



BIR Form No.  
**0619-E**  
January 2018  
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## Monthly Remittance Form of Creditable Income Taxes Withheld (Expanded)



0619-E 01/18 P1

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 Date (MM/DD/YYYY)		3 Amended Form?		4 Any Taxes Withheld?		5 ATC		6 Tax Type Code	
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> 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)											
11 Contact Number										12 Category of Withholding Agent	
										<input type="checkbox"/> Private <input type="checkbox"/> Government	
13 Email Address											

## Part II – Tax Remittance

[illegible]

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 (Indicate Title/Designation and TIN)		Signature over Printed Name of President/Vice President/ Authorized Officer or Representative/Tax Agent (Indicate Title/Designation and TIN)	
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)	Date of Issue (MM/DD/YYYY)	Date of Expiry (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)