

Certificate of Compansation Payment/Tax With Today 113,885 2316

| For the Year 2015 | | with an "X" | 2 For the Period | 1 01 | 12 3 | |
|---|---|------------------|--|--|--|--|
| (YYYY) • Part I Employee Information | | | Part IV-B Details of Compensati | ion Income and Tr | To (MM/DD) | |
| Taxpayer 223 | 648 813 | THE | The state of the s | | Amount | |
| dentification No. Employee's Name (Last Name, Fire | | 5 RDO Code | A. NON-TAXABLE/EXEMPT C | OMPENSATI | ON INCOME | |
| AGUILAR, MARIE CER | | | 32 Basic Salary/ | 32 | 2.22 | |
| egistered Address | | 6A Zip Code | Statutory Minimum Wage Minimum Wage Earner (MW | (E) | 0.00 | |
| | | | 33 Holiday Pay (MWE) | 33 | | |
| Local Home Address | | 6C Zip Code | | | | |
| | | | 34 Overtime Pay (MWE) | 34 | | |
| Foreign Address | | 6E Zip Code | 35 Night Shift Differential (MWE | 35 | | |
| | | JL | | | · | |
| Date of Birth (MM/DD/YYYY) | 8 Telephone Nui | mber | 36 Hazard Pay (MWE) | 36 | 2,880.00 | |
| | | | 37 13th Month Pay | 37 | | |
| Exemption Status Single | Married | | and Other Benefits | | 70,624.00 | |
| Is the wife claiming the additional e | TO BE STORY | endent children? | 38 De Minimis Benefits | 38 | E 000 00 | |
| Yes Name of Qualified Dependent Cl | No No | th (MM/DD/YYYY) | | | 5.000.00 | |
| rvaine or Qualified Dependent Cr | IT Date of Bin | (MINUDE/TTTT) | 39 SSS, GSIS, PHIC & Pag-Ibig | | 6.450.00 | |
| | | | Contributions, & Union Dues (Employee share only) | | 0.400,00 | |
| | | | (Critical de Critical de Criti | | | |
| | | | 40 Salaries & Other Forms of | 40 | 131,282.00 | |
| Statutory Minimum Wage rate pe | er day 12 | | Compensation | | | |
| Statutory Minimum Wage rate pe | er month 13 | | 41 Total Non-Taxable/Exempt | 41 | 216.236.00 | |
| Minimum Wage Earner wh | ose compensation is exer | mpt from | Compensation Income | Side Special | What is a second second | |
| withholding tax and not sut | piect to income tax mation (Present) | | B. TAXABLE COMPENSATION INCOME | | | |
| Taxpayer 000 | 088 078 | 000 | REGULAR | 40 | | |
| Identification No. ► Cooperation No. ► Cooperat | 000 078 | 700 | 42 Basic Salary | 42 | 417.294.00 | |
| PHILIPPINE NATIONAL | POLICE | | 43 Representation | 43 | NOTICE OF THE PARTY OF THE PART | |
| Registered Address | | 17A Zip Code | 44 Transportation | 44 | | |
| CAMP CRAME, QUEZO | N CITY | 0801 | Transportation | | | |
| Main Employer | Secondary Employer | | 45 Cost of Living Allowance | 45 | | |
| Taxpayer Employer Info | ormation (Previous) | | 46 Fixed Housing Allowance | 46 | | |
| Identification No. | | | | | | |
| Employer's Name | Missing a state of | | 47 Others (Specify) | 47A | | |
| | | 20A Zin Codo | | - | | |
| Registered Address | | 20A Zip Code | 478 | 478 | | |
| rt IV-A S | ummary | | SUPPLEMENTARY | 40 | | |
| Grass Compensation Income from | 21 | 633,530,00 | 48 Commission | 48 | | |
| Present Employer (Item 41 plus Item 5 Less: Total Non-Taxable/ | 22 | | 49 Profit Sharing | 49 | | |
| Exempt (Item 41) Taxable Compensation Income | 23 | 216,236.00 | | A CONTRACTOR | | |
| from Present Employer (Item 55) Add: Taxable Compensation | 24 | 417,294,00 | 50 Fees Including Director's Fees | 50 | | |
| Income from Previous Employer | Mark | | 51 Taxable 13th Month Pay | 51 | 0.00 | |
| Gross Taxable Compensation Income | 25 | | and Other Benefits | | 0.00 | |
| Less: Total Exemptions | 26 | 50,000.00 | 52 Hazard Pay | 52 | | |
| Less: Premium Paid on Health and/or Hospital Insurance (If applicable | 27 | | | | | |
| Net Taxable Compensation Income | | 367,294.00 | 53 Overtime Pay | 53 | | |
| Tax Due | 29 | 85,188.20 | 54 Others (Specify) | | | |
| Amount of Taxes Withheld 30A Present Employer | 30A | | 54A | 54A | | |
| Security of the property of the second | ine | | 54B | 54B | The state of the s | |
| 30B Previous Employer | 30B | | | J <u>L</u> | | |
| Total Amount of Taxes Withheld As adjusted | 31 | 85,188.20 | 55 Total Taxable Compensation Income | The same of the sa | 417,294.00 | |
| We declare, under the penalties pursuant to the provisions of the Matter 56 CONFORME. | otherjury, that his certificate one title has evenue Code, and the history and the Code, and the code of the code | ted Name | ood faith, verified by us, and to the best a regulations issued under authority there Date Signed | of our knowledg eaf. | e and belief, is true and corre | |

