BIR Form No. 1601Cv2018

For BIR BCS/ Use Only Item:

Republic of the Philippines Department of Finance
Bureau of Internal Revenue



Ja	BIR Form No. 1601-C nuary 2018 (ENCS) Page 1	Monthly Remittance Return of Income Taxes Withheld on Compensation Enter all required information in CAPITAL LETTERS using BLACK ink. Mark all applicable boxes with an "X". Two copies MUST be filed with the BIR and one held by the Tax Filer.											16	01-C 0	1/18ENCS P1	
	For the Month (MM/Y)		2 Ame	nded Return?	i	3	Any Taxes W		4	Numbe		eet/s A	ttached	_	TC	
	06 - June	2020		Yes	● No		O Yes	No No		<u> </u>	0			N	VW010	
						_		FORMATIO	N_							
	Taxpayer Identification		,	/ 590	/ 900	/ (7	7 RDO Co	de 54	В	
8	Withholding Agent's Na EGATE INC.	ame (Last Name	, First Name	Middle Nam	e for Individ	lual C)R Registere	d Name for Non	-Indiv	idual)						
9	Registered Address (In	dicate complete addi	ress. If branch,	ndicate the bran	ch address. If t	he reg	istered address	is different from the	curren	t address	go to the	e RDO to	update registe	red addre	ss by using BIR	
9	Form No. 1905) U-E NANAY NORA	BLDG CENTI	ENNIAL RO	AD GAHAK	KAW/IT C	Δ\/Ι	ΓF									
	D-E WARAT NOTA	DEDO., OLIVII	LINIMAL INC	AD OAHAN	, IOAVIII O	·/ \ V I I							9A Zip	Code	4104	
	I															
10	Contact Number	0917507	8084		11 Cate	gory	of Withholdin	g Agent	(● Priv	ate	0	Governmer	nt		
12	Email Address	egateinc@y	yahoo.com													
13 Are there payees availing of tax relief under Special Law or International Tax Treaty? O Yes No 13A If yes, specify																
PART II - COMPUTATION OF TAX																
14	Total Amount of Cor	nnensation		ГА	11 - 0	J 141	. 514110	TOI IAX				14		11	800.00	
"	Less: Non-Taxable/E	•	sation									ا ۳۰		44,	550.00	
15	Statutory Minimum V	•		ners (MWEs)								15			0.00	
16	Holiday Pay, Overtime Pay, Night Shift Differential Pay, Hazard Pay (for MWEs only)											16	0.00			
17	13th Month Pay and Other Benefits											17	0.00			
18	De Minimis Benefits											18	0.00			
19 20												19 20	0.00			
21	Other Non-Taxable Compensation (specify) Total Non-Taxable Compensation (Sum of Items 15 to 20)											20 j 21	0.00			
22												22		44.800.00		
23	Less: Taxable compensation not subject to withholding tax (for employees, other than MWEs, receiving P250,000 &													0.00		
24	below for the year) Net Taxable Compe	nsation (Item 22	Less Item 2	3)								24		44,	800.00	
25	Total Taxes Withhel	d		,								25 Ï		<u> </u>	0.00	
26	Add/(Less): Adjustment of Taxes Withheld from Previous Month/s (From Part IV-Schedule 1, Item 4)											26 j	0.00			
27	Taxes Withheld for Remittance (Sum of Items 25 and 26)											27	0.00			
28	Less: Tax Remitted in Return Previously Filed, if this is an amended return											28	0.00			
29												29	0.00			
30												30	0.00			
31	31 Tax Still Due/(Over-remittance) (Item 27 Less Item 30)											31 32	0.00			
	Add: Penalties 32 Surcharge 33 Interest											33	0.00			
	34 Compromise											34	0.00			
	35 Total Penalties (Sum of Items 32 to 34)											35	0.00			
36 TOTAL AMOUNT STILL DUE/(Over-remittance) (Sum of Items 31 and 35)												36	0.00			
I/We declare under the penalties of perjury that this remittance return, and all its attachments, have 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. Further, I give my consent to the processing of my information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If Authorized Representative, attach authorization letter) For Individual: For Non-Individual:																
	Signature over Printed (Aut	Signature horized Officer					ident/Vice P								
	Tax Agent Accreditation No./ Attorney's Roll No. (If applicable)							ssue 'YYY)				Date of Expiry (MM/DD/YYYY)				
)	.,,		PA	RT III - D	ET		PAYMENT					,			
	Particulars	Drawe	ee Bank/Ag			nber		Date (MI	W/DD/	YYYY)			A	mount		
37	Cash/Bank Debit Me	mo														
38	Check															
39	Tax Debit Memo															
40	Others (specify below	N)														
	Machine Validation/Revenue Official Receipt Details (If not filed with an Authorized Agent Bank) Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial) *NOTE: Please read the BIR Data Privacy Policy found in the BIR website (www.bir.gov.ph)															