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Republic of the Philippines
 Department of Finance
 Bureau of Internal Revenue

For BIR Use Only: BCS/ item:

BIR Form No. 1604-E January 2018 (ENCS) Page 1	Annual Information Return of Creditable Income Taxes Withheld (Expanded)/ Income Payments Exempt from Withholding Tax	 1604-E 01/18ENCS P1
Enter all required information in CAPITAL LETTERS using BLACK ink. Mark applicable boxes with an "X". Two copies MUST be filed with the BIR and one held by the Taxpayer		

1 For the Year (20YY) 2025	2 Amended Return? <input type="radio"/> Yes <input checked="" type="radio"/> No	3 Number of Sheet/s Attached 0
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Part I – Background Information

4 Taxpayer Identification Number (TIN) 004 661 920 000	5 RDO Code 050
6 Withholding Agent's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) KOLIN MARKETING, INC.	
7 Registered Address (Indicate complete address. If branch, indicate the branch address. If the registered address is different from the current address, go to the RDO to update registered address by using BIR Form No. 190b) 1854 STA. RITA ST. GUADALUPE NUEVO MAKATI CITY	
7A ZipCode 1212	
8 Category of Withholding Agent <input checked="" type="radio"/> Private <input type="radio"/> Government	8A If private, top withholding? <input checked="" type="radio"/> Yes <input type="radio"/> No
9 Contact Number 5514792	10 Email Address eflores@kolinphil.com.ph

Part II – Summary of Remittances

Schedule 1 - Remittance per BIR Form No. 1601-EQ

Quarter	Date of Remittance (MM/DD/YYYY)	Drawee Bank/ Bank code/ Agency	TRA/eROR/eAR Number	Taxes Withheld	Penalties	Total Amount Remitted
1st Quarter	04/10/2025	000	258146261	118,596.76	0.00	118,596.76
2nd Quarter	07/10/2025	000	250095979	187,708.50	0.00	187,708.50
3rd Quarter	10/09/2025	000	251984447	127,648.23	0.00	127,648.23
4th Quarter	01/15/2026	000	263882353	155,585.19	0.00	155,585.19
TOTAL				589,538.74	0.00	589,538.74

Schedule 2 - Remittance per BIR Form No. 1606

Month	Date of Remittance (MM/DD/YYYY)	Drawee Bank/ Bank code/ Agency	TRA/eROR/eAR Number	Taxes Withheld	Penalties	Total Amount Remitted
January				0.00	0.00	0.00
February				0.00	0.00	0.00
March				0.00	0.00	0.00
April				0.00	0.00	0.00
May				0.00	0.00	0.00
June				0.00	0.00	0.00
July				0.00	0.00	0.00
August				0.00	0.00	0.00
September				0.00	0.00	0.00
October				0.00	0.00	0.00
November				0.00	0.00	0.00
December				0.00	0.00	0.00
TOTAL				0.00	0.00	0.00

I/We declare under the penalties of perjury that this return, 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. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

For Individual: Signature over Printed Name of Taxpayer/Authorized Representative/Tax Agent (Indicate Title/Designation and TIN)	For Non-Individual: Signature over Printed Name of President/Vice President/ Authorized Officer or Representative/Tax Agent
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Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)		Date of Issue (MM/DD/YYYY)	Date of Expiry (MM/DD/YYYY)
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*NOTE: The BIR Data Privacy is in the BR website (www.bir.gov.ph)

Attachments



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TIN 004 661 920 000	Withholding Agent's Name (Last Name for Individual OR Registered Name for Non-Individual) KOLIN MARKETING, INC.
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Part III - Alphabetical List of Payees (Format Only)

Schedule 3 - Alphabetical List of Payees Subject to Expanded Withholding Tax (Declared and Certified using BIR Form No. 2307)

SEQ. No.	TIN	Name of Payees <small>(Last Name, First Name, Middle Name for individual)/(Registered name for NonIndividual)</small>	ATC	Amount of Income Payment	Tax Rate	Amount of Tax Withheld
(1)	(2)	(3)	(4)	(5)	(6)	(7) = (5 x 6)
TOTAL						

Schedule 4 - Alphabetical List of Other Payees Whose Income Payments are Exempt from Withholding Tax but Subject to Income Tax (Declared and Certified using BIR Form No. 2304)

SEQ. No.	TIN	Name of Payees <small>(Last Name, First Name, Middle Name for Individual)/(Registered name for NonIndividual)</small>	ATC	Nature of Income Payment	Amount of Income Payment

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