To be accomplished under substituted filing

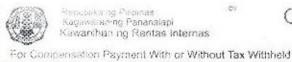
| 1 For the Year 2094 | | | 01 01 | 12 31 |
|---|--|---|---------------------------------------|--|
| Part) Employee Informatio | n | Part IV-B Details of Compensar | To (MM/ | CATALOGIC COMPANIES OF THE PARTY BOOK |
| 3 Taxpayer 223 Identification No. | A. NON-TAXABLE/EXEMPT COMPENSATION INCOME. | | | |
| 4 Employee's Name (Last Name, First Name) AGULAR, MARIE CERISE | 32 Basic Salary/ | 32 | | |
| B Redistered Address | Statutory Minimum Waga Minimum Viscon Earner (MWE) | | | |
| b Hadistaleo Adol doo | 33 Holiday Pay (MWE) | 33 | | |
| 6B Local Home Address | | | | |
| P | 34 Overtime Pay (MWE) | 34 | | |
| 6D Foreign Address | SE Zip Code | 35 Might Smilt Differential (MWE | 35 | |
| 7 Date of Birth (MM/DD/YYYY) | 8 Telephone Number | 36 Hazerd Pay (MWE) | 36 | |
| | | 37 11th Month Pay | 37 | 2,880.00 |
| 8 Exemption Status | | and Other Benefits | vi | 30,000.00 |
| 9A is the wife claiming the additional exemp | No | 38 Da Minimits Benefits | 38 | 90,000,00 |
| 10 Name of Qualified Dependent Children | 11 Date of Birth (MIX/DS/YYYY) | 39 SSS GSIS PHIC & Pag-ibi | a 39 [| 6 450 00 |
| | | Contributions, & Union Dire | | 6,450,00 |
| | | (Employee share only) | | CV 6 98 |
| 12 Statutory Minimum Wage rate par day | 12 | 40 Salaties & Other Forms of Compensation | 40 | 121,894.00 |
| 13 Statutory Minimum Wage rate per mor | | 41 Total Non-Taxable/Exempt | 41 | |
| 14 Minimum Wage Earner whose o | Lanca de la companya del companya de la companya del companya de la companya de l | Companisation income | | 171,224.00 |
| withholding tax and not subject t | o income tax | B. TAXABLE COMPENSATIO | NINCOME | |
| Part II Employer Information 15 Taxpayer 000 | 088 U78 000 | RESULAR | | |
| identification No. > 1000/ | | 42 Basic Smary | 42 | 417,294.00 |
| , PHILIPPINE NATIONAL PO | LICE | 43 Representation | 43 | |
| 17 Registered Address | 17A Z p Code 2TV 980 | 44 Transportation | 44 | |
| Main Employer S | condary Employer | 45 Cost of Living Allowance | 45 | |
| Part III Employer Informat | ion (Previous) | | patricular contract contract contract | |
| 18 Taxpayer Identification No. | | 46 Fixed Rousing Allowance | 46 | |
