For BIR Use Only | BCS/ Item:

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No.
0620
January 2019

Monthly Remittance Form
of Tax Withheld on the Amount Withdrawn from the Decedent's Deposit Account

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.

0620 01/19

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
		☐ Yes ☐ No	☐ Yes ☐ No	**WI165**	**WB**

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)*	

We declare under the penalties of perjury that this remittance form has been made in good faith, verified by us, and to the best of 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, we give our consent to the processing of 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)*

Signature over Printed Name of Taxpayer/Authorized 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)*

***NOTE:** The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)