For BIR Use Only | BCS/ Item:

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No.
0619-F
January 2018
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Monthly Remittance Form
of Final Income Taxes Withheld

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** Tax Type Code**
		☐ Yes ☐ No	☐ Yes ☐ No	

Part I – Background Information

6 Taxpayer Identification Number (TIN) - - - **7** RDO Code

8 Withholding Agent's Name *(Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)*

9 Registered Address *(Indicate complete address. If branch, indicate the branch address. If registered address is different from the current address, go to the RDO to update registered address by using BIR Form No. 1905)*

9A ZIP Code

10 Contact Number

11 Category of Withholding Agent ☐ Private ☐ Government

12 Email Address

Part II – Tax Remittance

ATC	Description	Amount for Remittance
13 **WMF10**	Remittance of Final Income Taxes Withheld on Interest Paid on Deposits and Yield on Deposit Substitutes/Trusts/Etc.	.
14 **WMF20**	Remittance of Final Income Taxes Withheld on Other Final Income Taxes	.
15 Total *(Sum of Items 13 and 14)*		.
16 Less: Amount Remitted from Previously Filed Form, if this is an amended form		.
17 Net Amount of Remittance *(Item 15 Less Item 16)*		.
18 Add: Penalties		
18A Surcharge		.
18B Interest		.
18C Compromise		.
18D Total Penalties *(Sum of Items 18A to 18C)*		.
19 Total Amount of Remittance *(Sum of Item 17 and 18D)*		.

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 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
20 Cash/Bank Debit Memo				.
21 Check				.
22 Tax Debit Memo				.
23 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)