Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas

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

BIR Form No.

1601-E

of real property classified as ordinary asset)				
Fill in all applicable spaces. Mark all appropriate boxes with an "X".  1 For the Month 2 Amended Return? 3 No. of Spects Attached 4 Any Taxes Withheld?				
(MM/YYYY) ▶				Yes No
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				I. Zin Codo
12 Category of Withholding Agent				
Part II Computation of Tax				
NATURE OF INCOME PAYMENT	ATC	TAV DAGE	TAX RATE	TAX REQUIRED TO BE WITHHELD
		<del></del>		
14 Total Tax Required to be Withheld and Remitted			14	
15 Less: Tax Credits/Payments				
15A Tax Remitted in Return Previously Filed, if this is an amended return  15A				
<ul><li>15B Advance Payments Made (please attach proof of payments -</li><li>15C Total Tax Credits/Payments (Sum of Items 15A &amp; 15B)</li></ul>	DIT FORM No. 0605		15B 15C	
16 Tax Still Due/(Overremittance) (Item 14 less Item 15C)				
17 Add: Penalties Surcharge Interest		Compromise	170	
17A 17B 17B Total Amount Still Due/(Overremittance) (Sum of Items 16 & 17D)	17C		17D 18	
If overremittance, mark one box only:	To be is	sued a Tax Credit Cer	tificate	
I/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.				
President/Vice President/Principal Officer/Accredi Authorized Representative/Taxpaye			easurer/Assistant T	
Authorized Representative/Taxpayer (Signature Over Printed Name) (Signature over printed name)				
Title/Position of Signatory	TIN of Signatory		Title/Position of Sig	 gnatory
Signatory	ga.o.y			- ,
Tax Agent Acc. No./Atty's Roll No. (if applicable)  Date of Issuance	Date of Expiry		TIN of Signato	
	ate			Stamp of Receiving Office/ AAB and Date of Receipt
	DD YYYY	Amount		(RO's Signature/ Bank Teller's Initial)
Debit Memo ► ►	<u> </u>			<del></del> ,
* <u> </u>	22E			
23 Others 23 A 23B 23C 1 23B 23C 1 23C	n Authorized Agent E			
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