| 19 Employer's Name | | 47 Others (Specify) 47A | 47A | |
| 20 Registered Address | 20A Zip Code | 478 | 478 | |
| * | | SUPPLEMENTARY | J. L | |
| Part IV-A Sumr 21 Gross Componential Income from 21 | NOTY. | 48 Commission | 48 | |
| Present Employer (Nem 41 plus Nem 55) 22 Less: Total Non-Taxable/ 22 i | 588,518.00 | 149 Profit Shanna | 49 | |
| Exempt (Nem 41) 23 Taxable Compensation Income 23 | 171,224.00 | | | |
| from Present Employer (Item 55) 24 Add: Taxable Compensation 24 Income from Previous Employer | 417 294.00 | 50 Fees Including Director's Fees | 50 | And the second s |
| 25 Gross Taxable 25 Compensation Income | | 51 Taxable 13th Month Pay and Other Benefits | 51 | 0.00 |
| 26 Less Total Exemptions 26 | 50,000.00 | 52 Hozard Pay | 52 | |
| 27 Less Premium Pard on Health 27 (antion Hospital Indurance (*econocide) | ALMANA TERRETARIA DI SOCIA | | | |
| 28 Net Taxable 28 Compensation Income | 387,294.00 | 53 Overtime Pay | 53 | |
| 29 Tax Due 29 | 35,138.20 | 54 Others (Specify) | 3 | |
| 30 Amount of Taxes Withheld 30A Present Employer 30A | | 154A | 54A | |
| 308 Prévious Employer 308 | | 54B | 54B | |
| 31 Total Amount of Tax of Withheld 31 As adjusted | 85,188,20 | 55 Total Taxonie Compensation Income | 55 | 17,294.00 |
| SE POSLIPT REGINO SILL CONFO ALETING LIRECTOR F PSINSP AGUIL ON MA | WE CERISE ELYN FELIX To be accomplished un | Pate of two o 3 / 9 2 o | P. 1.5 | Amount Paid 447 - 32 - |
| I declare under the panelities of peoply, that a under BIR Form No. 1904CF which has been tile | | I decrete under the benefities of perju- income Tax Returns (BIR Form No. 1) from only one employer in the Phil | 700), since I received purety | compensation income. |

PCSUPT REGINO SY CATIIS
ACTING DIRECTOR PROFERENCE AND NAME.

I decrine, under the benefice of perjury that it am qualified under substituted filling of income. Tax Returns (BIR Form No. 1780), since I received purely compensation income from only one employer in the Philis for the calendar year, that taxes have been correctly withheld by my employer (tax for equals tax withheld), that the BIR Form No. 180415 filet by my employer to by Biright constitute as my income tax return, and that BIR Form No. 1700.

