



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Monthly Remittance Return of Creditable Income Taxes Withheld (Expanded)

BIR Form No.

1601-E

April 2003 (ENCS)

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

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

1 For the Month (MM / YYYY)	▶	<div><div></div><div></div></div>	2 Amended Return?	▶	<div><div></div> Yes <div></div> No</div>	3 No. of Sheets Attached	<div><div></div><div></div></div>	4 Any Taxes Withheld?	▶	<div><div></div> Yes <div></div> No</div>
--------------------------------	---	-----------------------------------	-------------------	---	---	--------------------------	-----------------------------------	-----------------------	---	---

Part I	Background Information
--------	------------------------

[illegible]

Part II ▶ Computation of Tax

[illegible]

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 Interest Compromise		
17A	<input type="text"/>	17B	<input type="text"/>
17C	<input type="text"/>	17D	<input type="text"/>
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.

<p>19</p> <p>_____ President/Vice President/Authorized Representative/Tax Agent (Signature Over Printed Name)</p> <p>_____ Title/Position of Signatory</p> <p>_____ TIN of Tax Agent (if applicable)</p>	<p>20</p> <p>_____ Treasurer/Asst. Treasurer/Authorized Representative (Signature Over Printed Name)</p> <p>_____ Title/Position of Signatory</p> <p>_____ Tax Agent Accreditation No./Date of Accreditation (if applicable)</p>
---	---

Part III	Details of Payment
----------	--------------------

Particulars	Drawee Bank/ Agency	Nt	Date			Amount
			MI	DD	YYYY	
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)