

**Monthly Remittance Return
of Creditable Income Taxes
Withheld (Expanded)**

BIR Form No.
1601-E
September 2007 (ENCS)

1 For the Month (MM/YYYY)
11 - November 2017

2 Amended Return?
☐ Yes ☒ No

3 No. of Sheets Attached?
0

4 Any Taxes Withheld?
☒ Yes ☐ No

Part I Background Information

5 TIN 000 000 000 000

6 RDO Code 154B

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
☒ Private ☐ Government

13 Are there payees availing of tax relief under Special Law or International Tax Treaty?
☐ Yes ☒ No

Part II Computation of Tax

NATURE OF INCOME PAYMENT	ATC	TAX BASE	TAX RATE	TAX REQUIRED TO BE WITHHELD
RENTALS (CORP.)	JWC100	22,000.00	5%	1,100.00
14 Total Tax Required to be Withheld and Remitted				1,100.00
15 Less: Tax Credits/Payments				
15A Tax Remitted in Return Previously Filed, if this is an amended return				0.00
15B Advance Payments Made (please attach proof of payment - BIR Form No. 0605)				0.00
15C Total Tax Credits/Payments (Sum of Items 15A and 15B)				0.00
16 Tax Still Due/(Overremittance) (Item 14 less Item 15C)				1,100.00
17 Add: Penalties				
Surcharge				
17A 0.00				
Interest				
17B 0.00				
Compromise				
17C 0.00				
17D 0.00				
18 Total Amount Still Due/(Overremittance) (Sum of Items 16 & 17D)				1,100.00

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 EGATE INC
President/Vice President/Principal Officer/Accredited Tax Agent/
Authorized Representative of taxpayer
(Signature Over Printed Name)
OURNOR
Title/Position of Signatory

20 OURNOR
Treasurer/Assistant Treasurer
(Signature Over Printed Name)
Title/Position of Signatory

TIN of Signatory

TIN 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			Amount
			MM	DD	YYYY	
21 Cash/Bank 21A Debit Memo	21B	21C				21D
22 Check 22A	22B	22C				22D
23 Others 23A	23B	23C				23D

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)

