



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

Annual Information Return of  
Creditable Income Taxes Withheld  
(Expanded)/Income Payments  
Exempt from Withholding Tax

BIR Form No.  
**1604-E**  
July 1999 (ENCS)

1 For the Year (YYYY) 2019

2 Amended Return?  

☐ Yes ☒ No

3 No. of Sheets Attached? 0

Part I

Background Information

4 TIN 009 590 900 000

5 RDO Code 54B

6 Line of Business/Occupation OTHER RETAIL ACTIV

7 Withholding Agent's Name (Last Name, First Name, Middle Name for Individuals) / (Registered Name for Non-Individuals)  
EGATE INC.

8 Telephone Number  
09175092056

9 Registered Address  
UNIT E NANAY NORA BLDG., CENTENNIAL RD., GAHAK, KAWIT, CAVI

10 Zip Code  
4104

11 Category of Withholding Agent ☒ Private ☐ Government

Part II

Summary of Remittances

Schedule 1

Remittance per BIR Form No. 1601-E

MONTH	DATE OF REMITTANCE	NAME OF BANK/BANK CODE/ROR NO., IF ANY	TAXES WITHHELD	PENALTIES	TOTAL AMOUNT REMITTED
JAN	02/08/2019	RCBC	1,100.00	0.00	1,100.00
FEB			0.00	0.00	0.00
MAR	04/30/2019	GCASH	1,100.00	0.00	1,100.00
APR	05/10/2019	GCASH	1,100.00	0.00	1,100.00
MAY	06/10/2019	GCASH	1,100.00	0.00	1,100.00
JUN	07/26/2019	GCASH	1,100.00	0.00	1,100.00
JUL	08/08/2019	GCASH	1,100.00	0.00	1,100.00
AUG	09/10/2019	GCASH	1,100.00	0.00	1,100.00
SEP	10/29/2019	GCASH	1,100.00	0.00	1,100.00
OCT	11/08/2019	GCASH	1,100.00	0.00	1,100.00
NOV	12/10/2019	GCASH	1,100.00	0.00	1,100.00
DEC	01/31/2020	GCASH	1,100.00	0.00	1,100.00
TOTAL			12,100.00	0.00	12,100.00

Schedule 2

Remittance per BIR Form No. 1606

MONTH	DATE OF REMITTANCE	NAME OF BANK/BANK CODE/ROR NO., IF ANY	TAXES WITHHELD	PENALTIES	TOTAL AMOUNT REMITTED
JAN			0.00	0.00	0.00
FEB			0.00	0.00	0.00
MAR			0.00	0.00	0.00
APR			0.00	0.00	0.00
MAY			0.00	0.00	0.00
JUN			0.00	0.00	0.00
JUL			0.00	0.00	0.00
AUG			0.00	0.00	0.00
SEP			0.00	0.00	0.00
OCT			0.00	0.00	0.00
NOV			0.00	0.00	0.00
DEC			0.00	0.00	0.00
TOTAL			0.00	0.00	0.00

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.

12 Taxpayer/Authorized Agent Signature over Printed Name

13 Title/Position of Signatory

Stamp of Receiving Office and Date of Receipt