

<div style="display: inline-block; vertical-align: middle; text-align: left;"> Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas </div>		Monthly Remittance Return of Income Taxes Withheld on Compensation		BIR Form No. <div style="font-size: 24pt; font-weight: bold;">1601-C</div>	
				July 2008 (ENCS)	
1 For the Month (MM/YYYY) <div style="border: 1px solid black; padding: 2px;">10 - October 2017</div>		2 Amended Return? <div style="display: flex; justify-content: space-around;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </div>		3 No. of Sheets Attached? <div style="border: 1px solid black; padding: 2px; text-align: center;">0</div>	
				4 Any Taxes Withheld? <div style="display: flex; justify-content: space-around;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </div>	
<div style="display: flex; justify-content: space-between;"> <div> Part I </div> <div> Background Information </div> </div>					
5 TIN 009 590 900 000		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 <input checked="" type="radio"/> Private <input type="radio"/> Government		13 Are there payees availing of tax relief under Special Law or International Tax Treaty? <div style="display: flex; justify-content: space-around;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </div>		14 ATC WW010	
Part II					
Particulars		Computation of Tax		Tax Due	
		Amount of Compensation			
15 Total Amount of Compensation		15			
16 Less: Non Taxable Compensation					
16A Statutory Minimum Wage (MWEs)		16A			
16B Holiday Pay, Overtime Pay, Night Shift, Differential Pay, Hazard Pay (Minimum Wage Earner)		16B			
16C Other Non-Taxable Compensation		16C			
17 Taxable Compensation		17			
18 Tax Required to be Withheld				18 0.00	
19 Add/Less: Adjustment (from Item 25 of Section A)				19 0.00	
20 Tax Required to be Withheld for Remittance				20 0.00	
21 Less: Tax Remitted in Return Previously Filed, If this is an amended return				21A 0.00	
Other Payments Made (please attach proof of payment BIR Form No. 0605)				21B 0.00	
22 Total Tax Payments Made (Sum of Item Nos. 21A & 21B)				22 0.00	
23 Tax Still Due/(Overremittance) (Item No. 20 less item No. 22)				23 0.00	
24 Add: Penalties					
Surcharge		Interest		Compromise	
24A 0.00		24B 0.00		24C 0.00	
				24D 0.00	
25 Tax Amount Still Due/(Overremittance)				25 0.00	
Section A <small>more...</small> Adjustment of Taxes Withheld on Compensation For Previous Months					
Monthly/Yearly <input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02		Previous Month(s)/Year(1) (MM/YYYY)		Date Paid (2) (MM/DD/YYYY)	
				Bank Validation/ROR No. (3)	
				Bank Code (4)	
Section A Continuation					
Tax Due (Excluding Penalties) for the Month/Year (5)		Should Be Tax Due for the Month Year (6)		From Current Year (7a)	
0.00		0.00		0.00	
0.00		0.00		0.00	
0.00		0.00		0.00	
26 Total (7a plus 7b) (To Item 19)				0.00	
We declare, under the penalties of perjury, that this return has been made in good faith, verified by us, and to the best of 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.					
27 President/Vice President/Principal Officer/Accredited Tax Agent/ Authorized Representative/Taxpayer (Signature Over Printed Name)				28 Treasurer/Assistant Treasurer (Signature Over Printed Name)	
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					
Drawee Bank/Agency		Number		Date MM DD YYYY	
Particulars		Amount			
29 Cash/Bank 29A		29B		29C	
Debit Memo ▶		▶		▶	
30 Check 30A		30B		30C	
▶		▶		▶	
31 Others 31A		31B		31C	
▶		▶		▶	
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 the bank)					