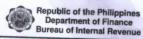
For BIR BCS/ Use Only Item:



BIR Form No. 0619-E January 2018 Page 1	Monthly Remittance Form of Creditable Income Taxes Withheld (Expanded) 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. O619-E 01/18 P											
1 For the Month of (MMYYYY) 2 Due	Date (MM/DD/YYYY)	3 Amende	one neid by in	e l'axpayei		Withheld?	EATO	[-			
10 20	18 11	10 2018	Yes		X	ALERSON SERVICE	No No	5 ATC		201000000000000000000000000000000000000	ype Coo	
		Part	t I – Backgrou	and Informa	tion			AAIME	0		WE	
7 Taxpayer Identifica	ation Number (TIN	009	500	0.0		0 0	0	9.000.0		_		
9 Withholding Agent EGATE INC.	s Name (Last Name	e, First Name, Middle N.	ame for Individua	I OR Register	ed Name fo	or Non-l	Individuali	8 RDO 0	ode	5	4 B	
10 Registered Addres U-E NANAY	SS (Indicate complete addr	ess. If branch, indicate the branch	address. If the registered	address is different t	rom the current	address, go	to the RDO to upo	date registered addin	nes hu usine	RID From	No toop	
U-E NANAY	TORA BUILL	ING CENTEN	INIAL RO	AD GAH	AK KA	WIT	CAVIT	E	and by truing	FERT TOTAL	NU. 1900)	
19.0								10A ZIP	Code	41	0 4	
11 Contact Number	046440527	464405274 12 Category of W					X	Private				
13 Email Address	ail Address ykajoy092987@gmall.com							riivale	Ш	Gove	mment	
-,urykajoy09	rag/@gmail	.com	5									
4.4			Part II - Tax R	emittance			A Calymania na			A Distance		
14 Amount of Remitta												
5 Less: Amount Ren	Less: Amount Remitted from Previously Filed Form, if this is an amended form						1,100 . 00					
Net Amount of Remittance (Item 14 Less Item 15)							0 . 00					
Add: Penalties							1,100 00					
17A Surcharg	je											
17B Interest							0 . 00					
17C Compromise							0 . 00					
17D Total Penalties (Sum of Items 17A to 17C)							0 00					
							0 00					
Total Amount of Remittance (Sum of Items 16 and 17D) We declare under the panalties of perjury that this remittance form has been made in good faith, verified by me/us, and to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further ontemplated under the Data Privacy Act of 2012 (R.A. No. 10173) lext. 0.1173												
the provisions of the National contemplated under the Data or Individual:	Internal Revenue Code.	emittance form has been mas amended, and the regul	hade in good faith, v	erified by me/us	and to the t	best of m	y/our knowledg	ge and belief, is	1,10	correct o	00	
contemplated under the Data or Individual:	100 2012 (11.	1 Ol	and lawful purpose	s. (If Authorized For Non-Inc	Representa	tive, atta	ch authorization	t to the processi n letter)	ng of my	our infor	nation	
1 second		Strike										
ignature over Printed Na	ame of Taxpayer/Au (Indicate Title/Designal	thorized Representativ	/e/ Tax Agent	Sig	nature ove	er Printe	ed Name of	President/Vio	o Denei			
x Agent Accreditation N					AUIMONZ	ea Offic	cer or Repre	sentative/Tal	x Agent	uent/		
orney's Roll No. (if applica	able)		Date of Is	ssue		Imandic	Date of	f Expiry				
		Part	III - Details of				(MM/DE	DAYYY)				
Particulars	Drawee Bank/Agency	Number		MM/DD/YYYY)							
Cash/Bank Debit Memo								Amount				
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Others (specify below)								111	1 1			
11111		I I F I S								Finness		
chine Validation/Revenu	e Official Receipt De	etails (if not filed with an	Authorized Age	at Panki					1 1		1	
			Additionzed Agei	ii bank)	S	tamp of	Receiving (Office AAB a	nd Date	of Rec	eipt	
						()	. J G Gigitali	ure/Bank Tel	RO	SAM	(-BA	
								RDO				
: *Please read the BIR	Data Privacy Policy	found in the BIR websi	ite (www.bir.gov	.ph)					NE	N r	18 2	
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