BIR Form No. 0619-E

For BIR	BCS
Use Only	Item:

	Republic of the Philippines Department of Finance Bureau of Internal Revenue
(c. a)	Department of Finance
C HOLE	Bureau of Internal Revenue

BIR Form No.	Mo	nthly Ren	nittan	ce Fo	rm				6.5565	Wali	
0619-E	619-E of Creditable Income Taxes Withheld (Expanded)										M III
January 2018 Page 1		tion in CAPITAL LETTERS					n an "X".		0 110 110 1	619-E	01/18 P1
1 For the Month of (M		copies MUST be filed with to te (MM/DD/YYYY) 3	Amended F				Vithheld?	5 ATC	6 T	ax T	ype Code
1 1 2 0 2	4 12 1	0 2024	Yes [X No	X	Yes	No	WME10)		WE
		Part I – E	Background	I Informat	ion			l.			
7 Taxpayer Identificat	ion Number (TIN)	766 -	1 4 6	- 97		0 0	0	8 RDO Co	de	0	8 8
9 Withholding Agent's	Name (Last Name, Fr	rst Name, Middle Name fo	or Individual O	R Registere	d Name f	or Non-In	dividual)				
cuayzon, jay	mark cabuna	g									
10 Registered Addres	S (Indicate complete address.	f branch, indicate the branch address.	. If the registered add	ress is different fro	om the current	address, go t	to the RDO to upd	ate registered addres	s by using E	3IR Form	No. 1905)
IMELDA AVEI	NIDA STREET	BRGY. 46, TA	CLOBA	N CITY	,						
								10A ZIP C	ode	6 5	500
11 Contact Number	09334366053		12 Catego	ory of With	holding	Agent	X	Private	П	Gove	ernment
13 Email Address					_						
jaymarkcuay	zon 22@gmail	. c o m									
1 1		Part	II – Tax Re	mittance							
14 Amount of Remitta	ince								4	50	. 00
15 Less: Amount Ren	nitted from Previousl	y Filed Form, if this is	an amended	form						0	. 00
16 Net Amount of Re	mittance (Item 14 Less	Item 15)							4	50	. 00
17 Add: Penalties											
17A Surcharg	ge									0	. 00
17B Interest									0	. 00	
17C Compro	mise									0	. 00
17D Total Penalties (Sum of Items 17A to 17C)									0	. 00	
18 Total Amount of Remittance (Sum of Items 16 and 17D)				450 00							
I/We declare under the per to the provisions of the Nation		mittance form has been made									
as contemplated under the Da				s. (If Authorize	ed Represe	ntative, att			sing or m	y/our ii	liormation
For Individual:				For Non-Ir	naiviauai						
				8							
Signature over Printed	Name of Taxpayer/Aut (Indicate Title/Designati	norized Representative/ on and TIN)	Tax Agent	Si				of President/V presentative/T			t/
Tax Agent Accreditation	Accreditation No./ Date of Issue				(Indicate Title/Designation and TIN) Date of Expiry						
Attorney's Roll No. (if app.			(MM/DD/Y					(DD/YYYY)			
Part III – Details of Payment											
Particulars	Drawee Bank/Agency	Number	Date	MM/DD/YY	YY)			Amount			
19 Cash/Bank Debit Mem	10					$\perp \perp$				\Box	•
20 Check											
21 Tax Debit Memo								1 1			
22 Others (specify belo	w)					Ι					
						لللبا					•
Machine Validation/Revenue Official Receipt Details (if not filed with an Authorized Agent Bank) Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)							,				
(100 Signatus Bank Folio) Similarly								•			
NOTE: *Please read the F	SIR Data Privacy Policy	found in the PIP websit	o (want bir a	ov ph)							

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