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 | (| n Income and Tax Withheld from Present Employer |
| 3 Taxpayer | · | Amount |
| Identification No. 4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code | A. NON-TAXABLE/EXEMPT CO | MPENSATION INCOME |
| GARCES, JOCELYN SERIO 0 1 5 1 1 | 32 Basic Salary/ | 32 |
| 6 Registered Address 6A Zip Code | Statutory Minimum Wage Minimum Wage Earner (MWE) | 0.00 |
| BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, 1,6,3,3 | | 22 |
| 6B Local Home Address 6C Zip Code | 33 Holiday Pay (MWE) | 0.00 |
| | 34 Overtime Pay (MWE) | 0.00 |
| 6D Foreign Address 6E Zip Code | of NULL OLIG Differential (MANT) | 35 |
| | 35 Night Shift Differential (MWE) | 0.00 |
| 7 Date of Birth (MM/DD/YYYY) 8 Telephone Number | 36 Hazard Pay (MWE) | 36 |
| 0,6 3,0 1,9,7,3 | 37 13th Month Pay | 37 |
| 9 Exemption Status | and Other Benefits | 57,046.00 |
| Single X Married 9A Is the wife claiming the additional exemption for qualified dependent children? | 38 De Minimis Benefits | 38 |
| Yes No | | 26,000.01 |
| 10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY) | 39 SSS, GSIS, PHIC & Pag-ibig | 39 |
| | Contributions, & Union Dues | 10,204.00 |
| | (Employee share only) | |
| | 40 Salaries & Other Forms of | 40 |
| 12 Statutory Minimum Wage rate per day 12 | Compensation | 0.00 |
| 13 Statutory Minimum Wage rate per month 13 | 41 Total Non-Taxable/Exempt | 41 |
| 0.00 | Compensation Income | 100,424.87 |
| 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 | 42 257.052.27 |
| 16 Employer's Name | | 257,852.27 |
| <u> </u> | 43 Representation | 0.00 |
| 17 Registered Address 17A Zip Code | 44 Transportation | 44 |
| 770 E. Rodriguez Ext., Malibay, Pasay City | | 0.00 |
| Main Employer Secondary Employer Part III Employer Information (Previous) | 45 Cost of Living Allowance | 3,714.50 |
| 18 Taxpayer Part III Employer Information (Previous) | 46 Fixed Housing Allowance | 46 |
| Identification No. ▶ 19 Employer's Name | | 0.00 |
| | 47 Others (Specify) | |
| 13 Employer S Name | 47 Others (Specify) | 47A |
| | Tempo Allowance | 20,000.00 |
| 20 Registered Address 20A Zip Code | Tempo Allowance Service Allowance | 47A 20,000.00 47B 0.00 |
| 20 Registered Address 20 A Zip Code Part IV-A Summary | Tempo Allowance | 20,000.00 |
| 20 Registered Address 20 A Zip Code Part IV-A Summary 21 Gross Compensation Income from 21 | Tempo Allowance Service Allowance SUPPLEMENTARY | 20,000.00 47 B 0.00 |
| 20 Registered Address 20A Zip Code Part IV-A Summary 21 Gross Compensation Income from 21 Present Employer (Item 41 plus Item 55) 454,268.24 | Tempo Allowance Service Allowance SUPPLEMENTARY | 20,000.00 47E 0.00 48 0.00 |
| 20 Registered Address 20 A Zip Code Part IV-A Summary 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/Exempt (Item 41) 23 Taxable Compensation Income 24 100,424.87 | Tempo Allowance Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing | 20,000.00 47B 0.00 |
| 20 Registered Address 20 A Zip Code | Tempo Allowance Tempo Allowance Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's | 20,000.00 47B 0.00 48 0.00 49 0.00 |
| 20 Registered Address 20 A Zip Code I I I Part IV-A | Tempo Allowance Tempo Allowance Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees | 20,000.00 47B 0.00 48 0.00 49 0.00 50 0.00 |
| 20 Registered Address 20A Zip Code | Tempo Allowance Tempo Allowance Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's | 20,000.00 47B 0.00 48 0.00 49 0.00 |
| 20 Registered Address 20 A Zip Code I | Tempo Allowance 47B Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits | 20,000.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 |
| 20 Registered Address 20A Zip Code I | Tempo Allowance Tempo Allowance Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay | 20,000.00 47B 0.00 48 0.00 49 0.00 50 0.00 |
| 20 Registered Address 21 Gross Compensation Income from Present Employer (Item 41) plus Item 55) 22 Less: Total Non-Taxable/ 22 Exempt (Item 41) 23 Taxable Compensation Income from Present Employer (Item 55) 24 Add: Taxable Compensation Income from Previous Employer Gross Taxable Compensation Income from Previous Employer 25 Gross Taxable 25 353,843.37 26 Less: Total Exemptions 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable 29 0.00 20 0 | Tempo Allowance 47B Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits | 20,000.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 |
