

For BIR BCS/  
Use Only Item:
 Republic of the Philippines  
 Department of Finance  
 Bureau of Internal Revenue

 BIR Form No.  
**0619-E**

 January 2018  
 Page 1

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

 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.


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|                              |                         |   |   |       |                 |
|------------------------------|-------------------------|---|---|-------|-----------------|
| 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 |
| 1 1 2 0 1 8                  | 1 2 1 0 2 0 1 8         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Name for Non-Individual)<br>egate Inc.  |                               |                                  |   |
| 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)<br>U-E NANAY NORA BLDG. CENTENNIAL RD. GAHAK KAWIT CAVITE |                               |                                  |   |
|   |                               | 10A ZIP Code                     | 4 1 0 4   |
| 11 Contact Number   | 0 4 6 4 4 0 5 2 7 4           | 12 Category of Withholding Agent | <input checked="" type="checkbox"/> Private <input type="checkbox"/> Government |
| 13 Email Address<br>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 16 and 17D)                         | 1,100 . 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 Name of Taxpayer/Authorized Representative/ Tax Agent<br>(Indicate Title/Designation and TIN) |                               | Signature over Printed Name of President/Vice President/<br>Authorized Officer or Representative/Tax Agent<br>(Indicate Title/Designation and TIN) |  |
| Tax Agent Accreditation No./<br>Attorney's Roll No. (if applicable)  | Date of Issue<br>(MM/DD/YYYY) | Date of Expiry<br>(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) |                    |        |                   |        |

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)

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

 RECEIVED  
 DEC 07 2018  
 TELETYPE UNIT  
 CODE: 015230