

Republic of the Philippines Department of Finance Bureau of Internal Revenue																										
For BIR Use Only: BCS/ Item:	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%;"> BIR Form No. 1601-C January 2018 (ENCS) Page 1 </div> <div style="width: 60%; text-align: center;"> Monthly Remittance Return of Income Taxes Withheld on Compensation <small>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.</small> </div> <div style="width: 10%; text-align: right;"> 1601-C 01/18ENCS P1 </div> </div>																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> 1 For the Month (MM/YYYY) 10 - October 2018 </div> <div style="width: 20%;"> 2 Amended Return? <input type="radio"/> Yes <input checked="" type="radio"/> No </div> <div style="width: 20%;"> 3 Any Taxes Withheld? <input type="radio"/> Yes <input checked="" type="radio"/> No </div> <div style="width: 20%;"> 4 Number of Sheet/s Attached 0 </div> <div style="width: 20%;"> 5 ATC JVV010 </div> </div>																										
PART I - BACKGROUND INFORMATION																										
6 Taxpayer Identification Number (TIN) 009 / 590 / 900 / 000																										
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. 1903) U-E NANAY NORA BUILDING CENTENNIAL ROAD GAHAK KAWIT CAVITE																										
9A Zip Code 4104																										
10 Contact Number 0454405274																										
11 Category of Withholding Agent <input checked="" type="radio"/> Private <input type="radio"/> Government																										
12 Email Address fjulykajoy092987@gmail.com																										
13 Are there payees availing of tax relief under Special Law or International Tax Treaty? <input type="radio"/> Yes <input checked="" type="radio"/> No																										
13A If yes, specify																										
PART II - COMPUTATION OF TAX																										
14 Total Amount of Compensation Less: Non-Taxable/Exempt Compensation	14 0.00																									
15 Statutory Minimum Wage for Minimum Wage Earners (MWEs)	15 0.00																									
16 Holiday Pay, Overtime Pay, Night Shift Differential Pay, Hazard Pay (for MWEs only)	16 0.00																									
17 13th Month Pay and Other Benefits	17 0.00																									
18 De Minimis Benefits	18 0.00																									
19 SSS, GSIS, PHIC, HDMF Mandatory Contributions & Union Dues (employee's share only)	19 0.00																									
20 Other Non-Taxable Compensation (specify)	20 0.00																									
21 Total Non-Taxable Compensation (Sum of Items 15 to 20)	21 0.00																									
22 Total Taxable Compensation (Item 14 Less Item 21)	22 0.00																									
23 Less: Taxable compensation not subject to withholding tax (for employees, other than MWEs, receiving P250,000 & below for the year)	23 0.00																									
24 Net Taxable Compensation (Item 22 Less Item 23)	24 0.00																									
25 Total Taxes Withheld	25 0.00																									
26 Add/(Less): Adjustment of Taxes Withheld from Previous Month/s (From Part IV-Schedule 1, Item 4)	26 0.00																									
27 Taxes Withheld for Remittance (Sum of Items 25 and 26)	27 0.00																									
28 Less: Tax Remitted in Return Previously Filed, if this is an amended return	28 0.00																									
29 Other Remittances Made (specify)	29 0.00																									
30 Total Tax Remittances Made (Sum of Items 28 and 29)	30 0.00																									
31 Tax Still Due/(Over-remittance) (Item 27 Less Item 30)	31 0.00																									
Add: Penalties 32 Surcharge 33 Interest 34 Compromise 35 Total Penalties (Sum of Items 32 to 34)	32 0.00 33 0.00 34 0.00 35 0.00																									
36 TOTAL AMOUNT STILL DUE/(Over-remittance) (Sum of Items 31 and 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, 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: _____ For Non-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) _____ Date of Issue (MM/DD/YYYY) _____ Date of Expiry (MM/DD/YYYY) _____																										
PART III - DETAILS OF PAYMENT																										
37 Cash/Bank Debit Memo 38 Check 39 Tax Debit Memo 40 Others (specify below)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Particulars</th> <th>Drawee Bank/Agency</th> <th>Number</th> <th>Date (MM/DD/YYYY)</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount																				
Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount																						
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 BIR Data Privacy Policy found in the BIR website (www.bir.gov.ph)