

BIR Form No. **1601-C**  
July 2008 (ENCS)

HCS No./Item No.:

**Monthly Remittance Return of Income Taxes Withheld on Compensation**

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 **009 590 900 000**

6 RDO Code **54B**

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. GAAK 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 \_\_\_\_\_

14 ATC **WW010**

**Part II Computation of Tax**

Particulars	Amount of Compensation	Tax Due
15 Total Amount of Compensation	15 <b>0.00</b>	
16 Less: Non Taxable Compensation		
16A Statutory Minimum Wage (MWEs)	16A <b>0.00</b>	
16B Holiday Pay, Overtime Pay, Night Shift, Differential Pay, Hazard Pay (Minimum Wage Earner)	16B <b>0.00</b>	
16C Other Non-Taxable Compensation	16C <b>0.00</b>	
17 Taxable Compensation	17 <b>0.00</b>	
18 Tax Required to be Withheld		18 <b>0.00</b>
19 Add/Less: Adjustment (from Item 25 of Section A)		19 <b>0.00</b>
20 Tax Required to be Withheld for Remittance		20 <b>0.00</b>
21 Less: Tax Remitted in Return Previously Filed, if this is an amended return		21A <b>0.00</b>
Other Payments Made (please attach proof of payment BIR Form No. 0605)		21B <b>0.00</b>
22 Total Tax Payments Made (Sum of Item Nos. 21A & 21B)		22 <b>0.00</b>
23 Tax Still Due/(Overremittance) (Item No. 20 less Item No. 22)		23 <b>0.00</b>
24 Add: Penalties		
Surcharge	24A <b>0.00</b>	
Interest	24B <b>0.00</b>	
Compromise	24C <b>0.00</b>	
24D <b>0.00</b>		
25 Tax Amount Still Due/(Overremittance)		25 <b>0.00</b>

**Section A more...** Adjustment of Taxes Withheld on Compensation For Previous Months

Monthly/Yearly	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 Paid (Excluding Penalties) for the Month/Year (5)	Should Be Tax Due for the Month/Year (6)	From Current Year (7a)	From Year-End Adjustment of the Immediately Preceding Year (7b)
<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
26 Total (7a plus 7b) (To Item 19)		<b>0.00</b>	

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 TIN of Signatory

Tax Agent Acc. No./ Atty's Roll No. (If Applicable) Date of Issuance Date of Expiry