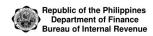
BIR Form No. 0619-E

For BIR BCS/ Use Only Item:



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 boxes with an "X".  Enter all required information in CAPITAL LETTERS using BLACK ink. Mark all applicable boxes with an "X".										
Page 1  1 For the Month of (Mi		te (MM/DD/YYYY) 3	the BIR and or Amended F			Taxes Withheld?	5 ATC	6 Tax T	vne	Code
1 0 2 0 2			Yes	X No	X	Yes No	WME10		WI	
Part I – Background Information										
7 Taxpaver Identificati	0 0 0	8 RDO Code	0	8 8						
7 Taxpayer Identification Number (TIN) 7 6 6 - 1 4 6 - 9 7 5 - 0 0 0 8 RDO Code 0 8 8  9 Withholding Agent's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)										
cuayzon, jay mark cabunag										
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)										
IMELDA AVENIDA STREET BRGY. 46, TACLOBAN CITY										
	10A ZIP Code 6 5 0 0									
11 Contact Number	ct Number 09334366053 12 Category of Withholding						Private	Gov	ernr	ment
13 Email Address		Agent X								
jaymarkcuayzon22@gmail.com										
Part II – Tax Remittance										
14 Amount of Remitta			450		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)								450		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)								450		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 I	over Printed Name of President/Vice President/ orized Officer or Representative/Tax Agent									
(Indicate Title/Designation and TIN)  Tax Agent Accreditation No./ Date of Issue					(Indicate Title/Designation and TIN)					
Attorney's Roll No. (if applicable)				YYYY)		Date of Expiry (MM/DD/YYYY)				
Part III – Details of Payment										
Particulars	Drawee Bank/Agency	Number	Date	(MM/DD/YY	YY)		Amount			
19 Cash/Bank Debit Mem	0									
20 Check										Ĺ
21 Tax Debit Memo						<b> </b>	1     1			
22 Others (specify below	N)									
					ш					
Machine Validation/Reve	Stamp of Receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)									
	(1.033)		o. o mila	.,						
NOTE: *Please read the B	NR Data Privacy Policy	found in the BIR websi	ite (waanay bir c	lov ph)						

file:///C:/Users/princ/AppData/Local/Temp/%7B3B1D7364-9D06-4894-812C-CEAD409... 11/11/2024