



Certificate of Compensation
Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) 2,0,1,7		2 For the Period From (MM/DD) 0,1,0,1 To (MM/DD) 0,0,0,0	
Part I Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 Taxpayer Identification No. 1,5,2,8,3,1,3,9,2		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code 0,5,1		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
6 Registered Address 6A Zip Code		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 0.00	
6B Local Home Address 6C Zip Code		33 Holiday Pay (MWE) 33 0.00	
6D Foreign Address 6E Zip Code		34 Overtime Pay (MWE) 34 0.00	
7 Date of Birth (MM/DD/YYYY) 0,1,1,5,1,9,7,3		35 Night Shift Differential (MWE) 35 0.00	
8 Telephone Number		36 Hazard Pay (MWE) 36 0.00	
9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married		37 13th Month Pay and Other Benefits 37 14,974.00	
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		38 De Minimis Benefits 38 42,543.30	
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,419.30	
12 Statutory Minimum Wage rate per day 12		40 Salaries & Other Forms of Compensation 40 0.00	
13 Statutory Minimum Wage rate per month 13 0.00		41 Total Non-Taxable/Exempt Compensation Income 41 42,543.30	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		B. TAXABLE COMPENSATION INCOME REGULAR	
Part II Employer Information (Present)		42 Basic Salary 42 155,756.18	
15 Taxpayer Identification No. 0,0,6,9,3,0,4,7,3,0,0,0		43 Representation 43 0.00	
16 Employer's Name		44 Transportation 44 0.00	
17 Registered Address 17A Zip Code 1,3,0,0		45 Cost of Living Allowance 45 0.00	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		46 Fixed Housing Allowance 46 0.00	
Part III Employer Information (Previous)		47 Others (Specify) 47A 0.00	
18 Taxpayer Identification No.		47B 0.00	
19 Employer's Name		SUPPLEMENTARY	
20 Registered Address 20A Zip Code		48 Commission 48 0.00	
Part IV-A Summary		49 Profit Sharing 49 0.00	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 229,126.40		50 Fees Including Director's Fees 50 0.00	
22 Less: Total Non-Taxable/Exempt (Item 41) 22 42,543.30		51 Taxable 13th Month Pay and Other Benefits 51 0.00	
23 Taxable Compensation Income from Present Employer (Item 55) 23 186,583.10		52 Hazard Pay 52 0.00	
24 Add: Taxable Compensation Income from Previous Employer 24 0.00		53 Overtime Pay 53 24,668.52	
25 Gross Taxable Compensation Income 25 186,583.10		54 Others (Specify) 54A 0.00	
26 Less: Total Exemptions 26 100,000.00		54B 0.00	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00		55 Total Taxable Compensation Income 55 186,583.10	
28 Net Taxable Compensation Income 28 86,583.10			
29 Tax Due 29 11,816.42			
30 Amount of Taxes Withheld 30A Present Employer 30A 13,384.77			
30B Previous Employer 30B 0.00			
31 Total Amount of Taxes Withheld As adjusted 31 -1,568.35			
We declare, under the penalties of perjury, that this certificate 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.			
56 MA RITA CARMEN Present Employer/ Authorized Agent Signature Over Printed Name		Date Signed	
CONFORME: 57 BAUTISTA, EDGAR EVARISTO Employee Signature Over Printed Name		Date Signed	
CTC No. of Employee Place of Issue		Date of Issue	
Amount Paid			
To be accomplished under substituted filing			
I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.		I declare, 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 employer (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. 2316 shall serve the same purpose as if BIR Form No. 1700 had been filed pursuant to the provisions of RR No. 3-2002, as amended.	
58 MA RITA CARMEN Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)		59 BAUTISTA, EDGAR EVARISTO Employee Signature Over Printed Name	