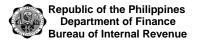
For BIR BCS/ Use Only Item:



BIR Form No. **0619-E**

Monthly Remittance Form of Creditable Income Taxes Withheld (Expanded)



January 2018 Page 1

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.

1 For the Month of (MM/	YYYY) 2 Due Dat	te (MM/DD/YYYY)	3 Amended	Form?	4 Any	Taxes Withheld?	5 ATC	6 Tax Type Co	ode	
	,		Yes	☐ No		Yes No	WME10	WE		
Part I – Background Information										
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)										
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> </u>	10A ZIP Cod	e							
11 Contact Number										
13 Email Address										
Part II – Tax Remittance										
14 Amount of Remittance							I I			
15 Less: Amount Remitted from Previously Filed Form, if this is an amended form							I I			
16 Net Amount of Remittance (Item 14 Less Item 15)										
17 Add: Penalties	·	·						•		
17A Surcharge						1 1 1				
17B Interest										
17C Compromise										
17D Total Penalties (Sum of Items 17A to 17C)										
18 Total Amount of Remittance (Sum of Items 16 and 17D)							1 1			
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:										
Signature over Printed Na	over Printed Name of									
(orized Officer or Rep (Indicate Title/Designation)		Agent							
Tax Agent Accreditation No./				f Issue		Date of Expiry				
Attorney's Roll No. (if applicable) (MM/DD/YYYY) (MM/DD/YYYY)										
Particulars	Drawee Bank/Agency	Part III - Details of Payme wee Bank/Agency Number Date (MM/DD/Y				/) Amount				
19 Cash/Bank Debit Memo	Drawoo Barner igoney	Trainisci .	Juli	O (IVIIVI) DB/ T T	11)		7 1110 0111			
20 Check								•		
								•	<u> </u>	
21 Tax Debit Memo 22 Others (specify below)										
22 Others (specify below)										
Machine Validation/Dayan	us Official Bassist D	ataila (if not file d with	an Authorizad	Ament Danis		Stamp of Receiving	ng Office/AAD or	d Data of Dagain	n4	
Machine Validation/Revenue Official Receipt Details (if not filed with an Authorized Agent Bank)							ng Onice/AAB ar nature/Bank Teli		Эl	
						, ,		,		