| For the Year (YYYY) | <u> </u> | 2 For the Perion (M) | 01 01 | To (MM/DD) 12 |
|--|---|--|---|--|
| arti Employee infor Taxpayer 223 | mation 648 813 | Part IV-B Details or Compense | ation income and T | x Withheld from Present Emplo Amount |
| Identification No. | | A. NON-TAXABLE/EXEMPT | COMPENSATION | |
| AGUILAR, MARIE CE | | 32 Basic Salary/ Statutory Minimum Wage | 32 | |
| Registered Address | 8A Zip Code | Minimum Wage Earner (MWE) | | |
| | | 33 Holiday Pay (MWE) | 33 | |
| Local Home Address | SC Zip Gode | 34 Overtime Pay (MWE) | 34 | |
| Foreign Address | SE Zip Code | | | |
| | | 35 Night Shift Differential (MWE | 35 | entrope de la composition della composition dell |
| Date of Birth (MM/DD/YYYY) | 8 Telephone Number | 36 Flazard Pay (MWE) | 36 | 2,880.00 |
| Exemption Status | | 37 13th Month Pay and Other Benefits | 37 | 30,000.00 |
| Single | Married xemption for qualified dependent children? | 38 De Minimis Benefits | 38 | 10,000.00 |
| Name of Qualified Dependent Ch | illoren 11 - Date of Birth (MM/DD/YYYY) | 139 SSS GSIS PHIC & Pacific | ia 39 🗀 | |
| | | Contributions, & Union Due | ONE 25, 275 OF M. | 6,450.00 |
| | | (Employee share only) | | |
| Statutory Miniarum Wage rate pa | rday 12 | 40 Salaries 8 Other Forms of Compensation | 40 | 121,894.00 |
| Statutory Minimum Wage rate pe | | 41 Total Non-Taxable/Exempt | 41 | |
| | dse campensation is exempt from | Compensation locome | | 171,224.00 |
| withholding tax and not sub | nation (Present) | B. TAXABLE COMPENSATION REGULAR | NINCOME | |
| axpayer non | 088 078 000 | 42 Basic Salary | 42 | |
| entification No | | | *** | 417,294.00 |
| PHILIPPINE NATIONAL | | 43 Representation | 43 | |
| Registered Address CAMP CRAME, QUEZO | ON CETY 17A Zip Code | 44 Transportation | 44 | |
| I Main Employer | Secondary Employer | 45 Cost of Living Allowance | 45 | |
| rt III Employer Info | ormation (Previous) | 46 Fixed Housing Allowance | 46 | |
| tentification No. | | 47 Others (Specify) | | |
| TO PO14 to 200 do 2 | | 47A | 47A | |
| Registered Address | 20A Zip Code | 478 | 47B | |
| - 11/ 8 | Summani | SUPPLEMENTARY 48 Commission | 48 | |
| rt IV-A Gross Compensation income from | 21 588.518.00 | 70 001 | | |
| Present Employer (item 41 plus item 1 Less: Total Non-Taxable/ Exempt (item 41) | 171,224.00 | 49 Profit Sharing | 49 | |
| Taxable Compensation Income from Present Employer (Nem 55) | 417.294.00 | 50 Fees Including Director's | 60 | |
| Add: Taxable Compensation Income from Previous Employer | 24 | Fees | | |
| Gross Taxable Compensation Income | 25 | 51 Taxable 13th Month Pay and Other Benefits | 51 | 0.00 |
| Less: Total Exemptions | 50,000.00 | 52 Hazard Pay | 52 | |
| Less: Premium Paid on Health andfor Hospital Insurance (if applicable) | 27 | | | CONTRACTOR OF THE |
| Net Taxable Compensation Income | 387,294.00 | 53 Overtime Pay | 53 | |
| Tax Due | 29 85,188.20 | The second secon | | |
| Amount of Taxes Withheld 30A Present Employer | 30A | 548 548 | 54A 54B | |
| 30B Previous Employer | 30B | | | |
| Total Amount of Taxes Withheld As adjusted | 31 85,188.20 | 55 Total Taxable Compensation Income | 2 <u> </u> | 417,294.00 |
| We declare, under the penalties: pursuant to the provisions of the Nation | of perjury, that this certificate has been made in that internal Revenue Code, as amended, and t | good faith, verified by us, and to the bes the regulations issued under authority the | st of our knowledgereof. | e and belief, is true and come |
| 56 PCSUPT REGION | ST CATUS IN PHI FINANCE SERVICE | Date Signed | | |
| | MARGE CERROS ELYN FELIX | Date Signed | | Amount Paid |
| of Employee 287 13/201 | Place of Issue Q.C. | Date of Issue 0 , 3 / , 9 2, | 0,1,5 | ₱ 447.32 · |
| I declare, under the papelhes of period | To be accomplished that the information herein stated are reported | under substituted filing I i declare, under the penalties of per | jury that I am qua | dified under substituted filing o |
| ider BIR Form No. 1904CF which track | een filed with the Bureau of Internal Revenue. | Income Tax Returns(BIR Form No. from only one employer in the PI | 1700), since I rec hills, for the calen | eived purely compensation inc dar year; that taxes have be |
| I declare, under the paralless of perjar under BIR Form No. 1904CF when has been seen to be seen to | een filed with the Bureau of Internal Revenue. | Lincome Tax Returns(BIR Form No. | 1700), since I rec hils, for the calen tex due equals tax | sived purely compensation dar year; that taxes have withheld); that the BIR |

