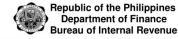
BIR Form No. 0619-E Page 1 of 1

For BIR BCS/ Jse Only Item:



BIR Form No. 0619-E

21 Tax Debit Memo 22 Others (specify below)

Monthly Remittance Form



Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)

of Creditable Income Taxes Withheld (Expanded) January 2018 Enter all required information in CAPITAL LETTERS using BLACK ink. Mark all applicable boxes with an "X".

Two copies MUST be filed with the BIR and one held by the Taxpayer. Page 1 4 Any Taxes Withheld? | 5 ATC 1 For the Month of (MM/YYYY) 2 Due Date (MM/DD/YYYY) 3 Amended Form? 6 Tax Type Code 0 6 WE 0 5 2020 1 0 2 0 2 0 Yes X No Yes X No **WMF10** Part I - Background Information 7 Taxpayer Identification Number (TIN) 0 0 9 5 9 0 - 900 8 RDO Code 5 4 B 9 Withholding Agent's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) 10 Registered Address (Indicate complete address. If branch, indicate the branch address. If the registered address is different from the current address, go to the RDO to update registered address by using BIR Form No. 1905) U-E NANAY NORA BLDG., CENTENNIAL ROAD GAHAK, KAWIT CAVITE 10A ZIP Code 4104 11 Contact Number 09175078084 Private 12 Category of Withholding Agent Government 13 Email Address egateinc@yahoo.com Part II - Tax Remittance 14 Amount of Remittance 00 0 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) 0 00 17 Add: Penalties 17A Surcharge 0 00 17B Interest 0 00 17C Compromise 0 00 17D Total Penalties (Sum of Items 17A to 17C) 0 00 18 Total Amount of Remittance (Sum of Items 16 and 17D) 0 I/We declare under the penalties of perjury that this remittance form has been made in good faith, verified by me/us, and to the best of my/our 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. Further, I/we give my/our consent to the processing of my/our information as contemplated under the Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. [If Authorized Representative, attach authorization letter] For Non-Individual: Signature over Printed Name of Taxpayer/Authorized Representative/ Tax Agent (Indicate Title/Designation and TIN) Signature over Printed Name of President/Vice President/ Authorized Officer or Representative/Tax Agent (Indicate Title/Designation and TIN) Tax Agent Accreditation No./ Date of Issue Date of Expiry Attorney's Roll No. (if applicable) (MM/DD/YYYY) (MM/DD/YYYY) Part III - Details of Payment Particulars Drawee Bank/Agency Number Date (MM/DD/YYYY) **Amount** 19 Cash/Bank Debit Memo 20 Check

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

Machine Validation/Revenue Official Receipt Details (if not filed with an Authorized Agent Bank)