

BIR Form No.

0619-E

Monthly Remittance Form of Creditable Income Taxes Withheld (Expanded)



January 2018

Part I – Backgro axpayer Identification Number (TIN) 0 0 9 - 5 9	es X No	X	Yes No	100000000000000000000000000000000000000	THE RESIDENCE OF THE PARTY OF T	2 -	e C
axpayer Identification Number (TIN) 0 0 9 - 5 9	ound Informati		100 110	WME10		W	/E
	ESTATION AND ADDRESS OF THE PERSON NAMED IN COLUMN 1	ion					
Lithholding Agent's Name (Last Name First Name All July Name Lith			0 0 0	8 RDO Cod	le l	5 4	В
Vithholding Agent's Name (Last Name, First Name, Middle Name for Individ-	ual OR Registered	d Name fo	or Non-Individual)				
GATE INC.							
Registered Address (Indicate complete address. If branch, indicate the branch address. If the register		-			by using BIR F	am No	0. 190
-E NANAY NORA BLDG., CENTENNIAL ROAI	D GAHAK,	KAW	IT CAVIT	=			
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200 000	ategory of With	holding	Agent	Private	GC GC	overr	nme
Email-Address							
gateinc@yahoo.com							
1,100 00 11:51:3(Part II – Ta)	Remittance						
Amount of Remittance					1,100		0
Less: Amount Remitted from Previously Filed Form, if this is an amer	nded form				0		0
Net Amount of Remittance (Item 14 Less Item 15)					1,100		0
98					1,100		1 0
ur ur					0		0
BANK OF HE PHILIPPINE ISLANDS BTR-BIR DEPOSIT/PAYMENT SLI	IP I				0		0
S. CHECKTHE ANDRODDIATE AND ORIGINAL - TAXPAYER'S COPY							
Cash Charles Boxes DATE \$ 7 2020 Bank Debit System					0		0
L Check					0		0
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57K - BIK 0011-1735-94	ithority there	of. Furthe	, I/we give my/our co	wledge and belief, is to posent to the processing			
7009 500 900 000 Tax Form* 060 T	For Non-Ir		ntative, attach author	ization letter)	•		
Period* 017020 Tay Typo* 50.00	3 111 101		1	7			
ayer's Contact No.*			illa /DAO	Var			
ayer's Address(Business/Residence)*	Si	anature		のは ne of President/Vio	e Presid	ent/	
A For TDM payment please make sure that you knilicals the			rized Officer or F	Representative/Tax	x Agent	Otto	
D TRUOMA On the BIRT A Tehlinge Intelligence (No. 1)	sue			ate of Expiry			
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BANK DEBIT ADVICE NO.	MM/DD/YY)	11)		Amount			
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TAX DEBIT MEMO NO.							
Sources (Day and Months of the Months of th					11		
TAL/DEPOSITS/PAYMENT************************************							
TELLER'S VALIDATION (THIS IS YOUR RECEIPT WHEN MACHINE VALIDATED)			AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON	1 1	1 1		
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1,100.00				APONE BR. O			
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