



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Monthly Remittance Return of Creditable Income Taxes Withheld (Expanded)

BIR Form No.

1601-E

September 2007 (ENCS)

1 For the Month (MM/YYYY)

01 - January 2018

2 Amended Return?

☐ Yes☒ No

3 No. of Sheets Attached?

0

4 Any Taxes Withheld?

☒ Yes☐ No**Part I****Background Information**

5 TIN 009 590 000 000

6 RDO Code 54B

7 Line of Business/Occupation 5190 OTHER WHOLESALING

8 Withholding Agent's Name (Last Name, First Name, Middle Name for Individuals) / (Registered Name for Non-Individuals)

EGATE INC.

9 Telephone Number

0464405274

10 Registered Address

J-E NANAY NORA BUILDING CENTENNIAL ROAD GAHAK KAWIT CAVITE

11 Zip Code

4104

12 Category of Withholding Agent

☒ Private☐ Government

13 Are there payees availing of tax relief under Special Law or International Tax Treaty?

☐ Yes☒ No

If yes, specify

Part II**Computation of Tax**

NATURE OF INCOME PAYMENT

RENTALS (CORP.)

ATC

WC100

TAX BASE

22,000.00

TAX RATE

5.0

TAX REQUIRED TO BE WITHHELD

1,100.00

14 Total Tax Required to be Withheld and Remitted

14 1,100.00

15 Less : Tax Credits/Payments

15A Tax Remitted in Return Previously Filed, if this is an amended return

15A 0.00

15B Advance Payments Made (please attach proof of payment - BIR Form No. 0605)

15B 0.00

15C Total Tax Credits/Payments (Sum of Items 15A and 15B)

15C 0.00

16 Tax Still Due/(Overremittance) (Item 14 less Item 15C)

16 1,100.00

17 Add: Penalties

Surcharge

17A 0.00

Interest

17B 0.00

Compromise

17C 0.00

17D 0.00

18 Total Amount Still Due/(Overremittance) (Sum of Items 16 & 17D)

18 1,100.00

We declare, under the penalties of perjury, that this return has 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.

19 EGATE INC

President/Vice President/Principal Officer/Accredited Tax Agent/
Authorized Representative/Taxpayer
(Signature Over Printed Name)

20

Treasurer/Assistant Treasurer
(Signature Over Printed Name)

OWNER

Title/Position of Signatory

TIN of Signatory

Title/Position of Signatory

Tax Agent Acc. No./ Atty's Roll No. (If Applicable)

Date of Issuance

Date of Expiry

TIN of Signatory

Part III**Details of Payment**

Particulars	Drawee Bank/ Agency	Number	Date			Amount
			MM	DD	YYYY	
21 Cash/Bank 21A Debit Memo	21B	21C				21D
22 Check 22A	22B	22C				22D
23 Others 23A	23B	23C				23D

Stamp of Receiving Office/
AAB and Date of Receipt
(RO's Signature/
Bank Teller's Initial)

Machine Validation/Revenue Official Receipt Details (If not filed with an Authorized Agent Bank)

