



TRANSMITTAL FORM

BIR's Copy

Type of Returns : 1604-CF 1604-E For the Year: _____
Transmittal Number : _____ TIN: _____ - _____ - _____
Name of Withholding Agent : _____
Address : _____

Name of Contact Person/WA's Representative: _____ Tel. No.: _____
No. of Diskettes Submitted: _____
Received by: _____ Office: _____

----- For returned diskette (to be resubmitted within 1 week) -----
 Labelling Virus found
Date returned: _____ Date resubmitted: _____

 Uploaded Date of uploading: _____
 Not uploaded Reason: _____

Stamp
of
Receiving Office
Date: _____



TRANSMITTAL FORM

Taxpayer's Copy

Type of Returns : 1604-CF 1604-E For the Year: _____
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Address : _____

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