For Compensation Payment with or with	out rax wi	trineia	10	Factha Daried			
1 For the Year 1 (Y Y Y) 12/31/2007			2		0,1	To (MWDD)	1,2,3,1
Part I Employee Information			Part	t IV Details of Compensati	on Incom	and Tax Withheld	from Present E
3 Taxpayer 3 1,7,5 0,0	9 8	1, 3 0,0,0	A. I	Non-Taxable/Exempt Con	pensat		
4 Employee's Name (Last Name, First Name,	Middle Nam	e) 5 RDO Code		13th Month Pay and Other Benefits	25		30,000.00
MINOZA MA AMELIA S			F-00000000	SSS, GSIS, PHIC & Pag-ibig	26		11,700.00
Registered Address		6A Zip Code	The second second	Contributions, & Union dues Salaries & Other Forms of	27		1.77
BlkIII L4 Ph5 Villa De Calamba S	ubd,			Compensation	1000		101,388.00
6B Local Home Address		6C Zip Code		Total Non-Taxable/Exempt Compensation Income	28		143,088.00
Brgy. Lamesa, Calamba City, Lagu	na	4 . 0 . 2 . 7 6E Zip Code	1	axable Compensation In	come		
SD Foreign Address		8EZID COCE		REGULAR	come		
7 Date of Birth (MWDD/YYYY) 8	Telephone	Number		Basic Salary	29		296,141,00
05 0 11 1 9 7 12		9170			-		
Exemption Status			30	Representation	30		
Single Head of the Family		Married	-	12			
PA Is the wife claiming the additional exemp	tion for qua Vo	umea aepenaent ch	31	Transportation	31		
10 Name of Qualified Dependent Childrer		f Birth (M M /DD/YYYY			The state of		
Allyanah Kaye S. Minoza	10000	1.4 2002			0.0		
Aaliyah Kim S. Minoza	0.1	1.0 2003	32	Cost of Living Allow ance	32		
				Fixed Housing Allow ance	33		
	taypourer	hand of the family	P\$1520000	Others (Specify)	B4A		1
12 Other Dependent (to be accomplished if Name of Dependent	Relation	nshin Date of Birth					
Tallo of ocportuent		(MM/DB/YYYY	34E		34B		
Part II Employer Information	(Present)		1	SUPPLEMENTARY	25		
3 Taxpayer 0 0 0 5 8			35	Commission	35		
4 Employer's Name			36	Profit Sharing	36		
THE PRES OF THE MLA MSN OF THE	E CJCLDS	INC.	37	Fees Including Director's	37		
15 Registered Address			38	Taxable 13th Month Pay	38		6,732.00
TEMPLE DR, GREENMEADOWS SUBD., C	QUEZONO		7	and Other Benefits Hazard Pay	39		0,702.00
	dary emplo		-	Others (Specify)			
Part III Employer Information (NAME OF TAXABLE PARTY.				1		
16 Taxpayer 16			404		40A		
Identification No.			408	3	408		
17 arployers Name						505	
	*	404 7:- sade		Total Taxable Compensatio	n 41		302,873.00
8 Registered Address	April Day	18A Zip code	-	Income	Sum	mary	
			42	Taxable Compensation Inco			302,873.00
Employer Information (Previous)	-2	143	from Present Employer Add: Taxable Compensation	n 43		
19 Taxpayer 19 Identification No.	, 1			from Previous Employer (s)		0.00
20 Employer's Name			44	Gross Taxable Compensation Income	44		302,873.00
			PORT HOUSE SEE	Less: Iotal Exemptions	45		48,000.00
21 Registered Address		21A Zip code	46	Less: Premium Paid on Health and/or Hospital	46		
	Decide 1	ال	4,.	Insurance (If applicable)			DE4 075 00
Employer Information (revious)	-3	7 47	Taxable Compensation Income	47		254,873.00
Identification No.			- 100000 I	Tax Due Amount of Taxes Withheld	48		51,461.90
23 Employer's Name	THE NUMBER	Caralle State	7 49	49A Present Employer	49A		51,461.90
24 Registered Address		24A Zip code		49B Previous Employer(s)	40P		0.00
wysteres Address		Z+A Zip code		Total Amount of Taxes	50		
<u> </u>	this certifica	ite has been made in de	oodfa	Withheld th, verified by us, and to the best	of our kno	wedge and belief is	51,461.90 true and correct
I declare, under the penalties of perjury that	300		d the re	egulations issued under authority	thereof.	2-94 and vents, 15 (as and correct
I declare, under the penalties of perjury, that pursuant to the provisions of the National Inter 51 VICENTA FLOR P: CATAPUSAN 41	nal Revenue	Code, as amended, an				— 10	
pursuant to the provisions of the National Inter 51 VICENTA FLOR P. CATAPUSAN Present Employer/ Authorized Agent 8	Signature Ove	fg-			2008		
pursuant to the provisions of the National Inter 51 VICENTA FLOR P. CATAPUSAN	Signature Ove	er Printed Name	Dat				mount Paid