and that BIR Form No. 2316 shall save the same purpose as if BIR Form No. 1700 had been filed pursuant to the provisions of the 2002, as amended



Certificate of Compensation Payment/Tax Withheld

July 2008 (ENCS)

| Ellin all applicable spaces. Mark a | all appropriate boxes with an "X" | | | | |
|---|--|--|--|--|---|
| 1 For the Year | | 2 For the Period | 17 1 1/1 | | |
| (YYYY) ► | | From (MM/DD) | harindan | To (MM/DD) | |
| Part Employee Inform | nation | Part IV-B Details of Compens | ation income | and Tax Withheld from Pro | sent Employer |
| 3 Tempayer | 4/4/2012 | 1. | | Amount | |
| Identification No. 4 Employee's Norns (Last Name, First N | Vaine, Middle Name) 5 RDO Code | A. NON-TAXABLE/EXEMPT CO | MPENSAI | ION INCOME | |
| 1 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | A CONTROL | 32 Basic Salary/ | 32 | | |
| | 1 3 5 5 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | Statutory Minimum Wage | 988 Juli | | |
| fi Rayleterad Address | 6A Zip Code | Minimum Wage Earner (MWE) | | | |
| | | 33 Hokday Pay (MWE) | 33 | | Martine cooks and |
| 68 Local Home Address CALANTA | | Jos Pilisday Pay (MME) | | ··· | vansaniinenen raavad |
| h- | 3,007 | 34 Overtime Pay (MWE) | 34 | | |
| | | | | WATER TO SERVICE THE TOP OF THE T | 5500 CO |
| 6D Foreign Address | 6E Z)p Code | 35 Night Shift Offerential (MWE) | 35 | | |
| | | | | | |
| 7 Date of Birth (MM/DD/YYYY) | 8 Telephone Number | 36 Hazard Pay (MWE) | 36 | 2. | mark for |
| | | | | TOTAL CONTROL OF THE PARTY OF T | 12004130303000011.2121 |
| 7 Exemplion Status | | 37 13th Month Pay and Other Benefits | 37 | Y 5.5 | |
| Single | Married | and Color Designa | Silling | | |
| 9A is the wife plaining the additional exec | nption for qualified dependent children? | 38 De Minimis Beriefits | 38 | | |
| Yes | No . | | 1 | and the second second | 0100 810 |
| Name of Guestied Dependent Childs | ren 11 Date of Birth (MM/OC/YYYY) | | | | |
| | II. E. I | 39 SSS, GSIS, PHIC & Pag-ibig | 39 | .3 - | equ. 98 |
| 12 | | Contributions, & Union Dues | 1 | | |
| | | (Employee share only) | | | |
| | | in the state of the state of | | | |
| 12 Statutory Minimum Wage rate per d | av 12 | 40 Salades & Other Forms of Compensation | 40 | 9877.0 | |
| , magazina par o | Y 1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - | | | | V2 |
| 13 Statutory Minimum Wage rate pach | nonth 13 | 41 Total Non-Taxable/Exempt | 41 | 1.114 | 2214.04 |
| | 5 (8) 116 P. H | Compensation income | | 3159000000000000000000000000000000000000 | องสมาชางารเกรื่ |
| Minimum Wage Earner whos webholding tax and not subje | e compensation is exempt from | B. TAXABLE COMPENSATION | NCOME | | |
| Part II Employer Inform | | REGULAR | COME | | ologie |
| 15 Taxpayer | | 1 | | | |
| Identification No. | <u></u> | 42 Basic Salary | 42 | 208 | 4 76 61 |
