

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) 07 - July 2017		2 Amended Return? <input type="radio"/> Yes <input checked="" type="radio"/> No		3 No. of Sheets Attached? 0
4 Any Taxes Withheld? <input type="radio"/> Yes <input checked="" type="radio"/> No				
Part I Background Information				
5 TIN 009 590 900 000		6 RDO Code 548		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. GAAKAWIT CAVITE 4101				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? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify <input type="text"/>		
Part II Computation of Tax				
NATURE OF INCOME PAYMENT		ATC	TAX BASE	TAX RATE
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		Interest	Compromise	
17A 0.00	17B 0.00	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)		20 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				
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 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)				