



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)

BIR Form No.

1 For the Month (MM/YYYY) 06 - June 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
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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. GAHAK KAWIT 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:	

Part II**Computation of Tax**

ATC

NATURE OF INCOME PAYMENT	ATC	TAX BASE	TAX RATE	TAX REQUIRED TO BE WITHHELD
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			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)