| 16 Employer's Name | | les n | 43 | | *************************************** |
| • | | 43 Representation | | | |
| 47 Registered Address | 17A Zip Code | 1 | 44 | | |
| | | 44 Transportation | | | |
| Main Employer | Secondary Employer | 45 Cost of Living Allowance | 45 | | |
| Part III Employer Info | ormation (Previous) | 45 Cost of Diving Policipation | | | |
| 18 Taxpayer | | 46 Fixed Housing Allowance | 46 | ACCOUNT OF THE PARTY OF THE PAR | |
| Identification No 🔛 | | | | | 9007500 · · · · · · · · · · · · · · |
| 19 Employer's Name | | 47 Others (Specify) | 47A | | |
| | | 1414 | 7"7 | | |
| 20 Registered Address | 20A Zip Code | 478 | 47B | 0200000-00000000000 | |
| | | | - | | · |
| Pari IV-A | Summary | SUPPLEMENTARY | 40 | | |
| 21 Gross Compensation Stooms from | 21 | 48 Commission | 48 | | |
| Present Employer (Heim 41 plos Hern 55) | | | | | |
| 22 Less: Total Non-Taxable/ | 22 | 49 Profit Sharing | 49 | | |
| Execut (bus 41) 23 - Taxable Compensation Income | 23 | | STATE OF THE PARTY | | energy to the second |
| from Preson Employer (tiere 55) | Telling transport to the contract of the contr | 50 Fees Including Director's | 50 | | |
| 24 Add, Texable Compensation Income from Previous Employer | 24 | Fees | | | epotestations (|
| 25 Gress Taxable | 25 | 51 Taxable 13th Month Pay | 51 | A STATE OF THE STA | |
| - Compensation income | | and Other Benefits | | | |
| 26 Less Total Exemptions | 26 | 52 Hazard Pay | 52 | 1.5 | |
| 27 Loss: Premoun Paid on Health | 27 | | | The state of the s | tear areas |
| andro riosanal insurance (frepshrade) | 28 | 53 Overtime Pay | 53 | | |
| Comensation Income | | | - | | |
| 29 Tax Dun | 29 | 54 Others (Specify) | 100 | 50 | |
| 30 Amount of Taxes Withheld | Lanconnection | 54A | MAN . | | |
| 30A Present Employer | 30A | | 100 | 3400 | i |
| | Terrorise and the second | 548 | 548 | REAU OF | 1 |
| 308 Previous Employer | 30B | (10) | DATE | AL REYENUE | All mark |
| 31 Total Amount of Taxes Withheld | Live ra- | 55 Total Taxable Compensation | 55 | FIVER | 4/6.00 |
| As adjusted | Wikua | Income the verified by us, and to the best of our ki | Swind | A Damos Maria | - |
| We destore, uncor the senalites of processors of the National | perjory, train to work yo r has been made by good to I tolomal Sevense Code, as amended, and the regu | | rwieode k u | A CALK IS KANDOUG COLL | 7 |
| 56 | ACTUAL TOTAL CONTRACTOR AND ACCOUNT | Date Signed | donato | MATERIAL GROUP IX | |
| GONFORME. | Agent Septeture Over Printer Name | 1 | Figurations, | Ayeres 1 | |
| 57 | and the state of t | Oate Seprect | | mykaldum / | . Dold |
| STENS Emisotre Sor | fat, or Over Printed Name Hace of Issue | Date of issue | | - Commence of the Commence of | LPaid |
| La | | | 1 1 - | L | |

Karopopia e na Receas lebernas

SIR Form No.

