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 Reference No: 132200049046973  
 Date Filed: August 04, 2022 08:50 AM  
 Batch Number : 0

PSOC: [REDACTED] PSIC: 5233

BIR Form No.  
**1702Q**  
 January 2018 (ENCS)  
 Page 1

**Quarterly Income Tax Return  
 For Corporations, Partnerships and  
 Other Non-Individual Taxpayers**



1702Q 01/18ENCS P1

|              |   |  |   |   |
|--------------|---|--|---|---|
| 1 For        | Calendar <input checked="" type="radio"/> Fiscal. <input type="radio"/> | 3 Quarter  | 4 Amended Return?   | 5 Alphanumeric Tax Code(ATC)  |
| 2 Year Ended | 12 <input type="radio"/> 2022   | <input type="radio"/> 1st <input checked="" type="radio"/> 2nd <input type="radio"/> 3rd | <input type="radio"/> Yes <input checked="" type="radio"/> No | IC 055 Minimum Corporate Income Tax (MCIT) <input type="checkbox"/> |
|              |   |  |   | IC010 DOMESTIC CORPORATION IN GENERAL <input type="checkbox"/>      |

**Part 1 - Background Information**

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

|                   |                       |
|-------------------|-----------------------|
| 8 Registered Name | KOLIN MARKETING, INC. |
|-------------------|-----------------------|

|  |             |
|--|-------------|
| 9 Registered Address (Indicate complete address. If the registered address is different from the current address, go to the RDO to update registered address by using BIR Form No. 1905) | 9A Zip Code |
| 1854 STA. RITA ST. GUADALUPE NUEVO MAKATI CITY   | 1212        |

|  |                          |
|--|--------------------------|
| 10 Contact Number (Landline/Cellphone No.) | 11 Email Address         |
| 5514792                                    | eflores@kolinphil.com.ph |

|  |
|--|
| 12 Method of Deduction   |
| <input checked="" type="radio"/> Itemized Deductions [Section 34 (A-J), NIRC] <input type="radio"/> Optional Standard Deduction (OSD) - 40% of Gross Income [Section 34(L) NIRC, as amended] |

|  |                     |
|--|---------------------|
| 13 Are you availing of tax relief under Special Law or International Tax Treaty? |                     |
| <input type="radio"/> Yes <input checked="" type="radio"/> No                    | 13A If yes, specify |

**Part II - Total Tax Payable** (DO NOT enter Centavos; 49 Centavos or Less drop down; 50 or more round up)

|  |         |
|--|---------|
| 14 Income Tax Due - Regular/Normal Rate <i>(From Part IV - Schedule 2, Item 13)</i>  | 111,615 |
| 15 Less: Unexpired Excess of Prior Year's MCIT over Regular/Normal Income Tax Rate<br><small>(deductible only if the quarterly's tax due is the regular/normal rate)</small> | 0       |
| 16 Balance/Income Tax Still Due - Regular/Normal Rate (Item 14 Less item 15)   | 111,615 |
| 17 Add: Income Tax Due - Special Rate <i>(From Part IV - Schedule 1, Item 13)</i>  | 0       |
| 18 Aggregate Income Tax Due (Sum of Items 16 and 17)   | 111,615 |
| 19 Less: Total Tax Credits/Payments <i>(From Part IV - Schedule 4, Item 7)</i>   | 68,711  |
| 20 Net Tax Payable / (Overpayment) (Item 18 Less Item 19)  | 42,904  |
| Add: Penalties   | 0       |
| 21 Surcharge   | 0       |
| 22 Interest  | 0       |
| 23 Compromise  | 0       |
| 24 Total Penalties (Sum of items 21 to 23)   | 0       |
| 25 TOTAL AMOUNT PAYABLE / (Overpayment) (Sum of Items 20 and 24)   | 42,904  |

We declare under the penalties of perjury, that this annual return has been made in good faith, verified by us, and to the best of 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 and indicate TIN)

26  
 Number of

Signature over printed name of President/Principal Officer/Authorized Representative

Signature over printed name of Treasurer/Assistant Treasurer

Attachments

Signatory

TIN

Title of Signatory

TIN

0

**Part III - Details of Payment**

| Details of Payment   | Drawee Bank/<br>Agency | Number | Date (MM/DD/YYYY)   | Amount |
|--|------------------------|--------|---|--------|
| 26 Cash/Bank Debit Memo  |                        |        |   |        |
| 27 Check   |                        |        |   |        |
| 28 Tax Debit Memo  |                        |        |   |        |
| 29 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<br>(RO's Signature/Bank Teller's Initial) |        |

**Attachments**

Add Attachment
Remove Attachment

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