| For BIR BCS/ Use Only Item:  Republic of the Philippines  Department of Finance  Bureau of Internal Revenue  |  |  |  |  |              |                     |  |  |
|--|--|--|--|--|--------------|---------------------|--|--|
| BIR Form No. 1601-C January 2018 (ENCS) Page 1  Monthly Remittance Return 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.  Monthly Remittance Return 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. |  |  |  |  |              |                     |  |  |
| 1  | The state of the s | hereing the second seco | ny Taxes Withh   | CONTRACTOR  | Sheet/s At   | 1                   | TC<br>WV010  |  |
|  | 01 - January 2019 C  | - Pares  |  | No 0   |              | Į.                  | WW010  |  |
| PART I - BACKGROUND INFORMATION  7 DD0 Code   ISAB   |  |  |  |  |              |                     |  |  |
| 6 Taxpayer Identification Number (TIN) 009 / 590 / 900 / 000 7 RDO Code 54B  |  |  |  |  |              |                     |  |  |
| 8 Withholding Agent's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)  EGATE INC.   |  |  |  |  |              |                     |  |  |
| 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)  U-E NANAY NORA BLDG CENTENNIAL RD GAHAK KAWIT CAVITE   |  |  |  |  |              |                     |  |  |
| 9A Zip Code 4104   |  |  |  |  |              |                     |  |  |
| 10   | Contact Number 0464405274  | 0464405274 11 Category of  |  | ng Agent Private   |              | Government          |  |  |
| 12 Email Address rjulykajoy092987@gmail.com  |  |  |  |  |              |                     |  |  |
| 13 Are there payees availing of tax relief under Special Law or International Tax Treaty?  13A If yes, specify   |  |  |  |  |              |                     |  |  |
| PART II - COMPUTATION OF TAX   |  |  |  |  |              |                     |  |  |
| 14   | Total Amount of Compensation  Less: Non-Taxable/Exempt Compensation  |  |  |  | 14           | 0.6                 | 00   |  |
| 15   |  |  |  |  |              | 0.0                 | 00   |  |
| 16 Holiday Pay, Overtime Pay, Night Shift Differential Pay, Hazard Pay (for MWEs only)   |  |  |  |  | 16           | 0.0                 | U(A)   |  |
| 17   | 그 나는 사람들이 살아가면 하는 것이 아니는 것이 없는 것이 없었다.   |  |  |  |              | 0.0                 | and  |  |
| 18   |  |  |  |  |              | 0.0                 | and the same of th |  |
|  | SSS, GSIS, PHIC, HDMF Mandatory Contributions & Union Dues (employee's share only)   |  |  |  |              | 0.0                 | and the same of th |  |
| 20   | # # # # # # # # # # # # # # # # # # #  |  |  |  |              | 0.0                 | noner .  |  |
| 22   |  |  |  |  |              | 0.0                 | 00   |  |
| 23   | T 11 (1) (1) (1) (1) (1) (1) (1) (1) (1)   |  |  |  |              | 0.0                 | 00   |  |
| 24   | - year)  |  |  |  |              | 0.0                 | 00   |  |
| 25   |  |  |  |  |              | 0.0                 | and  |  |
| 26   |  |  |  |  |              | 0.(                 | and the same of th |  |
| 27   |  |  |  |  |              | 0.0                 | and a  |  |
| 28 Less: Tax Remitted in Return Previously Filed, if this is an amended return  29 Other Remittances Made (specify)  |  |  |  |  | 28           | 0.0                 | ······   |  |
| 29 Other Remittances Made (specify)  30 Total Tax Remittances Made (Sum of Items 28 and 29)  |  |  |  |  | 30           | 0.0                 | week.  |  |
| 31 Tax Still Due/(Over-remittance) (Item 27 Less Item 30)  |  |  |  |  | 31           | 0.0                 | p. (415)   |  |
|  | Add: Penalties 32 Surcharge  |  |  |  |              | 0.0                 | 00   |  |
|  | 33 Interest  |  |  |  |              | 0.0                 | 00   |  |
| 34 Compromise  |  |  |  |  | 34           | 0.0                 | 00   |  |
| 35 Total Penalties (Sum of Items 32 to 34)   |  |  |  |  | 35           | 0.1                 | to the same of the |  |
| 36 TOTAL AMOUNT STILL DUE/(Over-remittance) (Sum of Items 31 and 35)  [NWe 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"                      |  |  |  |  |              |                     |  |  |
| Priva  | 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  |  |  |  | Signature over Printed Nar   | me of Presid | ent/Vice President/ |  |  |
|  | (Indicate Title/Designation and TIN) Tax Agent Accreditation No./  | Date of issue  |  | ative/Tax Agent (Indicate Title/Designation and TIN)  Date of Expiry   |              |                     |  |  |
| Attorney's Roll No. (If applicable)  PART III - DETAILS OF PAYMENT   |  |  |  |  |              |                     |  |  |
| -  | Particulars Drawee Bank/Agence   |  | - CONTA  | Date (MM/DD/YYYY)  | 1            | Amount              |  |  |
| 37   | Cash/Bank Debit Memo   |  | AND THE PROPERTY OF THE PROPER |  |              |                     | CARTON AND AND AND AND AND AND AND AND AND AN  |  |
| 38   | Check  |  |  | Section with the result of the control of the contr |              |                     | in wearen.   |  |
| 39   | Tax Debit Memo   |  | - Out ton-   |  |              |                     | P-25015/01 2003  |  |
| 40 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 SIR Data Privacy Policy found in the BIR website (www.bir.gov.ph)   |  |  |  |  |              |                     |  |  |



## lyka joy panganiban <rjulykajoy092987@gmail.com>

## **Tax Return Receipt Confirmation**

ebirforms-noreply@bir.gov.ph <ebirforms-noreply@bir.gov.ph>

Thu, Feb 7, 2019 at 4:38 PM

To: rjulykajoy092987@gmail.com

This confirms receipt of your submission with the following details subject to validation by BIR:

File name: 009590900000-1601Cv2018-012019.xml

Date received by BIR: 7 February 2019 Time received by BIR: 04:20 PM

Penalties may be imposed for any violation of the provisions of the NIRC and issuances thereof.

## FOR RETURNS WITH PAYMENT

Please print this e-mail together with the RETURN and proceed to pay through the Authorized Agent Bank / Collection Agent / GCASH or use other payment options.

This is a system-generated email. Please do not reply.

Bureau of Internal Revenue

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