

Republika ng Pilipinas  
Kagayaran ng Paganlalapi  
Kawanihan ng Rehas Intomas

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

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

1 For the Month (MM/YYYY)  
10 - October 2017

2 Amended Return? ☐ Yes ☒ No

3 No. of Sheets Attached? ☐ 1 ☐ 2

4 Any Taxes Withheld? ☒ Yes ☐ No

**Part I Background Information**

5 TIN 000 000 000 000

6 RDO Code 549

7 Line of Business/Occupation 8999 OTHER WHOLESALE

8 Withholding Agent's Name (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)  
EGATE INC

9 Telephone Number 091-455274

10 Registered Address  
J.E. NARAY NORA BUILDING CENTENNIAL ROAD BAKAR 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  
RENTALS (CORP.)

ATC	TAX BASE	TAX RATE	TAX REQUIRED TO BE WITHHELD
MC100	33,000.00	5%	1,650.00
14 Total Tax Required to be Withheld and Remitted			1,650.00
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)			1,650.00
17 Add: Penalties			
17A Surcharge			0.00
17B Interest			0.00
17C Compromise			0.00
18 Total Amount Still Due/(Overremittance) (Sum of Items 16 & 17D)			1,650.00

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

Machine Validation/Revenue Official Receipt Details (If not filed with an Authorized Agent Bank)

RECEIVED  
METROBANK - BACOD-GEZ  
NOV 10 2017  
Teller 2  
TELLER'S INITIAL:  
BANK CODE: 015-260