(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
August 2008 (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 Credits/Payments	
15A Tax Remitted in Return Previously Filed, if this is an Amended Return	15A
15B Advance Payments Made (please attach proof of payments - BIR Form No. 0605)	15B
15C Total Tax Credits/Payments (Sum of Items 15A & 15B)	15C
16 Tax Still Due/(Overremittance) (Item 14 less Item 15C)	16
17 Add: Penalties Surcharge 17A ____ Interest 17B ____ Compromise 17C ____	17D
18 Total Amount Still Due/(Overremittance) (Sum of Items 16 & 17D)	18

If overremittance, mark one box only: ☐ To be Refunded ☐ To be issued a Tax Credit Certificate

We declare, under the penalties of perjury, that this return has been made in good faith, verified by us, and to the best of 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	Date DD	Date YYYY	Amount
21 Cash/Bank Debit Memo	21A ►	21B ►	21C ►			21D ►
22 Check	22A ►	22B ►	22C ►			22D ►
23 Others	23A ►	23B ►	23C ►			23D ►

Stamp of Receiving Office/ AAB and Date of Receipt (RO's Signature/ Bank Teller's Initial)

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