Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas For Compensation Payment With or Without Tax Withheld Ilin all applicable grasses Medical representation

BIR Form No.

| 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 1 4 1 2 6 3 0 8 4 | Amount A. NON-TAXABLE/EXEMPT COMPENSATION INCOME |
| 4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code | 32 Basic Salary/ 32 |
| CARMEN, MA RITA PERTIERRA 0 5 1 | Statutory Minimum Wage 0.00 |
| 6 Registered Address 6A Zip Code Block 2 Lot 14 Villa Milagrosa Subdivision, Bgy San Vicente San | Minimum Wage Earner (MWE) |
| B Local House A daress 6C Zip Code | 33 Holiday Pay (MWE) 33 0.00 |
| • | 34 Overtime Pay (MWE) 34 0.00 |
| 6D Foreign Address 6E Zip Code | 25 Night Chit Differential (ANAIT) 35 |
| | 0.00 |
| 7 Date of Birth (MM/DD/YYYY) 1 | 36 Hazard Pay (MWE) 36 0.00 |
| 9 Exemption Status | 37 13th Month Pay 37 and Other Benefits 82,000.00 |
| Single X Married | |
| 9A Is the wife claiming the additional exemption for qualified dependent children? Yes No | 38 De Minimis Benefits 38 28,600.00 |
| 10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY) | 39 SSS, GSIS, PHIC & Pag-ibig 39 |
| | 39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues 12,306.80 |
| | (Employee share only) |
| | 40 Salaries & Other Forms of 40 0.00 |
| 12 Statutory Minimum Wage rate per day 12 | Compensation 0.00 |
| 13 Statutory Minimum Wage rate per month 13 0.00 | 41 Total Non-Taxable/Exempt 41 Compensation Income 122,906.80 |
| 14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax | B. TAXABLE COMPENSATION INCOME |
| Part II Employer Information (Present) | REGULAR |
| 15 Taxpayer 0,0,3 9,4,3 2,1,3 0,0,0 | 42 Basic Salary 42 646 924 20 |
| 16 Employer's Name | 42 646,824.20 43 Representation 43 |
| 17 Registered Address 17A Zip Code | 0.00 |
| 770 E. Rodriguez Ext., Malibay, Pasay City | 44 Transportation 44 0.00 |
| Main Employer Secondary Employer | AE Cook of Living Allowance AE |
| Part III Employer Information (Previous) 18 Taxpayer | 45 Cost of Living Allowance 45 4,301.00 46 Fixed Housing Allowance 46 |
| Identification No. ▶ | 0.00 |
| 19 Employer's Name | 47 Others (Specify) 47A Tempo Allowance 0.00 |
| 20 Registered Address 20A Zip Code | Tempo Allowance 0.00 |
| , , , , | SUPPLEMENTARY 0.00 |
| Part IV-A Summary 21 Gross Compensation Income from 21 | 48 Commission 48 0.00 |
| Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/ 22 | 49 Profit Sharing 49 |
| Exempt (Item 41) 122,906.80 23 Taxable Compensation Income 23 | 0.00 |
| from Present Employer (Item 55) 24 Add: Taxable Compensation 24 | 50 Fees Including Director's 50 0.00 |
| Income from Previous Employer 0.00 | |
| Compensation Income 909,209.20 | 51 Taxable 13th Month Pay and Other Benefits 51 258,084.00 |
| 50,000.00 | 52 Hazard Pay 52 |
| and/or Hospital Insurance (If applicable) | 0.00 |
| Compensation Income 859,209.20 | 53 Overtime Pay 53 0.00 |
| 239,946.62 | 54 Others (Specify) |
| 30 Amount of Taxes Withheld 30A Present Employer 30A 244,198.11 | 54A 0.00 |
| 30B Previous Employer 30B 0.00 | 54B 0.00 |
| 31 Total Amount of Taxes Withheld 31 | 55 Total Taxable Compensation 55 909,209.20 |
| We declare, under the penalties of perjury, that this certificate has been made in go | od 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 56 MA RITA CARMEN Present Employer/ Authorized Agent Signature Over Printed Name | egulations issued under authority thereof. Date Signed |
| CONFORME: CARMEN, MA RITA PERTIERRA | Date Signed |
| CTC No. Employee Signature Over Printed Name of Employee Place of Issue | Date Signed Amount Paid |
| To be accomplished ur | |
| 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 |
| a Sitt i oini ito. 199701 miliai has seeli illeu willi lile buledu oi lilleindi nevenue. | 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 |
| 58 MA RITA CARMEN Present Employer/ Authorized Agent Signature Over Printed Name | No. 1604CF filed by my employer to the BIR shall constitute as my income tax return; land that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 |
| (Head of Accounting/ Human Resource or Authorized Representative) | had been filed pursuant to the provisions of RR No. 3-2002, as amended. 59 CARMEN, MA RITA PERTIERRA |
| | Employee Signature Over Printed Name |