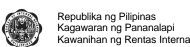
PSOC:	•	PSIC:



Annual Information Return of Income Taxes Withheld on

BIR Form No. 1604-CF

	Kawanihan ng	Rentas Internas	Compensation and	d Final Withholdi		July 2008 (ENCS)	
		Mark all appropriate boxes					
for the (YYYY)		2 Ame	ended Return? ► Ye	es No 3	No of Sheets Atta	ched • L	
Part I			Background Inf	ormation)inaca/		
4 TIN ▶		<u> </u>	<u> </u>	Occup	ation ►		
7 Withhol	ding Agent's Nan	ne (Last Name, First Nam	ne, Middle Name for Individuals	s)/(Registered Name for Non	-Individuals)	8 Telephone No.	
	red Address					10 Zip Code	
▶ 11 In case	of overwithholdin	ng/overremittance after the	year-end adjustment on co	empensation. If	yes, specify		
have yo	ou released the re	efund/s to your employee/s?	? Yes No	o th	ne date of refund	Salada a Latina a A a a a d	
Tax Wit	mount of Overren hheld under Com			of First Crediting of emittance	14 Category of W	ivate Government	
Part II Schedule 1			<u>Summary</u> Remittance p	<u>of Remitta</u> Der BIR Forn			
MONTH	DATE OF REMITTANCE	NAME OF BANK/BANK CODE/ ROR NO., IF ANY	TAXES WITHHELD	ADJUSTMENT	PENALTIES	TOTAL AMOUNT REMITTED	
JAN	REWITTANOL	NON NO., II ANI				KEWITTED	
-EB MAR							
APR MAY							
JUN							
JUL AUG							
SEP							
TOC VOV							
DEC TOTAL							
Schedule 2			Remittance p	l Der BIR Form	m N o. 1601-F		
MONTH	DATE OF REMITTANCE	NAME OF BANK/BANK CODE ROR NO., IF ANY	TAXES WITHHEL	D PEN	IALTIES	TOTAL AMOUNT REMITTED	
JAN	REWITTANOL	NOR NO., II AIVI	VVIIIILL			KLIWIITTED	
FEB MAR							
APR							
MAY JUN							
JUL AUG							
SEP							
OCT NOV							
DEC							
TOTAL Schedule 3	3		Remittance	per BIR For	m N o. 1602		
MONTH	DATE OF	NAME OF BANK/BANK CODE/	TAXES		ENALTIES	TOTAL AMOUNT	
JAN	REMITTANCE	ROR NO., IF ANY	WITHHEL	<u>.</u> U	LIVALITES	REMITTED	
FEB MAR							
APR							
MAY JUN			+				
JUL							
AUG SEP							
OCT NOV							
DEC							
TOTAL Schedule 4			Remittance	per BIR For	m N o. 1603		
QUARTER	DATE OF REMITTANCE	NAME OF BANK/BANK CODE/ ROR NO., IF ANY	TAXES WITHHEL	D	ENALTIES	TOTAL AMOUNT REMITTED	
1ST QTR 2ND QTR							
BRD QTR							
4TH QTR TOTAL							
We decla	We declare, under the penalties of perjury, that this declaration has been made in good faith, verified by us, and to the best of our nowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the begulations issued under authority thereof. Stamp of Receiving Office and Date of Receipt						
15	Autho	sident/Principal Officer/Accredit orized Representative/Taxpaye gnature Over Printed Name)	•	Treasurer/Assistant Trea (Signature Over Printed N			
1	tle/Position of Signa		of Signatory	Title/Position of Signat	tory		
Tax Ager	nt Acc. No./Atty's R	oll No.(if applicable) Date of Issuar	nce Date of Expiry	TIN of Signatory			