QUARTERLY CORPORATE WITHHOLDING TAX RETURN

Department of Revenue / Tax Authority

For the Quarter Ended:		Year:	

PART I: TAXPAYER INFORMATION			
Registered Name:			
Tax Identification Number (TIN):		Contact No:	
Registered Address:			
Email Address:			

PART II: COMPUTATION OF TAX WITHHELD

Nature of Income Payment	ATC	Tax Rate	Gross Amount of Payment	Amount of Tax Withheld
		Total Taxes Withheld:		

PART III: MONTHLY BREAKDOWN OF TAXES WITHHELD FOR THE QUARTER

Month	Gross Amount of Payments	Total Tax Withheld
Month 1:		
Month 2:		
Month 3:		
Total:		

PART IV: DECLARATION

Under penalties of perjury, I declare that this return has been made in good faith, verified by me and to the best of my knowledge and belief, is a true, correct, and complete return, made pursuant to the provisions of the tax laws and regulations of this jurisdiction.

Signature of Authorized Representative

Title / Designation

Printed Name

Date (MM/DD/YYYY)