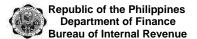
For BIR BCS/ Use Only Item:



BIR Form No. **0619-E**

Monthly Remittance Form 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". Page 1 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 WE WME10 No No Yes Yes 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) 10A ZIP Code 11 Contact Number 12 Category of Withholding Agent Private Government 13 Email Address Part II - Tax Remittance 14 Amount of Remittance 15 Less: Amount Remitted from Previously Filed Form, if this is an amended form 16 Net Amount of Remittance (Item 14 Less Item 15) 17 Add: Penalties 17A Surcharge 17B Interest 17C Compromise 17D Total Penalties (Sum of Items 17A to 17C) 18 Total Amount of Remittance (Sum of Items 16 and 17D) 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 Signature over Printed Name of President/Vice President/ (Indicate Title/Designation and TIN) Authorized Officer or Representative/Tax Agent (Indicate Title/Designation and TIN) Tax Agent Accreditation No./ Date of Issue Date of Expiry (MM/DD/YYYY) Attorney's Roll No. (if applicable) (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)