For BIR Use Only	BCS/ Item		

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Quarterly Remittance Return
of Creditable Income Taxes Withheld (Expanded)
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.

BIR Form No.
1601-EQ
January 2018
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1 For the Year	2 Quarter	3 Amended Return?	4 Any Taxes Withheld?	5 No. of Sheet/s Attached
2024	○ 1st ◉ 2nd ○ 3rd ○ 4th	○ Yes ◉ No	◉ Yes ○ No	0

Part I - Background Information

6 Taxpayer Identification Number (TIN): 004 - 661 - 920 - 000   **7 RDO Code:** 050

8 Withholding Agent's Name *(Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)*
KOLIN MARKETING, INC.

9 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)*
1854 STA. RITA ST. GUADALUPE NUEVO MAKATI CITY

9A ZIP Code: 1212

10 Contact Number: 8526473

11 Category of Withholding Agent: ◉ Private ○ Government

12 Email Address: 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	22,022,050.52	1.00	220,220.51
14	WI010	16,500.00	5.00	825.00
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

19	Total Taxes Withheld for the Quarter *(Sum of Items 13 to 18)*	226,045.51
20	Less: Remittances Made: 1st Month of the Quarter	76,677.75
21	2nd Month of the Quarter	99,372.00
22	Tax Remitted in Return Previously Filed, if this is an amended return	0.00
23	Over-remmitance from Previous Quarter of the same taxable year	0.00
24	Total Remittances Made *(Sum of Items 20 to 23)*	176,049.75
25	Tax Still Due/(Over-remittance) *(Item 19 Less Item 24)*	49,995.76
Add: Penalties 26	Surcharge	0.00
27	Interest	0.00
28	Compromise	0.00
29	Total Penalties *(Sum of Items 26 to 28)*	0.00
30	**TOTAL AMOUNT STILL DUE** /(Over-remittance) *(Sum of Items 25 and 29)*	49,995.76

If over-remittance, mark one (1) box only: ☐ To be refunded ☐ To be issued Tax Credit Certificate ☐ 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	Add Attachment
	Remove Attachment

Print   Payment Details   Proceed to Payment

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