

(To be filled up by the BIR)

DLN:

PSOC:

PSIC:



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Monthly Remittance Return
of Income Taxes Withheld
on Compensation

BIR Form No.

1601-C

September 2001 (ENCS)

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

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

Part I Background Information

5 TIN	6 RDO Code	7 Line of Business Occupation	9 Telephone Number
8 Withholding Agent's Name (Last Name, First Name, Middle Name for Individuals)/(Registered Name for Non-Individuals)			
10 Registered Address			11 Zip Code
12 Category of Withholding Agent	13 Are there payees availing of tax relief under Special law or International Tax Treaty?		14 A T C
Private Government	Yes No If yes, specify		

Part II Computation of Tax

Particulars	Amount of Compensation	Tax Due
15 Total Amount of Compensation	15	
16 Less: Non Taxable Compensation	16	
17 Taxable Compensation	17	
18 Tax Required to be Withheld		18
19 Add/Less: Adjustment (from Item 25 of Section A)		19
20 Tax Required to be Withheld for Remittance		20
21 Less: Tax Remitted in Return Previously Filed, if this is an amended return		21
22 Tax Still Due/(Overremittance)		22
23 Add: Penalties		
23A Surcharge	23B Interest	23C Compromise
24 Total Amount Still Due/(Overremittance)		24

Section A Adjustment of Taxes Withheld on Compensation For Previous Months

Previous Month(s) (1) (MM/YYYY)	Date Paid (2) (MM/DD/YYYY)	Bank Validation/ ROR No. (3)	Bank Code (4)

Section A (continuation)

Tax Paid (Excluding Penalties) for the Month (5)	Should Be Tax Due for the Month (6)	Adjustment (7)	
		From Current Year (7a)	From Year - End Adjustment of the Immediately Preceding Year (7b)

25 Total (7a plus 7b) (To Item 19)		
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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.

26 Signature over Printed Name of Taxpayer/ Taxpayer Authorized Representative	27 Title/Position of Signatory
T I N of Tax Agent (if applicable)	Tax Agent Accreditation No.(if applicable)

Part III Details of Payment

Particulars	Drawee Bank/ Agency	Number	Date			Amount
			MM	DD	YYYY	
28 Cash/Bank Debit Memo						28
29 Check	29A	29B	29C			29
30 Others	30A	30B	30C			30

Stamp of Receiving
Office and Date of
Receipt

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