Annual Income ar individuals in the Compensation for one and Marijing/Income Earther architection (Section 1997) and (Sect Tax Return July 2008 (ENCS) Marginal Income Earns Cities income/Contings Sarkeround information 03.0303003800 0.0.0.0.1 41627600 (Last Name, First Name, Middle Helhs-CASINO, ARGENTINA SPE WITH IN FURTHER ST CANDRAGUETA 18 Telephone Nu 1, 4, 0,01 is the wife deliming the additional exemption for quelified dependent children? Dependent Children Computation of Tax expayer/Filer 206,406.00 Congreti wester inglime moulescored con protession isopose 234 228 206, 406.00 2313 23A 23 - Grass Traudus, Hours (Burnichtweis 204, 214, 22A(208, 218, 128)). 37, 500.00 248 Type 1-1 con Tove shall followers is Enamptions (Schebule 2) harran and an include and british states and include the state of the 240 240 is to outsend F3,400 year year. (See Instructions) 37, 500.00 245 Total (Section of Section Such a \$40.1388 & \$60). 335 1 48, 906.00 258 25. Yezhoù langoù faors Ziet late Bere 2467 hem 236 less liere 2467 28A 29, 726.00 284 26 Tax 300 Ligas Tolk Credits/Registerius 279 274 370 Foreign For Calding Taye (1996) : Best per Premindary Priod of Bulletin an amended return 278 After a general stage recessor areas proof of payment 27(3 30,020.01 2754 869 Families 6866) 27.1 Tuble 15... Compagn symmosphysium of Nega 274.370.378, \$7Gr 278-270, 27F, 27H) 288 28 Tour Payers of Tues painting grown block less stern 2711 hern 265 less text 274) 238 Apply President 293 226 780 200 798 295 2833 1.35 Persons (Sum of Name 35A, 1961 & 29E / 198, 290 & 26F). 33 Total Annual Payable (Overpayment) Sum of Rams 28A & 293.51) 308 Aggregate America Asymbios (Ryemagment) (Sum of Items 30A & 306) 300 1985 Alexant Pool to this Return First Installment. 25 3.1. Kettyer: 3.1. Jan on a Saford Jule 15, it taxouver is allowed to pay by estallment the report of the period of the street managers and the period of the best of my knowledge and belief.

ARGE NITH A CASH OF THE PROPERTY OF THE RESEARCH PROPERTY OF THE PROPERTY OF T

CHEINO Statio of Receiving Office omenundy fin Lau 16926 300 concocatri Detalia Sasting Page 3 Dabat Medis

AAB and Date of Receipt (RC/s Signature/Sknk

3812 33% 18 Chack 300 203 405 NA Tax Dept Stars as Others and



Republika ng Pilipinas Kagaweranng Pananalapi Kawanihan ng Rentas Internas

Certificate of Compensation Payment/Tax Withheld

2316

Joy 2008 (ENCS)

