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For BIR Use BCS/  
Only Item

1601EQ08/13ENCSP1

 <b>Republika ng Pilipinas</b> <b>Kagawaran ng Pananalapi</b> <b>Kawanihan ng Rentas</b> <b>Internas</b>	<b>Quarterly Remittance Return</b> <b>of Creditable Income Taxes Withheld (Expanded)</b> <small>Enter all required information in CAPITAL LETTERS using BLACK ink. Mark all applicable boxes with an "X". Two copies MUST be filed with the BIR and one held by the Taxpayer.</small>				<b>BIR Form No.</b> <b>1601-EQ</b> <small>January 2018</small> <small>Page 1</small>
<b>1</b> For the Year  <input type="text" value="2024"/>	<b>2</b> Quarter  <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd <input type="radio"/> 4th	<b>3</b> Amended Return?  <input type="radio"/> Yes <input type="radio"/> No	<b>4</b> Any Taxes Withheld?  <input type="radio"/> Yes <input type="radio"/> No	<b>5</b> No. of Sheet/s Attached  <input type="text" value="0"/>	

#### Part I - Background Information

<b>6</b> Taxpayer Identification Number (TIN)	<input type="text" value="004"/>	<input type="text" value="661"/>	<input type="text" value="920"/>	<input type="text" value="000"/>	<b>7</b> RDO Code	<input type="text" value="050"/>	
<b>8</b> Withholding Agent's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) <b>KOLIN MARKETING, INC.</b>							
<b>9</b> 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) <b>1854 STA. RITA ST. GUADALUPE NUEVO MAKATI CITY</b>							
						<b>9A</b> ZIP Code	<input type="text" value="1212"/>
<b>10</b> Contact Number	<input type="text" value="8526473"/>	<b>11</b> Category of Withholding Agent <input type="radio"/> Private <input type="radio"/> Government					
<b>12</b> Email Address							<input type="text" value="eflores@kolinphil.com.ph"/>

#### Part II - Computation of Tax

ATC	Tax Base (Consolidated for the Quarter)	Tax Rate	Tax Withheld (Consolidated for the Quarter)
13 WC158	12,432,122.54	1.00	124,321.23
14 WI010	38,500.00	5.00	1,925.00
15 WI091	50,000.00	10.00	5,000.00
16	0.00	0.00	0.00
17	0.00	0.00	0.00
18	0.00	0.00	0.00

<b>19</b> Total Taxes Withheld for the Quarter (Sum of Items 13 to 18)	<input type="text" value="131,246.23"/>
<b>20</b> Less: Remittances Made: 1st Month of the Quarter	<input type="text" value="34,105.05"/>
<b>21</b> 2nd Month of the Quarter	<input type="text" value="45,379.14"/>
<b>22</b> Tax Remitted in Return Previously Filed, if this is an amended return	<input type="text" value="0.00"/>
<b>23</b> Over-remittance from Previous Quarter of the same taxable year	<input type="text" value="0.00"/>
<b>24</b> Total Remittances Made (Sum of Items 20 to 23)	<input type="text" value="79,484.19"/>
<b>25</b> Tax Still Due/(Over-remittance) (Item 19 Less Item 24)	<input type="text" value="51,762.04"/>
Add: Penalties	<input type="text" value="0.00"/>
<b>26</b> Surcharge	<input type="text" value="0.00"/>
<b>27</b> Interest	<input type="text" value="0.00"/>
<b>28</b> Compromise	<input type="text" value="0.00"/>
<b>29</b> Total Penalties (Sum of Items 26 to 28)	<input type="text" value="0.00"/>
<b>30</b> TOTAL AMOUNT STILL DUE /Over-remittance) (Sum of Items 25 and 29)	<input type="text" value="51,762.04"/>

If over-remittance, mark one (1) box only	<input type="checkbox"/> To be refunded	<input type="checkbox"/> To be issued Tax Credit Certificate	<input type="checkbox"/> To be carried over to the next quarter within the same calendar year (not applicable for succeeding year)
I/We Declare under the penalties of perjury that this remittance form, and all its attachments, has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. (If Authorized Representative, attach authorization letter)			
For Individual:		For Non-Individual:	

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

Tax Agent Accreditation No./ Attorney's Roll No.(if applicable)

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

## Part III - Details of Payment

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)				

Machine Validation/Revenue Official Receipt Details (if not filed with an Authorized Agent Bank)

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

## Attachments

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