



BIR Form No. 1603Q January 2018 (ENCS) Page 1		Quarterly Remittance Return of Final Income Taxes Withheld on Fringe Benefits Paid to Employees Other Than Rank and File 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.				 1603Q 01/18ENCS P1			
1 For the Year		2 Quarter ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th		3 Amended Return? ☐ Yes ☐ No		4 Any Taxes Withheld? ☐ Yes ☐ No		5 No. of Sheet/s Attached	
Part I – Background Information									
6 Taxpayer Identification Number (TIN)						7 RDO Code			
8 Withholding Agent's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)									
9 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. 1905)									
						9A ZIP Code			
10 Contact Number				11 Category of Withholding Agent ☐ Private ☐ Government					
12 Email Address									
13 Are there payees availing of tax relief under Special Law or International Tax Treaty? ☐ Yes ☐ No				13A If yes, specify					
Part II – Computation of Tax									
14 Total Taxes Withheld (from Part IV - Schedule 1)									
15 Less: Tax Remitted in Return Previously Filed, if this is an amended return									
16 Other Remittances Made (specify)									
17 Total Remittances Made (Sum of Items 15 and 16)									
18 Tax Still Due/(Over-remittance) (Item 14 Less Item 17)									
Add: Penalties 19 Surcharge									
20 Interest									
21 Compromise									
22 Total Penalties (Sum of Items 19 to 21)									
23 TOTAL AMOUNT STILL DUE (Sum of Items 18 and 22)									
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. Further, I give my consent to the processing of my information as contemplated under the Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (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					
24 Cash/Bank Debit Memo									
25 Check									
26 Tax Debit Memo									
27 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)					

*NOTE: Please read the BIR Data Privacy Policy found in the BIR website (www.bir.gov.ph)

