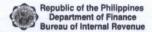
For BIR BCS/ Use Only Item:



BIR Form No. 0619-E

## **Monthly Remittance Form** of Creditable Income Taxes Withheld (Expanded)



January 2018 Enter all required information in CAPITAL LETTERS using BLACK ink. Merk all applicable boxes with an "X" Two copies MUST be filed with the BIR and one held by the Taxpayer. Page 1 1 For the Month of (MM/YYYY) | 2 Due Date (MM/DD/YYYY) | 3 Amended Form? 4 Any Taxes Withheld? Yes X No 1 1 2 0 1 8 1 2 1 0 2 0 1 8 X Yes No **WME10** WE Part I - Background Information - 590 900 0 0 9 0 0 0 5 4 B 7 Taxpayer Identification Number (TIN) 8 RDO Code 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 a 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 RD. GAHAK KAWIT CAVITE 4104 10A ZIP Code 0464405274 11 Contact Number 12 Category of Withholding Agent Private Government 13 Email Address rjulykajoy092987@gmail.com Part II - Tax Remittance 14 Amount of Remittance 1,100 00 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) 1,100 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 18 and 170) 1,100 00 FWe 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, two give my/our consent to the processing of my/our information as contemplated under the Data Privacy Act of 2012 (B.A. No. 10173) for legitimate and lawful purposes. (If Authorized Representative, attach authorization letter) Signature over Printed Name of President/Vice President/ Authorized Officer or Representative/Tax Agent (Indicate Title/Designation and TIN) Signature over Printed Name of Taxpayer/Authorized Representative/ Tax Agent Tax Agent Accreditation No./ Date of Issue Date of Expiry orney's Roll No. (#applicable) (MM/DD/YYYY) (MM/DD/YYYY) Part III - Details of Payment Drawee Bank/Agency **Particulars** Number Date (MM/DD/YYYY) Amount 19 Cash/Bank Debit Memo 20 Check 21 Tax Debit Memo 22 Others (specify below) Stamp of Receiving Office/AAB and Date of Receipt Machine Validation/Revenue Official Receipt Details (if not filed with an Authorized Agent Bank) (RO's Signature/Bank Teller's Initial)

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