VICENTA FLOR P. CATAPUSAN

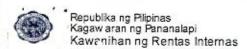
Present Employer/ Authorized Agent Signature Over Printed Name
(Head of Accounting/ Human Resource or Authorized Representative)

refury, that the information herein stated are reported have been filed with the Bureau of Internal Revenue.

Income Tax Returns(BIR Form No. 1700), since I received purely compensation income from only one employer in the Phils, for the calendar year, that taxes have been correctly withheld by my employer to the BIR shall constitute as my income tax return, and that BIR Form No. 1804CF filed by my employer to the BIR shall constitute as my income tax return, and that BIR Form No. 1900 had been filed pursuant as the provisions of RR 3-2002, as amended.

MA AMELIA S. MINOZA

Employee Signature Over Printed Name



Certificate of Compensation 2316 Payment/Tax Withherd For Compensation Payment With or Without Tax Withheld

BIK FORM NO.

1 For the Year 1	t Tax Withheld	12	For the Period	_	October 2002 (E4CS)	-
(YYYY) ► 12/31/2007			► From (MM/DD) 0,	1,0,1	To (MWDD) 1,2,3,1	
Part Employee Information 3 Taxpayer 3		Pa	rt IV Details of Compensat	tion Incon	ne and Tax Withheld from Present Amount	Emplo
Identification No. > 1,7,5 0,09			Non-Taxable/Exempt Co	mpensa		
4 Employee's Name (Last Name, First Name, Mi	ddle Name) 5 RDO Code	e 25	13th Month Pay and	25	30,000.00	
MINOZA MA AMELIA S		26	Other Benefits' SSS, GSIS, PHIC & Pag-ibit	26	50,550.00	WINE STATE
6 Registered Address	6A Zip Code		Contributions, & Union due:	p-036	11,700.00	
BlkIII L4 Ph5 Villa De Calamba Sub	xd,	27	Salaries & Other Forms of Compensation	27	101,388.00	
6B Local Home Address	6C Zip Code	28	Total Non-Taxable/Exempt	28		
► Brgy. Lamesa, Calamba City, Laguna		1	Compensation Income		143,088.00	
6D Foreign Address	6E Zip Code		Taxable Compensation I	ncome		
	111		REGULAR			
7 Date of Birth (MWDD/YYYY) 8 Tel	ephone Number	29	Basic Salary	29	200 444 00	
05 0 11 11 91 712	6359170				296,141.00	
9 Exemption Status		30	Representation	30		
Single Head of the Family	X Married					
9A is the wife claiming the additional exemption	for qualified dependent cl	CHECKONO				
Yes No		THE REAL PROPERTY.	Transportation	31		
10 Name of Qualified Dependent Childrer 11		Y				
Allyanah Kaye S. Minoza	0.2 1.4 2002	32	Cost of Living Allow ance	22		
Aaliyah Kim S. Minoza	0.1 1.0 2003	132	Cost of Living Allow alice	32		
	 		Fixed Housing Allow ance	33		
12 Other Dependent the hear			Others (Specify)	1		
12 Other Dependent (to be accomplished if tax	Doto of Bloth			34A		
Name of Dependent	Relationship (MM/DD/YYY)	DOCUMENTS.				
	بيبليال المستعاد	1345		34B		
Part II Employer Information (Pr		35	SUPPLEM ENTARY Commission	35		
Identification No.	481 000					
14 Employer's Name		36	Profit Sharing	36		
THE PRES OF THE MLA MSN OF THE C.	JCLDS, INC.	37	Fees Including Director's	37		
15 Registered Address	15A Zip code	38	Taxable 13th Month Pay	38		
TEMPLE DR. GREENMEADOWS SUBD., QUE		1	and Other Benefits		6,732.00	
			Hazard Pay	39		
	y employer	40	Others (Specify)			
Part III Employer Information (Pre	vious)-1	404				
Identification No.		1407		40A		
7 Employer's Name		40E	3	40B		
Decisional Address	404 71	41	Total Taxable Compensation	1 41	302,873.00	
8 Registered Address	18A Zip code		Income	Sumi	mary	HIDS
		42	Taxable Compensation Inco		nary	
Employer Information (Pre	vious)-2		from Present Employer		302,873.00	
9 Taxpayer 19		43	Add: Taxable Compensatio		0.00	
identification No. in the interest of the in		44	from Previous Employer (s) Gross Taxable	44		
			Compensation income		302,873.00	
14 Penistered Address	21A Zip code	200000000	Less: Total Exemptions	45	48,000.00	
1 Registered Address	ZTA ZID CODE	46	Less: Premium Paid on Health and/or Hospital	46		
		1000000	Insurance (If applicable)	_	0.700 m (2.700 m (2.7	
Employer Information (Pre	vious)-3	47	Taxable	47	254,873.00	
2 Taxpaver 42 Identification No.		48	Compensation Income Tax Due	48	51,461.90	
3 Employer's Name		St Spreading	Amount of Taxes Withheld			
			49A Present Employer	49A	51,461.90	
4 Registered Address	24A Zip code	1	49B Previous Employer(s)	49B	0.00	
		50	Total Amount of Taxes	50	51,461.90	
I declare, under the penalties of perjury, that this	certificate has been made in no		Withheld th, verified by us, and to the best of	of our know		20.
pursuant to the provisions of the National Internal R	evenue Code, as amended, and	the re	gulations issued under authority	thereof.		
Present Employer/ Authorized Agent Signa		Date	Signed 01 31 2	800	_	
CONFORME Summers)	and the state of t	Det	Signad		7	
CTC No Employee Signature Over Print	ted Name	Date	Signed		Amount Paid	
of Employee Place of Iss	ue		of Issue			
	To be accomplished	d une	for substituted filing			

