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1601FQ08/13ENCSP1

For BIR Use Only BCS/Item

Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas		<b>Quarterly Remittance Return of Final Income Taxes Withheld</b> 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. <b>1601-FQ</b> January 2018 Page 1
<b>1</b> For the Year (YYYY) <input type="text" value="2025"/>	<b>2</b> Quarter <input type="radio"/> 1st <input checked="" type="radio"/> 2nd <input type="radio"/> 3rd <input type="radio"/> 4th	<b>3</b> Amended Return? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>4</b> Any Taxes Withheld <input type="radio"/> Yes <input checked="" 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) KOLIN MARKETING, INC.				
<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) 1854 STA. RITA ST. GUADALUPE NUEVO MAKATI CITY				
			<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 checked="" type="radio"/> Private <input type="radio"/> Government		
<b>12</b> Email Address <input type="text" value="eflores@kolinphil.com.ph"/>				
<b>13</b> Are there payees availing of tax relief under Special Law or International Tax Treaty? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>13A</b> If yes, specify <input type="text"/>		

**Part II - Computation of Tax**

ATC	Tax Base (Consolidated for the Quarter)	Tax Rate	Tax Withheld (Consolidated for the Quarter)
14 WI202	1,800,000.00	10.00	180,000.00
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	0.00	0.00	0.00
<b>20</b> Taxes Withheld for the Quarter Based on Regular Rates (Sum of Items 14 to 19)			180,000.00
<b>21</b> Taxes Withheld for the Quarter Based on Tax Treaty Rates (from Part IV-Schedule 1)			0.00
<b>22</b> Total Taxes Withheld for the Quarter (Sum of Items 20 and 21)			180,000.00
<b>23</b> Less: Remittances Made: 1st Month of the Quarter			180,000.00
<b>24</b> 2nd Month of the Quarter			0.00
<b>25</b> Tax Remitted in Return Previously Filed, if this is an amended return			0.00
<b>26</b> Total Remittances Made (Sum of Items 23 to 25)			180,000.00
<b>27</b> Tax Still Due/(Over-remittance) (Item 22 Less Item 26)			0.00
Add: Penalties <b>28</b> Surcharge			0.00
<b>29</b> Interest			0.00
<b>30</b> Compromise			0.00
<b>31</b> Total Penalties (Sum of Items 26 to 28)			0.00
<b>32 TOTAL AMOUNT STILL DUE</b> (Over-remittance) (Sum of Items 27 and 31)			0.00

I/We declare under the penalties of perjury that this remittance return, and all its attachments, have 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 <i>(Indicate Title/Designation and TIN)</i>		Signature over Printed Name of President/Vice President/ Authorized Officer or Representative/Tax Agent <i>(Indicate Title/Designation and TIN)</i>		
Tax Agent Accreditation No./ Attorney's Roll No. <i>(if applicable)</i>		Date of Issue <i>(MM/DD/YYYY)</i>	Date of Expiry <i>(MM/DD/YYYY)</i>	

**Part III - Details of Payment**

Particulars	Drawee Bank/ Agency	Number	Date <i>(MM/DD/YYYY)</i>	Amount
<b>33</b> Cash/Bank Debit Memo				
<b>34</b> Check				
<b>35</b> Tax Debit Memo				
<b>36</b> Others <i>(specify below)</i>				

Machine Validation/Revenue Official Receipt Details <i>(if not filed with an Authorized Agent Bank)</i>	Stamp of receiving Office/AAB and Date of Receipt <i>(RO's Signature/Bank Teller's Initial)</i>
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**Attachments**

▲ Add Attachment  
▼ Remove Attachment

Print
Payment Details
Proceed to Payment

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