



BIR Form No.

**1601-C**

January 2018 (ENCS)  
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# 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.



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<b>1</b> For the Month (MM/YYYY) 09 - September 2020	<b>2</b> Amended Return? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>3</b> Any Taxes Withheld? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>4</b> Number of Sheet/s Attached 0	<b>5</b> ATC WW010
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## PART I - BACKGROUND INFORMATION

<b>6</b> Taxpayer Identification Number (TIN) 009 / 590 / 900 / 000	<b>7</b> RDO Code 54B
<b>8</b> Withholding Agent's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) EGATE INC.	
<b>9</b> 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) J-E NANAY NORA BLDG., CENTENNIAL ROAD GAHAK, KAWIT CAVITE	
<b>10</b> Contact Number 09175078084	<b>11</b> Category of Withholding Agent <input checked="" type="radio"/> Private <input type="radio"/> Government
<b>12</b> Email Address egateinc@yahoo.com	
<b>13</b> Are there payees availing of tax relief under Special Law or International Tax Treaty? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>13A</b> If yes, specify <input type="checkbox"/>	

## PART II - COMPUTATION OF TAX

<b>14</b> Total Amount of Compensation Less: Non-Taxable/Exempt Compensation	<b>14</b> 66,000.00
<b>15</b> Statutory Minimum Wage for Minimum Wage Earners (MWEs)	<b>15</b> 0.00
<b>16</b> Holiday Pay, Overtime Pay, Night Shift Differential Pay, Hazard Pay (for MWEs only)	<b>16</b> 0.00
<b>17</b> 13th Month Pay and Other Benefits	<b>17</b> 0.00
<b>18</b> De Minimis Benefits	<b>18</b> 0.00
<b>19</b> SSS, GSIS, PHIC, HDMF Mandatory Contributions & Union Dues (employee's share only)	<b>19</b> 0.00
<b>20</b> Other Non-Taxable Compensation (specify)	<b>20</b> 0.00
<b>21</b> Total Non-Taxable Compensation (Sum of Items 15 to 20)	<b>21</b> 0.00
<b>22</b> Total Taxable Compensation (Item 14 Less Item 21)	<b>22</b> 66,000.00
<b>23</b> Less: Taxable compensation not subject to withholding tax (for employees, other than MWEs, receiving P250,000 & below for the year)	<b>23</b> 0.00
<b>24</b> Net Taxable Compensation (Item 22 Less Item 23)	<b>24</b> 66,000.00
<b>25</b> Total Taxes Withheld	<b>25</b> 0.00
<b>26</b> Add/(Less): Adjustment of Taxes Withheld from Previous Month/s (From Part IV-Schedule 1, Item 4)	<b>26</b> 0.00
<b>27</b> Taxes Withheld for Remittance (Sum of Items 25 and 26)	<b>27</b> 0.00
<b>28</b> Less: Tax Remitted in Return Previously Filed, if this is an amended return	<b>28</b> 0.00
<b>29</b> Other Remittances Made (specify)	<b>29</b> 0.00
<b>30</b> Total Tax Remittances Made (Sum of Items 28 and 29)	<b>30</b> 0.00
<b>31</b> Tax Still Due/(Over-remittance) (Item 27 Less Item 30)	<b>31</b> 0.00
Add: Penalties <b>32</b> Surcharge	<b>32</b> 0.00
<b>33</b> Interest	<b>33</b> 0.00
<b>34</b> Compromise	<b>34</b> 0.00
<b>35</b> Total Penalties (Sum of Items 32 to 34)	<b>35</b> 0.00
<b>36</b> TOTAL AMOUNT STILL DUE/(Over-remittance) (Sum of Items 31 and 35)	<b>36</b> 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, 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 Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If Authorized Representative, attach authorization letter)

For Individual:  Signature over Printed Name of Taxpayer/Authorized Representative/Tax Agent (Indicate Title/Designation and TIN)  Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)	For Non-Individual:  Signature over Printed Name of President/Vice President/ Authorized Officer or Representative/Tax Agent (Indicate Title/Designation and TIN)  Date of Issue (MM/DD/YYYY)  Date of Expiry (MM/DD/YYYY)
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## PART III - DETAILS OF PAYMENT

Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount
<b>37</b> Cash/Bank Debit Memo				
<b>38</b> Check				
<b>39</b> Tax Debit Memo				