

FORMAT

Annex "A"

BIR REGISTERED NAME
 TRADE NAME
 ADDRESS
 TIN

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

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

 Signature over printed name
 Taxpayer/Authorized representative

Attachments to BIR Form Nos. 1601-E, 1601-F, 1600, 1606