| 20 Registered Address 21 Gross Compensation Income from Present Employer (Item 41) plus Item 55) 22 Less: Total Non-Taxable/ Exempt (Item 41) 23 Taxable Compensation Income from Present Employer (Item 55) 24 Add: Taxable Compensation Income Income from Previous Employer 25 Gross Taxable Compensation Income 26 Less: Total Exemptions 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable Compensation Income 29 Tax Due 29 228,843.37 | Tempo Allowance Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay | 20,000.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 |
| 20 Registered Address 20 Registered Address 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/ Exempt (Item 41) 23 Taxable Compensation Income from Present Employer (Item 55) 24 Add: Taxable Compensation Income Income from Previous Employer 25 Gross Taxable Compensation Income 26 Less: Total Exemptions 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable Compensation Income 29 Tax Due 20 A Zip Code 1 | Tempo Allowance Tempo Allowance Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) | 20,000.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 72,276.60 |
| 20 Registered Address 20 Registered Address 21 Gross Compensation Income from Present Employer (Item 41) plus Item 55) 22 Less: Total Non-Taxable/ Exempt (Item 41) 23 Taxable Compensation Income from Present Employer (Item 55) 24 Add: Taxable Compensation Income Income from Previous Employer 25 Gross Taxable Compensation Income 26 Less: Total Exemptions 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable Compensation Income 29 Tax Due 20 A Zip Code 1 1 1 454,268.24 21 100,424.87 22 353,843.37 23 353,843.37 24 0.00 25 25 353,843.37 26 228,843.37 27 0.00 28 44,710.59 | Tempo Allowance Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) | 20,000.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 72,276.60 |
| 20 Registered Address 20 Registered Address 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/Exempt (Item 41) 23 Taxable Compensation Income from Present Employer (Item 55) 24 Add: Taxable Compensation Income Income from Previous Employer 25 Gross Taxable Compensation Income 26 Less: Total Exemptions 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable Compensation Income 29 Tax Due 20 A Zip Code 1 | Tempo Allowance Tempo Allowance Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) | 20,000.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 72,276.60 |
| 20 Registered Address 20 Registered Address 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/ Exempt (Item 41) 23 Taxable Compensation Income from Present Employer (Item 55) 24 Add: Taxable Compensation Income Income from Previous Employer 25 Gross Taxable Compensation Income 26 Less: Total Exemptions 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable Compensation Income 29 Tax Due 20 A Zip Code 1 1 1 454,268.24 21 100,424.87 22 353,843.37 24 0.00 25 353,843.37 26 25 353,843.37 27 0.00 28 228,843.37 29 44,710.59 30 Amount of Taxes Withheld 30A Present Employer 30B 30 B Previous Employer 30B 31 Total Amount of Taxes Withheld 31 | Tempo Allowance Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) | 20,000.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 72,276.60 54A 0.00 55E 0.00 |
| 20 Registered Address 20 Registered Address 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/ Exempt (Item 41) 23 Taxable Compensation Income from Present Employer (Item 55) 24 Add: Taxable Compensation Income Income from Previous Employer 25 Gross Taxable Compensation Income 26 Less: Total Exemptions 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable Compensation Income 29 Tax Due 20 A Zip Code 1 | Tempo Allowance Service Allowance SUPPLEMENTARY Service Allowance SUPPLEMENTARY Representation Tempo Allowance SUPPLEMENTARY Representation Fees Including Director's Fees Taxable 13th Month Pay and Other Benefits Hazard Pay Allowance Total Taxable Compensation Income | 20,000.00 47 |
