/AAB and Date of Re o's Signature/Bank Teller's Initial) |
| | n/Revenue Official Receipt Details | 1 finot filed with an Authorized A | | eceiving Office/AAB and Date of Re y's Signeture/Bank Teller's Initial) |
| Machine Validatio | n/Revenue Official Receipt Details | 1 til filed with an Authorized A | | y's Signeture/Bank Teller's Initial) |
| | n/Revenue Official Receipt Details | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 2's Signeture/Bank Teller's Initial) Add Attachment |
| | n/Revenue Official Receipt Details | 1 tiled with an Authorized A | | y's Signeture/Bank Teller's Initial) |
| | n/Revenue Official Receipt Details | 1 tiled with an Authorized A | | Add Attachment |
| | n/Revenue Official Receipt Details | 1 filed with an Authorized A | | 2's Signeture/Bank Teller's Initial) Add Attachment |

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