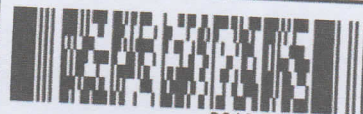


For BIR BCS/
Use Only Item:Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No.

0619-EJanuary 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.

0619-E 01/18 P1

1 For the Month of (MM/YYYY)	2 Due Date (MM/DD/YYYY)	3 Amended Form?	4 Any Taxes Withheld?	5 ATC	6 Tax Type Code
1 0 2 0 2 0	1 1 1 0 2 0 2 0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WME10	WE

Part I - Background Information

7 Taxpayer Identification Number (TIN)	0 0 9 - 5 9 0 - 9 0 0 - 0 0 0	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) EGATE INC.			
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			
11 Contact Number	0 9 1 7 5 0 7 8 0 8 4	10A ZIP Code	4 1 0 4
13 Email Address	12 Category of Withholding Agent <input checked="" type="checkbox"/> Private <input type="checkbox"/> Government egateinc@yahoo.com		

Part II - Tax Remittance

14 Amount of Remittance	
15 Less: Amount Remitted from Previously Filed Form, if this is an amended form	1,100 . 00
16 Net Amount of Remittance (Item 14 Less Item 15)	0 . 00
17 Add: Penalties	1,100 . 00
17A Surcharge	
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 . 00
	1,100 . 00

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 Individual:		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./ Attorney's Roll No. (if applicable)	Date of Issue (MM/DD/YYYY)	Date of Expiry (MM/DD/YYYY)	

Part III - Details of Payment

Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount
9 Cash/Bank Debit Memo				
10 Check				
11 Tax Debit Memo				
12 Others (specify below)				

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

RECEIVED
PNB-BAGOOR CITY-PANAPAAN
BANK CODE-033319
RDO -54B
DATE: NOV 06 2020
TELLER: 1

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



PNB

BTR-BIR PAYMENT SLIP

DATE:

11 05 20
M M D D Y Y

PLEASE WRITE HEAVILY
Online

Bacoor City-Panapaan BRANCH is happy to serve you
You have made a BILLS PAYMENT
of PHP 1,100.00 on 11-06-2020 09:49:24
to BUREAU OF INTERNAL REVENUE
Payor : EGATE INC
Account no. 00959090000
Txn Ref#: BBS2427971020110600014
Mode of Payment: Cash
Service Charge: PHP 0.00

Processed by PAYURAN, ADRIAN H. Seq# 43
Thank you for banking with us. With PNB, You First !

09104581671

ACCOUNT NAME BTR - BIR		Taxpayer may confirm their Tax Payment with their Home RDO/LTDO (where they file tax returns and pay internal revenue taxes).
TAXPAYER'S NAME <i>Egate Inc.</i>		
TIN <i>009 590 900</i>	TAX TYPE <i>EWT</i>	
TAX PERIOD <i>10/2020</i>	TAX FORM <i>0619 E</i>	

MODE OF PAYMENT					
<input checked="" type="checkbox"/> CASH					
NOTES	QTY	AMOUNT	NOTES	QTY	AMOUNT
1,000			100		
500			50		
200			20		
TOTAL COINS			CASH PAYMENT <i>1100-</i>		

<input type="checkbox"/> CHECK	CHECK PAYMENT
--------------------------------	---------------

<input type="checkbox"/> DEBIT MY ACCOUNT NO.																				
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
AMOUNT IN FIGURES : _____																				
AMOUNT IN WORDS : _____																				

ACCOUNTHOLDER'S SIGNATURE	
Signature Verified by:	Approved by:

BANK'S COPY

FORM 2030.1 Mar '19