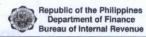


For BIR BCS/ Use Only Item:



| BIR Form No. 0619-E | of | M Credita | nde | d) | | | | | | \\ | | | | | | | | | | | | |
|--|---|--------------------------------------|-------------------|------------------|-------------|----------------------------|----------------|---------------|---------------|-------------------------|--|-----------|-----------------|--|------------|------------|---------|---------------|--|--|--|--|
| January 2018 Page 1 | Enter all re | equired inform Tv | | | | using BLA | | | | | ith an " | X". | | | 0 | 619-E | E 01. | /18 P1 | | | | |
| 1 For the Month of (N | MM/YYYY) | The later was a second or the second | The second second | VDD/YYY | | Amende | | | 4 Any | THE RESIDENCE PROPERTY. | With | neld? | 5 ATC | | 6 T | ax T | ype | Code | | | | |
| 07 201 | 1 8 | 0 8 | 1 0 2 | 0 1 8 | | Ye | s X | No | X | Yes | | No | WM | E10 | | | WI | E | | | | |
| | | | | Pa | irt I – I | Backgro | und Inf | ormat | ion | | | | | | | | | | | | | |
| 7 Taxpayer Identifica | tion Num | ber (TIN) | | 0 0 | 9 - | 5 9 | 0 - | 9 0 | 0 - | 0 0 | 0 | | 8 RD | O Coc | le | 5 | 4 B | 3 | | | | |
| 9 Withholding Agent's | s Name (| Last Name, | First Nan | ne, Middle | Name f | or Individu | ual OR Re | gistere | d Name f | or Non- | Individ | ual) | | | | | | | | | | |
| EGATE INC. | | | | | | | | | | | | | | | | | | | | | | |
| 10 Registered Address | SS (Indicate o | omplete addres | s. If branch, in | ndicate the brai | nch address | s. If the register | red address is | different lin | om the curren | address, g | n to the R | DO to upo | late registered | address l | by using b | BIR Form | n No. 1 | 1905) | | | | |
| U-E NANAY N | IORA | BUILD | ING C | ENTE | NNI | AL RO | DAD | AH | AK K | AWIT | r c/ | VIT | E | | | | | | | | | |
| terms to a period of the process of the control of the period of the per | | | | | | | | | | | 17 (| a At | 10A Z | IP Co | ode | 4 | 1 0 | 4 | | | | |
| 11 Contact Number | 0464 | 405274 | | 14 1 | 12 Ca | 12 Category of Withholding | | | | | X | Private (| | | Gov | Government | | | | | | |
| 13 Email Address | | | | | | | | | | | | | | | | | | | | | | |
| rjulykajoy09 | 2987@ | g mail. | com | | | . 8 | | • | | | | | | | | | | | | | | |
| | | | | | Part | II - Tax | Remitt | ance | | | | | | | | | | | | | | |
| 14 Amount of Remitta | | | | | | | | | | | | | | | 1,1 | 00 | | 00 | | | | |
| 15 Less: Amount Remitted from Previously Filed Form, if this is an amended form | | | | | | | | | | | | | | | *, * | 0 | | 00 | | | | |
| 16 Net Amount of Remittance (Item 14 Less Item 15) | | | | | | | | | | | | | | | 1,1 | | 20075 | 00 | | | | |
| 17 Add: Penalties | | | | 1 | | | | | | | | | | | 1,1 | 00 | | 00 | | | | |
| 17A Surchar | ge | | | | | | | | | | | | | | | 0 | | 00 | | | | |
| 17B Interest | | | | | | | | | | | | 0 . 00 | | | | | | | | | | |
| 17C Compromise | | | | | | | | | | | 0 00 | | | | | | | | | | | |
| 17D Total Penalties (Sum of Items 17A to 17C) | | | | | | | | | | | | | | | | | | | | | | |
| | 18 Total Amount of Remittance (Sum of Items 16 and 17D) | | | | | | | | | | | | 0.00 | | | | | | | | | |
| /We declare under the pe | | | | | | e in good fa | ith, verified | by me/u | us, and to t | he best o | it my/ou | r knowle | dge and b | elief, is | 1,1 | 100 | 10,000 | 00 ursuant | | | | |
| to the provisions of the Nation as contemplated under the D | nal Internal I | Revenue Code | as amend | ded, and the | regulation | ons issued | under author | orlty ther | eof. Furthe | r. I/we gi | ve my/o | ur conse | ent to the p | rocessi | ng of m | y/our in | nform | nation | | | | |
| For Individual: | | | | | | | For | Non-I | ndividual | : | | | | | | | | | | | | |
| | | | | | | | | | OIL | 1 | 72 | _ | | | | | | | | | | |
| | | | | | | | 6 | 1 | au | 4 | 7 | | | | | | | | | | | |
| | | | | | | | | | | | e over Printed Name of President/Vice President/ horized Officer or Representative/Tax Agent | | | | | | | | | | | |
| Tax Agent Accreditation | Tax Agent Accreditation No./ | | | | | | | | Date of Issue | | | | | (Indicate Title/Designation and TIN) Date of Expiry | | | | | | | | |
| Attorney's Roll No. (if app | | | | | | | DD/YYYY) | | | | | | DD/YYY) | 324,0500 | | | | | | | | |
| | | | | | Part II | I – Deta | ils of Pa | ymer | nt | | | | | | | | | | | | | |
| Particulars | Drawe | e Bank/Agend | y | Numbe | r | D | ate (MM/ | DD/YY | YY) | | | | Am | ount | | | - Table | | | | | |
| 19 Cash/Bank Debit Men | no | | | | | | | 1 | | | 1. 1 | 1 | | | 1 | | | | | | | |
| 20 Check | | 1 1 1 | | 11 | 1 | | | - | 1 1 | | 1 | | 1 | 1 | 1 | | | | | | | |
| 21 Tax Debit Memo | | | | 1 1 | | | | Y | 1 1 | | 1 | | | | 1 | | | | | | | |
| 22 Others (specify belo | w) | | | | | | | | | | | | | | | | | | | | | |
| 111111 | | | | 1 1 | | | | 1 | 1 1 | 100 | 1 | | 1 | 1 | 1 | | | | | | | |
| Machine Validation/Rev | enue Offic | ial Receipt | Details (| if not filed | with an | Authorize | d Agent E | Bank) | | Stan | | | ng Office | | | | | ceipt | | | | |
| | | | | | | | | | | | (R | O's Sig | gnature/E | ank T | eller's | Initial | D | | | | | |

NOTE: *Please read the BIR Data Privacy Policy found in the BIR website (www.bir.gov.ph)