

BIR Form No.

Certificate of Compensation



Payment/Tax Withheld

| Fill in all applicable spaces. Mark all appropriate boxes with an "X". | | 201001212100 | |
|---|--|------------------------------------|--|
| 1 For the Year (YYYY) 2 0 2 3 | 2 For the Period | 1 2 3 1 | |
| Part I - Employee Information | Part IV-B Details of Compensation Income & Tax Withhe | eld from Present Employer | |
| 3 8 9 - 0 7 8 - 2 5 8 - 0 0 0 0 0 0 0 0 0 | A. NON-TAXABLE/EXEMPT COMPENSATION INCOME 29 Basic Salary (including the exempt P250,000 & below) | Amount | |
| Joaquin, Noel Cedrix Ocharan | or the Statutory Minimum Wage of the MWE | 0.00 | |
| 6 Registered Address 6A ZIP Code | 30 Holiday Pay (MWE) | 0.00 | |
| c/o Accenture Inc. 1 5 5 6B Local Home Address 6C ZIP Code | 31 Overtime Pay (MWE) | 0.00 | |
| 7th Floor Robinsons Cybergate 1 Pioneer Street, Mandaluyong City, Metro Manila | 32 Night Shift Differential (MWE) | 0.00 | |
| 6D Foreign Address | 33 Hazard Pay (MWE) | 0.00 | |
| 7 Date of Birth (MM/DD/YYYY) 8 Contact Number | 34 13th Month Pay and Other Benefits (maximum of P90,000) | 90,000.00 | |
| 1,2,2,0,1,9,9,5 | 35 De Minimis Benefits | 59,330.55 | |
| 9 Statutory Minimum Wage rate per day 0.00 | 36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) | 25,608.00 | |
| 10 Statutory Minimum Wage rate per month 0.00 | 37 Salaries and Other Forms of Compensation | 0.00 | |
| 11 p.00 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax | 38 Total Non-Taxable/Exempt Compensation | 174,938.55 | |
| Part II - Employer Information (<i>Present</i>) 12 TIN 0 0 0 - 8 4 5 - 5 4 3 - 0 0 0 0 0 0 | Income (Sum of Items 29 to 37) B. TAXABLE COMPENSATION INCOME REGULAR | Onto Min Thursday In | |
| 13 Employer's Name | 39 Basic Salary | 384,792.00 | |
| ACCENTURE, INC. 14 Registered Address 14A ZIP Code | | 0.00 | |
| 7th Floor Robinsons Cybergate 1 Pioneer Street, Mandaluyong City, Metro Manila 1, 5, 5, 7 | <u> </u> | 0.00 | |
| 15 Type of Employer X Main Employer Secondary Employer | 42 Cost of Living Allowance (COLA) | 0.00 | |
| Part III - Employer Information (Previous) 16 TIN | 43 Fixed Housing Allowance | 0.00 | |
| 17 Employer's Name | 44 Others (specify) | 0.00 | |
| | 44A Other Income | 0.00 | |
| 18 Registered Address 18A ZIP Code | 44B Other Income | 0.00 | |
| Part IVA - Summary | SUPPLEMENTARY 45 Commission | 0.00 | |
| 19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) | | 0.00 | |
| 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) | 55 | | |
| 21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 524,320.3 | | 0.00 | |
| 22 Add: Taxable Compensation Income from Previous Employer, if applicable | 48 Taxable 13th Month Benefits | 58,187.31 | |
| 23 Gross Taxable Compensation Income 524 320 3 | 49 Hazard Pay | 0.00 | |
| (Sum of Items 21 and 22) 24 Tax Due 47,364. | 50 Overtime Pay | 0.00 | |
| 25 Amount of Taxes Withheld 47.364.0 | 51 Others (specify) 51A Other Income | 81,341.00 | |
| 25A Present Employer 25B Previous Employer, if applicable 0,0 | | 0.00 | |
| 26 Total Amount of Taxes Withheld as adjusted | 52 Total Tayable Compensation Income | 524,320.31 | |
| (Sum of Items 25A and 25B) 47,364.0 27 5% Tax Credit (PERA Act of 2008) | (Sum of items 39 to 51B) | 524,520.51 | |
| | = | | |
| 28 Total Taxes Withheld (Sum of Items 26 and 27) 47,364.0 I/We declare, under the penalties of perjury that this certificate has been made in good fa | | is true and severest surrought to | |
| the provisions of the National Internal Revenue Code, as amended, and the regulations issue as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and law | ed under authority thereof. Further, I/we give my/our consent to the pro | | |
| 53 Semeral T. Bautista | Date Signed 0 1 3 1 2 0 | 2 , 4 | |
| Present Employer/Authorized Agent Signature over Printed Name | | | |
| CONFORME: 54 Joaquin, Noel Cedrix Ocharan | Date Signed | | |
| Employee Signature over Printed Name CTC/Valid ID No. Place of | Date Issued , , , , | Amount paid, if CTC | |
| | d under substituted filing | | |
| I declare, under the penalties of penjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue. | I declare, under the penalties of perium' that I am qualified under substituted filing of income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year, that taxes have been correctly withheld by my employer (tax due equals tax withheld), that | | |
| - Or a, a | the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has be | my income tax return, and that BIR | |
| 55 SY SHIFTYITT Bautista Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative) | of Revenue Regulations (RR) No. 3-2002, as amended. 56 Joaquin, Noel Cedrix Ochar | ran | |
| (| Employee Signature over Printed N | Jame | |