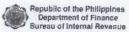
For BIR BCS/ Use Only Item:



BIR Form No. Monthly Remittance Form 0619-E of Creditable Income Taxes Withheld (Expanded) January 2018 Enter all required information in CAPITAL LETTERS using BLACK ink. Mark all applicable to Two copies MUST be filled with the BIR and one held by the Taxpayer. 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 0 4 2 0 2 0 0 5 1 0 2 0 2 0 Yes X 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 N egate inc. 10 Registered Address (Indicate complete address. Florinch, indicate the breach address. If the registered address is different from the current address, go to the PDO to upon U-E NANAY NORA BLDG., CENTENNIAL ROAD GAHAK, KAWIT CAVITE 10A ZiP Code 4104 11 Contact Number 09175078084 12 Category of Withholding Agent X Private Government 13 Email Address egateinc@yahoo.com Part II - Tax Remittance 14 Amount of Remittance 0 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) 0 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 16 and 17D) 0 . 00 I'We declare under the penalties of perjuny that this rentlation for this been made in good faith, verified by metus, and to the best of mytour knowledge and belief, is true and correct, pursual to the provisions of the National internal Revenue Code, as amerciad, and the regulations issued vector authority thereof. Further, twee give mytour consent to the processing of mytour information as contemplated under the Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (Machinoized Representative, much authorization fetter)

For 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)

Date of Expiry Tax Agent Accreditation No./ Date of Issue Attorney's Roll No. (If applicate (MM/DD/YYYY) Part III - Details of Payment Particulars Drawee Bank/Agency 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 (RO's Signature/Bank Teller's Initial)

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

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