

Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas

Monthly Remittance Return of Creditable Income Taxes Withheld (Expanded)

1601-E

Withheld (Expanded) (Except for transactions involving onerous transfer of real property classified as ordinary asset) Fill in all applicable spaces. Mark all appropriate boxes with an "X" Amended Return?
► Yes 4 Any Taxes Withheld?

► Yes For the Month 3 No. of Sheets Attached (MM / YYYY) Part I Background Information TIN **RDO Code** 7 Line of Business Withholding Agent's Name Telephone Number Registered Address Zip Code egory of With Private ng of tax relief under Special Law or International Tax Tre 13 Are there payees Government Yes No If yes, specify Computation of Tax Part II TAX REQUIRED TAX NATURE OF INCOME PAYMENT ATC TAX BASE TO BE WITHHELD RATE 14 Total Tax Required to be Withheld and Remitted 15 Less: Tax Credits/Payments 15A Tax Remitted in Return Previously Filed, if this is an Amended Return 15A 15B Advance Payments Made (please attach proof of payments - BIR Form No. 0605) 15C Total Tax Credits/Payments (Sum of Items 15A & 15B) 15C 16 Tax Still Due/(Overremittance) (Item 14 less Item 15C) 16 Compromise Add: Penalties Surcharge 17A 17B 17C 17D 18 Total Amount Still Due/(Overremittance) (Sum of Items 16 & 17D) 18 To be Refunded If overremittance, mark one box only: To be issued a Tax Credit Certificate We declare, under the penalties of perjury, that this 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. 20 . 19 Treasurer/Assistant Treasurer President/Vice President/Principal Officer/Accredited Tax Agent/ Authorized Representative/Taxpayer (Signature Over Printed Name) (Signature over printed name) Title/Position of Signatory TIN of Signatory Title/Position of Signatory Tax Agent Acc. No./Atty's Roll No. (if applicable) TIN of Signatory Date of Issuance Date of Expiry **Details of Payment** Part III Stamp of Receiving Office/ AAB and Date of Receipt Drawee Bank/ Date YYYY (RO's Signature/ **Particulars** Agency Number MM DD | Amount 21 Cash/Bank 21A Bank Teller's Initial) 21E 210 21D Debit Memo 22 Check 22E 220 22D 22A 23 Others 23A 23D Machine Validation/Revenue Official Receipt Details (If not filed with an Authorized Agent Bank)