I o be accomplished I declare, under the penalties of perjury, that the information herein stated are reporte under BIR Form No. 1604CF which have been filed with the Bureau of Internal Revenue.

53 VICENTA FLOR P. CATAPUSAN

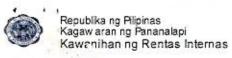
Present Employer' Authorized Agent Signature Over Printed Name

(Head of Accounting/ Human Resource or Authorized Representative)

under substituted filing
Ideclare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns (BIR Form No. 1700), since I received purely compensation income from only one employer in the Phils. for the calendar year, that taxes have been correctly withheld by my employek (tax due equals tax withheld); that the BIR Form No. 1604CF filed by my employer to the BIR shall constitute as my income tax return; and that B IR Form NO 23 5 shall serve the same purpose as if BIR Form No. 700 had been filed pursuant to the provisions of B R 3-2002, as amended.

54 MA AMELIA S, MINOZA

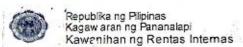
Employee Signature Over Printed Name



Certificate of Compensation Payment/Tax Withheld

2316

For Compensation Payment With or Without Tax Withheld	Heliti Fax Wittilleit	October 2002 (ENCS)
For the Year 1 (Y TY) 12/31/2007	2 For the Period From (MWDD) 0,1,0,1	10 (1980)
art I Employee Information Taxpayer 3	Part IV Details of Compensation Inc	come and Tax Withheld from Present Emplo Amount
Identification No. > 1, 7, 5 0, 0, 9 8, 1, 3 0, 0, 0	A. Non-Taxable/Exempt Compeg	
Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code	25 13th Month Pay and 25	30,000.00
MINOZA MA AMELIA S	Other Benefits 26 SSS, GSIS, PHIC & Pag-ibig 26	00,000.00
Registered Address 6A Zip Code	Contributions, & Union dues	11,700.00
BlkIII L4 Ph5 Villa De Calamba Subd.	27 Salaries & Other Forms of 27	101,388.00
B Local Home Address 6C Zip Code	Compensation 28 Total Non-Taxable/Exempt 28	1997
Brgy. Lamesa, Calamba City, Laguna 4,0,2,7	L'appagne ation Income	143,088.00
D Foreign Address 6E Zip Code	B. Taxable Compensation Incom	e
	REGULAR	
Date of Birth (MIWDD/YYYY) 8 Telephone Number	29 Basic Salary 29	296,141.00
05 0 11 11 91 7 12 6359170		296,141.00
Exemption Status	30 Representation 30	
Single Head of the Family X Married		
A is the wife claiming the additional exemption for qualified dependent of	hildren?	1000
Yes No	31 Transportation 31	
Name of Qualified Dependent Childrer 11 Date of Birth (MM/DD/YYYY		
Allyanah Kaye S. Minoza 0.2 1.4 2002	32 Cost of Living Allow ance 32	
Aaliyah Kim S. Minoza 0.1 1.0 2003	- SZ COST OF EIGHT AND WATER 32	
	33 Fixed Housing Allowance 33	
	34 Others (Specify)	
2 Other Dependent (to be accomplished if taxpayer is head of the family		
Name of Dependent Relationship (MM/DD/YYY)		
art II Employer Information (Present)	SUPPLEMENTARY 135 Commission 35	
