

FORMAT

Annex "B"

BIR REGISTERED NAME  
 TRADE NAME  
 ADDRESS  
 TIN

MONTHLY ALPHALIST OF PAYEES (MAP)  
 RETURN PERIOD (mm/yyyy)

Seq no.	TIN Including branch code	Registered Name (Alphalist)	Return period mm/yy	ATC	Nature of income payment	AMOUNT Tax base	Tax rate	Tax Withheld
1	2	3	4	5	6	7	8	9
1								
2								
3								
4								
5								
						TOTAL AMOUNT		P

I declare under the penalties of perjury, that this 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 NIRC, and the regulations issued under the authority thereof; that the information contained herein completely reflects all income payments with the corresponding taxes withheld from payees are duly remitted to the BIR and proper Certificates of Creditable Withholding Tax at Source (BIR Form No. 2307) have been issued to payees; that, the information appearing herein shall be consistent with the total amount remitted and that, inconsistent information shall result to denial of the claims for expenses.

\_\_\_\_\_  
 Signature over printed name  
 Taxpayer/Authorized representative

**Attachments to BIR Form Nos. 1601-E, 1601-F, 1600**