

Schedule 3

Remittance Per BIR Form No. 1602

MONTH	DATE OF REMITTANCE	NAME OF BANK/BANK CODE/ROR NO. IF ANY	TAXES WITHHELD	PENALTIES	TOTAL AMOUNT REMITTED
Jan					
Feb					
Mar					
Apr					
May					
June					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					
Total					

I declare, under the penalties of perjury that this return has been made in good faith, verified by me, and to the best of my 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.

Taxpayer/Authorized Agent Signature Over Printed Name

Title/Position of Signatory

Stamp of Receiving Office and Date of Receipt