(To be filled up by the BIR)

► DLN: ► PSIC:

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

(Except for transactions involving onerous transfer of real property classified as ordinary asset)

Monthly Remittance Return of Creditable Income Taxes Withheld (Expanded)

BIR Form No.

1601-E

April 2003 (ENCS)

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Month (MM / YYYY) ►

2 Amended Return? ► ☐ Yes ☐ No

3 No. of Sheets Attached

4 Any Taxes Withheld? ► ☐ Yes ☐ No

Part I Background Information

5 TIN ►

6 RDO Code ►

7 Line of Business ►

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

9 Telephone Number

10 Registered Address ►

11 Zip Code ►

12 Category of Withholding Agent ► ☐ Private ☐ Government

13 Are there payees availing of tax relief under special law or international tax treaty? ☐ Yes ☐ No If yes, specify

Part II ► Computation of Tax

NATURE OF INCOME PAYMENT	A T C	TAX BASE	TAX RATE	TAX REQUIRED TO BE WITHHELD

14 Total Tax Required to be Withheld and Remitted 14 -

15 Less: Tax Remitted in Return Previously Filed, if this is an amended return 15

16 Tax Still Due/(Overremittance) 16

17 Add: Penalties Surcharge 17A Interest 17B Compromise 17C 17D

18 Total Amount Still Due/(Overremittance) (Sum of Items 16 & 17D) 18

I declare, under the penalties of perjury, that this return has been made in good faith, verified by me, and to the best of my 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/Authorized Representative/Tax Agent
(Signature Over Printed Name)

_____
Title/Position of Signatory

_____
TIN of Tax Agent (if applicable)

20 _____
Treasurer/Asst. Treasurer/Authorized Representative
(Signature Over Printed Name)

_____
Title/Position of Signatory

_____
Tax Agent Accreditation No./Date of Accreditation (if applicable)

Part III Details of Payment

Particulars	Drawee Bank/ Agency	No.	Date MM	Date DD	Date YYYY	Amount
21 Cash/Bank Debit Memo						21 ►
22 Check	22A ►	22B ►	22C ►			22D ►
23 Others	23A ►	23B ►	23C ►			23D ►

Stamp of Receiving Office and Date of Receipt

Machine Validation/Revenue Official Receipt Details (If not filed with the bank)