| 20 Registered Address 20 Registered Address 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/ Exempt (Item 41) 23 Taxable Compensation Income from Present Employer (Item 55) 24 Add: Taxable Compensation Income from Presont Employer (Item 55) 25 Add: Taxable Compensation Income from Previous Employer 26 Gross Taxable Compensation Income 27 Less: Total Exemptions 28 Net Taxable Compensation Income 29 Tax Due 29 Add: Taxable 28 Compensation Income 29 Tax Due 20 A Zip Code 1 | Tempo Allowance Service Allowance SUPPLEMENTARY Sommission Profit Sharing Fees Including Director's Fees Taxable 13th Month Pay and Other Benefits Hazard Pay According Pay Cohers (Specify) According Pay Total Taxable Compensation Income of faith, verified by us, and to the best of regulations issued under authority thereore | 20,000.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 72,276.60 54A 0.00 54B 0.00 55 353,843.37 our knowledge and belief, is true and correct |
| 20 Registered Address 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/ 22 Exempt (Item 41) 23 Taxable Compensation Income from Present Employer (Item 55) 24 Add: Taxable Compensation Income Gross Taxable Compensation Income From Previous Employer Gross Taxable Compensation Income 25 Gross Taxable Compensation Previous Employer Gross Total Exemptions 26 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable Compensation Income Prax Due Present Employer Provious Employer Present Employer Present Employer Present Employer Present Employer Authorized Agent Signature Over Printed Name | Tempo Allowance Tempo Allowance Service Allowance SUPPLEMENTARY Supplementary Supplementary Tempo Allowance Supplementary Supplementa | 20,000.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 72,276.60 54A 0.00 54B 0.00 55 353,843.37 our knowledge and belief, is true and correct |
| 20 Registered Address 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/ 23 Taxable Compensation Income from Present Employer (Item 55) 24 Add: Taxable Compensation Income Income from Previous Employer 25 Gross Taxable 26 Compensation Income 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable 29 Compensation Income 29 Tax Due 29 Tax Due 29 A 53,843.37 0.00 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Amount of Taxes Withheld 30 A Present Employer 30 Amount of Taxes Withheld 30 A Present Employer 30 B Previous Employer 30 B Previous Employer 30 B Ma RITA CARMEN Present Employer/ Authorized Agent Signature Over Printed Name CONFORME: 57 GARCES, JOCELYN SERIO | Tempo Allowance Service Allowance SUPPLEMENTARY Sommission Profit Sharing Fees Including Director's Fees Taxable 13th Month Pay and Other Benefits Hazard Pay According Pay Cohers (Specify) According Pay Total Taxable Compensation Income of faith, verified by us, and to the best of regulations issued under authority thereore | 20,000.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 72,276.60 54A 0.00 54B 0.00 55 353,843.37 our knowledge and belief, is true and correct |
| 20 Registered Address 20A Zip Code I | Tempo Allowance Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 55B 55 Total Taxable Compensation Income od faith, verified by us, and to the best of regulations issued under authority thereof Date Signed Date Signed | 20,000.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 72,276.60 54A 0.00 54B 0.00 55 353,843.37 our knowledge and belief, is true and correct |
| 20 Registered Address 20A Zip Code Part IV-A Summary 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/ Exempt (Item 41) 23 Taxable Compensation Income from Present Employer (Item 55) 24 Add: Taxable Compensation Income from Previous Employer (Item 55) 25 Add: Taxable Compensation Income from Previous Employer (Item 55) 26 Less: Total Exemptions 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable Compensation Income 29 Tax Due 29 Add: Taxable Compensation Income 20 Tax Due 21 Divided Previous Employer 22 Divided Previous Employer 23 Divided Previous Employer 30 Amount of Taxes Withheld Divided Previous Employer Divided Previous Employer Authorized Agent Signature Over Printed Name CONFORME: 50 GARCES, JOCELYN SERIO CTC No. Employee Signature Over Printed Name Place of Issue | Tempo Allowance Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income and faith, verified by us, and to the best of regulations issued under authority thereor Date Signed Date of Issue | 20,000.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 72,276.60 54A 0.00 54B 0.00 55 353,843.37 our knowledge and belief, is true and correct f. |
