

**Monthly Remittance Return
of Creditable Income Taxes
Withheld (Expanded)**

BIR Form No.
1601-E
September 2007 (ENCS)

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

1 For the Month (MM/YYYY)
08 - August 2017

2 Amended Return?
☐ Yes ☒ No

3 No. of Sheets Attached?
0

4 Any Taxes Withheld?
☐ Yes ☒ No

Part I Background Information

5 TIN 000 000 000 000

6 RDC Code 1548

7 Line of Business/Occupation 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
0464361712

10 Registered Address
UNIT E NANAY NORA BLDG. CENTENNIAL RD. GAYAK KAWIT CAVITE 4101

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	ATC	TAX BASE	TAX RATE	TAX REQUIRED TO BE WITHHELD
14 Total Tax Required to be Withheld and Remitted				14 0.00
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 0.00
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 0.00

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

Title/Position of Signatory

20 Treasurer/Assistant Treasurer
(Signature Over Printed Name)

Title/Position of Signatory

TIN 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 MM DD YYYY	Amount
21 Cash/Bank 21A Debit Memo	21B	21C	21D	21E
22 Check 22A	22B	22C	22D	22E
23 Others 23A	23B	23C	23D	23E

Stamp of Receiving Official/
AAS and Date of Receipt
(RD's Signature/
Bank Teller's Initial)

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