dentification No. 000 583 481 000		
Employer's Name	36 Profit Sharing 36	
THE PRES OF THE MLA MSN OF THE CJCLDS, INC.	37 Fees Including Director's 37	
Registered Address 15A Zip code		6.732.00
TEMPLE DR.GREENMEADOWS SUBD.,QUEZON CITY 1,1,0 Q	and Other Benefits	6,732.00
	39 Hazard Pay 39	
x main employer secondary employer art III Employer Information (Previous)-1	40 Others (Specify)	
art III Employer Information (Previous)-1	740A 40A	
Identification No.		
7 Employer's Name	40B 40B	
	Total Tarable Company and	
8 Registered Address 18A Zip code	41 Total Taxable Compensation 41 Income	302,873.00
Registered Address		ımmary
	42 Taxable Compensation Incon 42	900 070 00
Employer Information (Previous)-2	from Present Employer	302,873.00
Taxpayer 19	43 Add: Taxable Compensation 43 from Previous Employer (s)	0.00
Identification No.	44 Gross Taxable 44	302.873.00
	Compensation Income	
Registered Address 21A Zip code	45 Less: Total Exemptions 45 46 Less: Premium Paid on	48,000.00
Registered Address 21A Zip code	Health and/or Hospital 46	
	Insurance (if applicable)	254 972 00
Employer Information (Previous)-3	47 Taxable 47 Compensation Income	254,873.00
Z Taxoaver 22 Identification No.	48 Tax Due 48	51,461.90
3 Employer's Name	49 Amount of Taxes Withheld	51,461,90
	49A Present Employer 49A	
4 Registered Address 24A Zip code	49B Previous Employer(s) 49B	0.00
	50 Total Amount of Taxes 50 Withheld	51,461.90
I declare, under the penalties of perjury, that this certificate has been made in go pursuant to the provisions of the National Internal Revenue Code, as amended, an VICENTA FLOR P. CATAPUSAN Present Employer/ Authorized Agent Signature Over Printed Name	ood faith, verified by us, and to the best of our	knowledge and belief, is true and correct of.
CONFORME Summers	Date Signed	
52 MA AMELIA S. MINOZA CTC No Employee Signature Over Printed Name		Amount Paid
of Employee Place of Issue	Date of Issue	
To be accomplishe I declare, under the penalties of perjury, that the information herein stated are repor	d under substituted filing tell declare,under the penalties of perjury that	lam qualified under substituted filing of
under 8 IR Form No. 1604CF which have been filed with the Bureau of Internal Revenue	e. Income Tax Returns (BIR Form No. 1700), s	since I received purely compensation income
Heratagua.	from only one employer in the Phils.for correctly withheld by my employer (tax due of	
53 VICENTA FLOR P. CATAPUSAN	No. 1604CF filed by my employer to the Bil	R shall constitute as my income tax return;
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)	and that BIR Form No. 23 6 shall serve the had been filed pursuant so the provisions of	FR 3-2002, as amended.
	54 MA AMÉLIA S. MINOZA É Employee Signature (1



