

For BIR BCS/
Use Only Item:Republic of the Philippines
Department of Finance
Bureau of Internal RevenueBIR Form No.
1601-CJanuary 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.



1601-C 01/18ENCS P1

1 For the Month (MM/YYYY) 08 - August 2020	2 Amended Return? <input type="radio"/> Yes <input checked="" type="radio"/> No	3 Any Taxes Withheld? <input type="radio"/> Yes <input checked="" type="radio"/> No	4 Number of Sheet/s Attached 0	5 ATC WW010
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PART I - BACKGROUND INFORMATION

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 ROAD GAHAK, KAWIT CAVITE	
10 Contact Number 09175078084	11 Category of Withholding Agent <input checked="" type="radio"/> Private <input type="radio"/> Government
12 Email Address egateinc@yahoo.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 <input type="checkbox"/>	

PART II - COMPUTATION OF TAX

14 Total Amount of Compensation	14 66,000.00
Less: Non-Taxable/Exempt Compensation	
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 66,000.00
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 66,000.00
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	32 0.00
33 Interest	33 0.00
34 Compromise	34 0.00
35 Total Penalties (Sum of Items 32 to 34)	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)	Signature over Printed Name of President/Vice President/ Authorized Officer or 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

Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount
37 Cash/Bank Debit Memo				