

 Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas		<b>Monthly Remittance Return of Income Taxes Withheld on Compensation</b>		BIR Form No. <b>1601-C</b> July 2008 (ENCS)
<b>1</b> For the Month (MM/YYYY) 03 - March 2018		<b>2</b> Amended Return? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>3</b> No. of Sheets Attached? 0
<b>4</b> Any Taxes Withheld? <input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>Part I Background Information</b>				
<b>5</b> TIN 009 590 900 000		<b>6</b> RDO Code 54B		<b>7</b> Line of Business/Occupation 5190 OTHER WHOLESALING
<b>8</b> Withholding Agent's Name (Last Name, First Name, Middle Name for Individuals) / (Registered Name for Non-Individuals) EGATE INC.				<b>9</b> Telephone Number 0464405274
<b>10</b> Registered Address U-E NANAY NORA BUILDING CENTENNIAL ROAD GAHAK KAWIT CAVITE				<b>11</b> Zip Code 4104
<b>12</b> Category of Withholding Agent <input checked="" type="radio"/> Private <input type="radio"/> Government		<b>13</b> 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 _____		<b>14</b> ATC WWO10
<b>Part II Computation of Tax</b>				
Particulars		Amount of Compensation		Tax Due
<b>15</b> Total Amount of Compensation		<b>15</b> 0.00		
<b>16</b> Less: Non Taxable Compensation				
<b>16A</b> Statutory Minimum Wage (MWEs)		<b>16A</b> 0.00		
<b>16B</b> Holiday Pay, Overtime Pay, Night Shift, Differential Pay, Hazard Pay (Minimum Wage Earner)		<b>16B</b> 0.00		
<b>16C</b> Other Non-Taxable Compensation		<b>16C</b> 0.00		
<b>17</b> Taxable Compensation		<b>17</b> 0.00		
<b>18</b> Tax Required to be Withheld				<b>18</b> 0.00
<b>19</b> Add/Less: Adjustment (from Item 25 of Section A)				<b>19</b> 0.00
<b>20</b> Tax Required to be Withheld for Remittance				<b>20</b> 0.00
<b>21</b> Less: Tax Remitted In Return Previously Filed, if this is an amended return				<b>21A</b> 0.00
Other Payments Made (please attach proof of payment BIR Form No. 0605)				<b>21B</b> 0.00
<b>22</b> Total Tax Payments Made (Sum of Item Nos. 21A & 21B)				<b>22</b> 0.00
<b>23</b> Tax Still Due/(Overremittance) (Item No. 20 less item No. 22)				<b>23</b> 0.00
<b>24</b> Add: Penalties				
Surcharge		Interest		Compromise
<b>24A</b> 0.00	<b>24B</b> 0.00	<b>24C</b> 0.00	<b>24D</b> 0.00	
<b>25</b> Tax Amount Still Due/(Overremittance)				<b>25</b> 0.00
<b>Section A</b> <u>more...</u> <b>Adjustment of Taxes Withheld on Compensation For Previous Months</b>				
Monthly/Yearly	Previous Month(s)/Year(1) (MM/YYYY)	Date Paid (2) (MM/DD/YYYY)	Bank Validation/ROR No. (3)	Bank Code (4)
<input type="radio"/> <input type="radio"/>				
<input type="radio"/> <input type="radio"/>				
<input type="radio"/> <input type="radio"/>				
<b>Section A Continuation</b>				
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)	
0.00	0.00	0.00	0.00	
0.00	0.00	0.00	0.00	
0.00	0.00	0.00	0.00	
<b>26</b> 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.				
<b>27</b> _____ President/Vice President/Principal Officer/Accredited Tax Agent/ Authorized Representative/Taxpayer (Signature Over Printed Name)			<b>28</b> _____ Treasurer/Assistant Treasurer (Signature Over Printed Name)	
Title/Position 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 _____			TIN of Signatory _____	
<b>Part III Details of Payment</b>				
Particulars	Drawee Bank/ Agency	Number	Date MM DD YYYY	Amount
<b>29</b> Cash/Bank 29A Debit Memo	29B	29C	29D	29E
<b>30</b> Check 30A	30B	30C	30D	30E
<b>31</b> Others 31A	31B	31C	31D	31E
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)				

BCS No./Item No.: