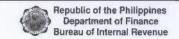
For BIA BCS/ Use Only Item:



BIR Form No. 4604 C

Monthly Remittance Return



January 2018 (ENCS) Page 1 Of Income Taxes Withheld on Compensation 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 Tax Filer. 1601-C 01/18ENCS P1												
1	For the Month (MM/YY	YY)	2 Amended Re	turn?	3	Any Taxes Wi	thheld?	4 Number of	Sheet/s At	tached 5	ATC	
	02 - February	2020	Q Yes	⊚ No		O Yes	● No	0			WW010	
PART I - BACKGROUND INFORMATION												
6 Taxpayer Identification Number (TIN)												
8	Withholding Agent's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)											
7	EGATE INC.											
9	Registered Address (Indicate complete address. If branch, indicate the branch address is the registered address is different from the current address, go to the RDO to update registered address by using BiR											
	Form No. 1905) U-E NANAY NORA BLDG., CENTENNIAL ROAD GAHAK, KAWIT CAVITE											
	9A Zp Code 4104											
	1							_		JA Zp Coo	ie 4104	
10	O Contact Number 09175078084 11 Category of Withholding Agent											
12 Email Address egateinc@yahoo.com												
43 Are there paying qualify of the relief study												
Special Law or International Tax Treaty? Yes No No 13A If yes, specify												
PART II - COMPUTATION OF TAX												
14	Total Amount of Com	pensation						-	14 [54,000.00	
	Less: Non-Taxable/E	xempt Compens	ation									
15	Statutory Minimum V	15		0.00								
16	Holiday Pay, Overtime Pay, Night Shift Differential Pay, Hazard Pay (for MWEs only)										0,00	
17	13th Month Pay and Other Benefits										0.00	
18	De Minimis Benefits										0.00	
19	SSS, GSIS, PHIC, HDMF Mandatory Contributions & Union Dues (employee's share only)										0.00	
20	Other Non-Taxable Compensation (specify)										0.00	
21	Total Non-Taxable Compensation (Sum of Items 15 to 20)									0.00		
22	2 Fotal Taxable Compensation (Item 14 Less Item 21)									54,000.00		
23	Less: Taxable compansation not subject to withholding tax (for employees, other than MWEs, receiving P250,000 s									0.00		
24	Delovits the year)									54,900.00		
25										0.00		
26	Add/(Less): Adjustment of Taxes Withheld from Previous Month/s									0.00		
27	Taxes Withheld for Remittance (Sum of Nems 25 and 26)									0.00		
28	Less: Tax Remitted in Return Previously Filled, if this is an amended return									0.00		
29	Other Remittances Made (specify)									***************************************	0.00	
30	Total Tax Remittances Made (Sum of Items 28 and 29)									0.00		
31	The state of the s									0.00		
	Add: Penalties 32 Surcharge									0.00		
	33 Interest									0.00		
34 Compromise									33	0.00		
35 Total Penalties (Sum of Items 32 to 34)									35	0.00		
36	TOTAL AMOUNT ST				35)				36 □		0.00	
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, pulsuant 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 Non-Individual:											
-	Signature over Printed N			entative/Tax A	Agent	Auto		over Printed Nan				
Tax Agent Accreditation No./ Date of Issue							r Representative/Tax Agent (Indicate Title/Designation and TIN) Date of Expiry :			ignation and TIN)		
Attorney's Roll No. (If applicable) (MM/DD/YYYY) (MM/DD/YYYY)												
_						AILS OF P						
27	Particulars		Bank/Agency	Nt.	ımber		Date (MM	(איייסס	_	Amou	int	
37	Cash/Bank Debit Men	10		1			-	Mark Control (All Particular)		The second of the second of the		
38	Check	- 1			********	- Andrews	1					
39	Tax Debit Memo			1								
40	Others (specify below	,	- ACERDER - CONTINUE	F			7		7 +			
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)												