



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Annual Information Return of Creditable Income Taxes Withheld (Expanded)/ Income Payments Exempt from Withholding Tax

BIR Form No.

# 1604-E

July 1999 (ENCS)

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

1 For the Year (YYYY)	2 Amended Return? Yes No	3 No of Sheets Attached
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**Part I Background Information**

4 TIN	5 RDO Code	6 Line of Business/ Occupation
7 Withholding Agent/Payor's Name (Last Name, First Name, Middle Name for Individuals)/(Registered Name for Non-Individuals)		8 Telephone No.
9 Registered Address		10 Zip Code
11 Category of Withholding Agent Private Government		

**Part II Summary of Remittances**

**Schedule 1 Remittance per BIR Form No. 1601 - E**

MONTH	DATE OF REMITTANCE	NAME OF BANK/BANKCODE/ ROR NO., IF ANY	TAXES WITHHELD	PENALTIES	TOTAL AMOUNT REMITTED
JAN			.	.	.
FEB			.	.	.
MAR			.	.	.
APR			.	.	.
MAY			.	.	.
JUN			.	.	.
JUL			.	.	.
AUG			.	.	.
SEPT			.	.	.
OCT			.	.	.
NOV			.	.	.
DEC			.	.	.
Total			.	.	.

**Schedule 2 Remittance per BIR Form No. 1606**

MONTH	DATE OF REMITTANCE	NAME OF BANK/BANKCODE/ ROR NO., IF ANY	TAXES WITHHELD	PENALTIES	TOTAL AMOUNT REMITTED
JAN			.	.	.
FEB			.	.	.
MAR			.	.	.
APR			.	.	.
MAY			.	.	.
JUN			.	.	.
JUL			.	.	.
AUG			.	.	.
SEPT			.	.	.
OCT			.	.	.
NOV			.	.	.
DEC			.	.	.
Total			.	.	.

**Part III ALPHABETICAL LISTS OF PAYEES (Format Only)**

**Schedule 3 ALPHALIST OF OTHER PAYEES WHOSE INCOME PAYMENTS ARE EXEMPT FROM WITHHOLDING TAX BUT SUBJECT TO INCOME TAX (Reported Under Form 2304)**

SEQ NO.	Taxpayer Identification Number (TIN)	NAME OF PAYEES (Last Name, First Name, Middle Name for Individuals, complete name for Non-individuals)	ATC	NATURE OF INCOME PAYMENT	AMOUNT OF INCOME PAYMENT
(1)	(2)	(3)	(4)	(5)	(6)
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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.

Stamp of Receiving Office and Date of Receipt

12 Taxpayer/Authorized Agent Signature over Printed Name	13 Title/Position of Signatory
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