For BIR BCS/ Use Only Item:

BIR Form No. 0619-E

Monthly Remittance Form of Creditable Income Taxes Withheld (Expanded)



January 2018 Page 1		ation in CAPITAL LETTE					an "X".		0619-	E 01/18	P1
Two copies most be filed with the Birt and one held by the Taxpayer.							Vithheld?	5 ATC	6 Tax	Гуре Сс	de
			Yes	No		Yes [No	WME10		WE	
		Part I	– Background	d Informa	tion						
7 Taxpayer Identification Number (TIN)								8 RDO Cod	е		
9 Withholding Agent's N	or Non-Ind	dividual)			1 1						
10 Registered Address	(Indicate complete address.	. If branch, indicate the branch add	dress. If the registered add	dress is different fr	rom the curren	t address, go ti	the RDO to up	date registered address b	y using BIR For	m No. 1905)	
								10A ZIP Co	de		
11 Contact Number	Agent		Private	Gov	vernme	nt					
13 Email Address											
		Р	art II – Tax Re	mittance							
14 Amount of Remittance										•	
15 Less: Amount Remitted from Previously Filed Form, if this is an amended form								1 1		•	
16 Net Amount of Remittance (Item 14 Less Item 15)										•	
17 Add: Penalties											
17A Surcharge										•	
17B Interest						l		1 1		•	
17C Compromise								I I			
17D Total Penalties (Sum of Items 17A to 17C)								1 1			
18 Total Amount of Remittance (Sum of Items 16 and 17D)								1 1			
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 to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Furthe as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If Authorized Representations)							my/our cons	sent to the processin			
For Individual:	entative, ati :	ach authoriz	ation letter)								
								of President/Vic		nt/	
Tax Agent Accreditation No./					Autin	orized Officer or Representative/Tax Agent (Indicate Title/Designation and TIN)					
Attorney's Roll No. (if application N			Date of I					e of Expiry //DD/YYYY)			
, , , , ,		Par	t III – Details o	of Paymer	nt		`				
Particulars	Drawee Bank/Agency	Number	Date	(MM/DD/YY	YY)			Amount			
19 Cash/Bank Debit Memo										•	
20 Check								1 1		•	
21 Tax Debit Memo					1 1					•	
22 Others (specify below)											
										•	
Machine Validation/Revenue Official Receipt Details (if not filed with an Authorized Agent Bank)								ring Office/AAB a			t
							(50 8 8)	gnature/Bank Te	in e r s mille	ii)	