| 20 Registered Address 20 Registered Address 20 Registered Address 20 Registered Address 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/ Exempt (Item 41) 23 Taxable Compensation Income from Present Employer (Item 55) 24 Add: Taxable Compensation Income from Previous Employer 25 Gross Taxable | Tempo Allowance 47A Tempo Allowance Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 554A 55B 55 Total Taxable Compensation Income of faith, verified by us, and to the best of regulations issued under authority thereof Date Signed Date of Issue Date of Issue I declare, under the penalities of perjury | 20,000.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 72,276.60 54B 0.00 55 353,843.37 our knowledge and belief, is true and correct f. Amount Paid |
| 20 Registered Address 20A Zip Code Part IV-A Summary 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/ Exempt (Item 41) 23 Taxable Compensation Income from Previous Employer 24 Add: Taxable Compensation Income from Previous Employer 25 Gross Taxable Compensation Income 26 Less: Total Exemptions 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable Compensation Income 29 Tax Due 29 Add: Taxable Compensation Income from Previous Employer 30 Amount of Taxes Withheld 30A Present Employer 30B Previous Employer 30B Previous Employer 30B Previous Employer 30B Previous Employer 30C Say | Tempo Allowance Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 55B 55 Total Taxable Compensation Income of faith, verified by us, and to the best of regulations issued under authority thereo Date Signed Date of Issue | 20,000.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 72,276.60 54A 0.00 54B 0.00 55 353,843.37 Four knowledge and belief, is true and correct f. |
| 20 Registered Address 20 Registered Address 20 Registered Address 20 Registered Address 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/ Exempt (Item 41) 23 Taxable Compensation Income from Present Employer (Item 55) 24 Add: Taxable Compensation Income from Previous Employer 25 Gross Taxable | Tempo Allowance 3re Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 554A 55B 55 Total Taxable Compensation Income of faith, verified by us, and to the best of regulations issued under authority thereof Date Signed Date of Issue Date of Issue I declare, under the penalties of perjury Income Tax Returns(BIR Form No. 170 from only one employer in the Phils. correctly withheld by my employer (tax) | 20,000.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 72,276.60 54A 0.00 55 353,843.37 our knowledge and belief, is true and correct f Amount Paid y that I am qualified under substituted filing of 0), since I received purely compensation income |
| 20 Registered Address 20 Registered Address 20 Registered Address 20 Zip Code I I I Part IV-A Summary 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/ Exempt (Item 41) 23 Taxable Compensation Income from Present Employer (Item 55) 24 Add: Taxable Compensation Income from Previous Employer (Item 55) 25 Gross Taxable Compensation Income from Previous Employer (Item 55) 26 Gross Taxable Compensation Income from Previous Employer (Item 55) 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable Compensation Income 28 29 Tax Due 29 44,710.59 30 Amount of Taxes Withheld 30 Present Employer 30 Amount of Taxes Withheld 30 A Present Employer 30 Amount of Taxes Withheld 30 A Present Employer 30 Amount of Taxes Withheld As adjusted -8,745.38 We 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, and the 56 Ama RITA CARMEN Present Employer/Authorized Agent Signature Over Printed Name CONFORME: 57 GARCES, JOCELYN SERIO 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. | Tempo Allowance Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 55B 55 Total Taxable Compensation Income of faith, verified by us, and to the best of regulations issued under authority thereo Date Signed Date of Issue Date of Issue Income Tax Returns(BIR Form No. 170 from only one employer in the Phils. correctly withheld by my employer (tax of No. 1604CF filed by my employer to the No. 1604CF filed by my employer to the No. 1604CF filed by my employer to the proper to the property of the Phils. | 20,000.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 72,276.60 54B 0.00 54B 0.00 55 353,843.37 our knowledge and belief, is true and correct f. Amount Paid y that I am qualified under substituted filing of 0), since I received purely compensation income for the calendar year; that taxes have been due equals tax withheld); that the BIR Form he BIR shall constitute as my income tax return; the same purpose as if BIR Form No. 1700 |