| Fill in all applicable spaces, Mark all appropriate boxes with an "X" | voy Esva (Esva) |
|---|---|
| 1 For the Year | 2 For the Period |
| (AAAA) | From (MM/DD) To (MM/DD) |
| Part Employee Information 3 Taxpayee | Part IV-B Details of Compensation Income and Tax Withheld from Present Employee Amount |
| Identification No 💌 | A. NON-TAXABLE/EXEMPT COMPENSATION INCOME |
| 4 Employee's Namo (Last Namo, First Name, Middle Name) 5 RDO Code | 32 Basso Salaryi 32 |
| × 1011 | Statutory Minimum Wage |
| 6 Registered Address 6A Zip Code | Minimum Wage Earner (MWIS) |
| 68 Local Home Address 2 2 2 2 1895 6C Zip Code | 33 Holday Pay (MWE) 33 |
| 68 Local Home Address 6C Zip Code | 34 Overtime Pay (MWE) 34 |
| SD German Advisors SE 7th Code | |
| 6D Foreign Address 6E Zip Code | 35 Night Shift Differential (MWE) 35 |
| 7 Date of Birth (MWDD/YYYY) 8 Telephone Number | 36 Hazard Pay (MWE) 36 |
| | |
| 9 Exemption Status | 37 13th Month Pay 37 and Other Benefits |
| Single Married | |
| 9A is the wife claiming the additional exemption for gualified dependent children? Ves No. | 38 De Minimis Benefits 38 |
| 10 Name of Qualified Dependent Children 11 Date of Birth (MM/DB/YYYY) | |
| | 39 SSS GSIS PHIC & Pag-ibig 39 |
| | Contributions, & Union Dues |
| | (Employee share only) |
| | 40 Salaries & Other Forms of 40 |
| 12 Statistory Minimum Wage rate per day 12 | Compensation |
| 13 Statusory Minimum Wage rate per month 13 | 41 Total Non-Taxable/Exempt 41 |
| 14 Minanuar Wage Earner whose compensation is exempt from | Compensation Income |
| withholding tax and not subject to income tax | B. TAXABLE COMPENSATION INCOME |
| Part II Employer Information (Present) 15 [axpayer | REGULAR |
| Indentification No. | 42 Basic Salary 42 255, 435, LT |
| 16 Employer's Name | 43 Representation 43 |
| × | |
| 17 Registered Address 17A Zip Code | 44 Transportation 44 |
| Property College and designation of the first | AE Control aire Attaine Attaine |
| Main Employer Secondary Employer Part III Employer Information (Previous) | 45 Cost of Living Allowance 45 |
| 18 Taxpays: | 46 Fixed Housing Allowance |
| identification No ► L. | 47 Others (Specify) |
| | 47A 47A |
| 20 Registered Acciness 20A Zip Code | 47B 47B |
| | SUPPLEMENTARY |
| Part N.A Summary | 48 Commission 48 |
| 21 Gross Coroparsakon Income from 21 Present Employer (dem 41 plos Item 55) | |
| 22 Less: Total Non-Yoxabler 22 Exempt story 41 | 49 Profit Sharing 49 |
| 23 Taxable Compensation Income 23 | |
| tom Present Employer (item 56) (24 Add. Taxable Compensation 24 | 50 Fees Including Director's 50 Fees |
| Income from Previous Employer 25 Gross Taxoble 25 | 51 Taxable 13th Month Pay 51 |
| Compensation income | and Other Benefits |
| 26 Loss Total Exemptions 26 | 52 Hazard Pay 52 |
| 27 Least Premium Paid on Health 27 Least Health secretor (Eppersele) | |
| 28 Net Tesable 28 | 53 Overtime Pay 53 |
| Companisation Exame 29 Yas Due 29 | 54 Others (Specify) |
| 30 Ampant of Yaxes Withheld | 54A 54A |
| 30A Present Employer 30A | |
| 398 Previous Employer 308. | 548 SABBUREAU OF INTERNAL REVENUE CO |
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| Washi E Youwer Authorized Agent Signature Over Printed Name | Date Signed October Section GS30F IX |
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| under BIR Forming 1809CF which has been filed with the Burgau of Internal Revenue. | from only one employer in the Phils for the calendar year; that taxes have been |
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Annual Income Tax Return

BIR Form No.

July 2008 (ENCS

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