



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

**Annual Information Return of
Creditable Income Taxes Withheld
(Expanded)/Income Payments
Exempt from Withholding Tax**

BIR Form No.

1604-E

July 1999 (ENCS)

1 For the Year (YYYY) 2017

2 Amended Return?

☐ Yes☒ No3 No. of Sheets Attached? 0**Part I****Background Information**4 TIN 009 590 900 0005 RDO
Code 54B6 Line of Business/Occupation 5190 OTHER WHOLE!

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

EGATE INC.

8 Telephone Number

0464405274

9 Registered Address

U-E NANAY NORA BUILDING CENTENNIAL ROAD GAHAK KAWIT CAVI

10 Zip Code

4104

11 Category of Withholding Agent

☒ Private☐ Government**Part II****Summary of Remittances****Schedule 1****Remittance per BIR Form No. 1601-E**

MONTH	DATE OF REMITTANCE	NAME OF BANK/BANK CODE/ROR NO., IF ANY	TAXES WITHHELD	PENALTIES	TOTAL AMOUNT REMITTED
JAN			0.00	0.00	0.00
FEB			0.00	0.00	0.00
MAR			0.00	0.00	0.00
APR			0.00	0.00	0.00
MAY	06/21/2017	BIR	0.00	0.00	0.00
JUN	07/08/2017	BIR	0.00	0.00	0.00
JUL	08/09/2017	BIR	0.00	0.00	0.00
AUG	09/19/2017	BIR	0.00	0.00	0.00
SEP	10/09/2017	METROBANK	500.00	0.00	500.00
OCT	11/10/2017	METROBANK	1,100.00	0.00	1,100.00
NOV	12/08/2017	METROBANK	1,100.00	0.00	1,100.00
DEC	01/10/2017	METROBANK	1,100.00	0.00	1,100.00
TOTAL			3,800.00	0.00	3,800.00

Schedule 2**Remittance per BIR Form No. 1606**

MONTH	DATE OF REMITTANCE	NAME OF BANK/BANK CODE/ROR NO., IF ANY	TAXES WITHHELD	PENALTIES	TOTAL AMOUNT REMITTED
JAN			0.00	0.00	0.00
FEB			0.00	0.00	0.00
MAR			0.00	0.00	0.00
APR			0.00	0.00	0.00
MAY			0.00	0.00	0.00
JUN			0.00	0.00	0.00
JUL			0.00	0.00	0.00
AUG			0.00	0.00	0.00
SEP			0.00	0.00	0.00
OCT			0.00	0.00	0.00
NOV			0.00	0.00	0.00
DEC			0.00	0.00	0.00
TOTAL			0.00	0.00	0.00

I declare, under the penalties of perjury, that this return has been made in good faith, verified by me, and to the best of my 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.

Stamp of Receiving Office
and Date of Receipt

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Taxpayer/Authorized Agent Signature over Printed Name

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Title/Position of Signatory