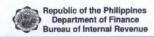
For BIR BCS/ Use Only Item:



0619-E	Monthly Remittance Form of Creditable Income Taxes Withheld (Expanded)								W. 2013 AV (6/14/5					
January 2018	Enter all required information						×-	N DOWN	A Date )	0619-	E 01	/18 P		
Page 1	Two co	opies MUST be filed with th	ne BIR and on	e held by t	he Taxpayer.			FATO	10	Tov T		Cod		
For the Month of (M			Amended F		-	Taxes With	No No	5 ATC		Tax 1	W	LUIS .		
0 5 2 0	0 0 1 0					Yes	140	AAINIC	0		44	-		
Taxpayer Identifica	tion Number (TIN)	0 0 9	5 9 0	80000000	0 0 -	0 0 0		8 RDO	Code	5	4 E	3		
	s Name (Last Name, Firs						lual)		7040					
EGATE INC.									12-11					
Registered Addres	SS (Indicate complete address. If b	ranch, indicate the brench address. I	If the registered add	iress is differen	t from the current	address, go to the F	RDO to upda	te registered add	lress by usin	BIR For	m No.	1905)		
U-E NANAY N	IORA BUILDIN	G CENTENNIA	L ROA	D GAI	HAK KA	AWIT C	AVIT	E						
							10A ZIP Code			4104				
1 Contact Number	0464405274	12 Category of Withholding Agent				X	Private		Gov	vern	ment			
3 Email Address														
rjulykajoy09	2987@gmail.co	) m												
		Part	II – Tax Re	mittanc	е						10000			
4 Amount of Remittance						1,100 . 00						00		
15 Less: Amount Remitted from Previously Filed Form, if this is an				an amended form										
16 Net Amount of Remittance (Item 14 Less Item 15)									1,	100		00		
7 Add: Penalties						1								
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)							1,100					00		
or Individual:	Name of Taxpayer/Author		Tax Agent	For No		over Printed					nt/			
(Indicate Title/Designation and TIN)					Autho	orized Officer or Representative/Tax Agent (Indicate Title/Designation and TIN)								
Tax Agent Accreditation ttorney's Roll No. (if app			Date of				Mark the second	of Expiry						
torriey a rion rio. (ii app	модолоў	Part III	- Details		ent									
Particulars	Drawee Bank/Agency	Number	Date	(MM/DD/	YYYY)			Amou	int					
9 Cash/Bank Debit Mer	no				1									
20 Check									1					
21 Tax Debit Memo					-1.1							1		
22 Others (specify below)	nw)													
	<i>,,,,</i>		1								BUILDINGS.			
11111		11111							1			_1		
Machine Validation/Rev	venue Official Receipt De	tails (if not filed with an A	Authorized Ag	gent Bank	)			ng Office/A				ceipt		
Machine Validation/Rev		tails (if not filed with an A	Authorized Ag	gent Bank	)		RO's Sig	nature/Bar				ceipt		
Machine Validation/Rev		tails (if not filed with an A	Authorized Ag	gent Bank	,			nature/Bar				ceipt		
					,		RO's Sig	nature/Bar				oceipt O C		
	renue Official Receipt De				1		RO's Sig RD	nature/Bar	nk Teller	's Initi		eceipt		
	renue Official Receipt De				1		RO's Sig RD 64	nature/Bar	NITIA	7	201	100		