Certificate of Compension 2316 Payment/Tax Withherd

For Compensation Payment With or With	nout I ax withheid	10 5 6 5	1000	October 2002 (ENCS)
For the Yet 7 1 12/31/2007			101	To (MWDD) 1,2,3,1
art I Employee Information		Part IV Details of Compens	tion Income	and Tax Withhold from Present Em Amount
Identification No. > 1,7,5 0,0	0,9 8,1,3 0,0	A. Non-Taxable/Exempt Co	om pe <u>nsat</u> i	
Employee's Name (Last Name, First Name	, Middle Name) 5 RDO Coo	ie 25 13th Month Pay and Other Benefits	25	30,000.00
MINOZA MA AMELIA S		126 SSS, GSIS, PHIC & Pag-ib	ig 26	
Registered Address	6A Zip Code	Contributions, & Union due	es	11,700.00
BlkIII L4 Ph5 Villa De Calamba :	Subd,	27 Salaries & Other Forms of Compensation	27	101,388.00
Local Home Address	6C Zip Code		28	143,088.00
Brqy, Lamesa, Calamba City, Lag	una 4 0 2	Compensation Income		
Foreign Address	6E Zip Code	B. Taxable Compensation	Income	
		REGULAR		
Date of Birth (MM/DD/YYYY) 8	Telephone Number	29 Basic Salary	29	296,141.00
05 0 11 11 91 712	6359170			
Exemption Status		30 Representation	30	
Single Head of the Family a Is the wife claiming the additional exempt	THE RESERVE AND ADDRESS OF THE PARTY OF THE			
	otion for qualified dependent o No	31 Transportation	31	
Name of Qualified Dependent Children	11 Date of Birth (M M / DD/YY)			
Allyanah Kaye S. Minoza	0.2 1.4 2002			
Aalivah Kim S. Minoza	0.1 1.0 2003	32 Cost of Living Allow ance	32	
STITUTE STITUTE	110 6003	33 Fixed Housing Allowance	33	
		34 Others (Specify)		
Other Dependent (to be accomplished if	taxpayer is head of the fami	y) 344	34A	
Name of Dependent	Relationship Date of Birt	~		
		345	348	
rt II Employer Information	(Present)	SUPPLEMENTARY	35	
Taxpayer 1000 58	3 481 000	35 COMMISSION	35	
Employer's Name		36 Profit Sharing	36	
THE PRES OF THE MLA MSN OF TH	ECICIDS INC	37 Fees Including Director's	37	
	15A Zip cod	e 38 Taxable 13th Month Pay	38	
Registered Address		and Other Benefits		6,732.00
TEMPLE DR, GREENMEADOWS SUBD.,		39 Hazard Pay	39	
	dary employer	40 Others (Specify)		
rt III Employer Information (Taxpayer 16	Previous)-1	740A	40 A	
dentification No.				
Employer's Name		408	40B	
	A CANADA AND DESCRIPTION OF THE PARTY OF THE	TANK M.C.	- 44	
Registered Address	18A Zip cod	41 Total Taxable Compensati	On 41	302,873.00
registered national			Sumn	nary
		42 Taxable Compensation Inc		302,873.00
Employer Information (Previous)-2	from Present Employer	inc 43	302,073.00
Taxpayer 19		43 Add: Taxable Compensat from Previous Employer (0.00
Employer's Name		44 Gross Taxable	44	302,873.00
		Compensation income 45 Less: Iotal Exemptions	45	49,000,00
Registered Address	21A Zip cod	46 Less: Premium Paid on		48,000.00
		Health and/or Hospital Insurance (If applicable)	46	
Employer Information (Previous)-3	47 Taxable	47	254,873.00
Taxpaver 22		Compensation Income		51,461.90
Identification No.		48 Tax Due 49 Amount of Taxes Withheli	48	31,401.30
Employer's Name		49A Present Employer	49A	51,461.90
	24A Zip cod	e 49B Previous Employer(s	1 408	0.00
Registered Address	Z4A ZIP COO	50 Total Amount of Taxes	50	51,461.90
	Mis actification in the second	Withheld		
I declare, under the penalties of perjury, that pursuant to the provisions of the National Inter	nal Revenue Code, as amended, a	nd the regulations issued under authori	ty thereof.	icoge and beier, is true and correct
51 VICENTA FLOR P. CATAPUSAN	eatopurs	Date Signed 01 31	2008]
Present Employer/ Authorized Agent S				7
52 MAAMELIA S. MINOZA CTC No Employee Signature Øver		Date Signed		Amount Paid
Curbolise piguaraid die		Date of Issue		
of Employee Place of		ed under substituted filing		

Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

correctly withheld by my employek (tax due equals tax withheld): that the BIR Form No. 1604CF filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2315 shall serve the same purpose as if BIR Form No. 700 had been filed pursuant to the provisions of RR 3-2002, as amended.

54 MA AMELIA S. MINOZA

Employee Signature Over Printed Name