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"		70
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	(11111)	Income and Tax Withheld from Present Employer
3 Taxpayer 1 7 0 5 9 1 5 7 0		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 , 5 , 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		
6B Local Home Address 6C Zip Code	33 Holiday Pay (MWE)	0.00
	34 Overtime Pay (MWE)	34
6D Foreign Address 6E Zip Code		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	0.00
9 Exemption Status	and Other Benefits	28,523.00
Single X Married 9A Is the wife claiming the additional exemption for qualified dependent children?	38 De Minimis Benefits	38
Yes No		22,195.86
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)	39 SSS, GSIS, PHIC & Pag-ibig	39
	Contributions, & Union Dues	9,172.70
	(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
14 Minimum Wage Earner whose compensation is exempt from	Compensation Income	59,891.56
Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	B. TAXABLE COMPENSATION I	INCOME
Part II Employer Information (Present) 15 Taxpayer	REGULAR	
Identification No. • 0,0,3 9,4,3 2,1,3 0,0,0	42 Basic Salary	231,957.31
16 Employer's Name	40. D	43
<u> </u>	43 Representation	0.00
17 Registered Address 17A Zip Code	44 Transportation	44
770 E. Rodriguez Ext., Malibay, Pasay City 1,3,0,0		0.00
Main Employer Secondary Employer Part III Employer Information (Previous)	45 Cost of Living Allowance	3,323.50
Part III Employer information (Previous)		3,323.30
18 Taxpayer	46 Fixed Housing Allowance	46
18 Taxpayer Identification No.	46 Fixed Housing Allowance 47 Others (Specify)	
18 Taxpayer	47 Others (Specify)	0.00
18 Taxpayer Identification No. 19 Employer's Name	47 Others (Specify)	0.00
18 Taxpayer Identification No. 19 Employer's Name	47 Others (Specify) 47A 47B	0.00 47A 0.00
18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address Part IV-A Summary	47 Others (Specify)	46 0.00 47A 0.00 47B 0.00
18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address 20A Zip Code Part IV-A Summary 21 Gross Compensation Income from 21 Present Employer (Item 41 plus Item 55) 355 640 57	47 Others (Specify) 47A 47B SUPPLEMENTARY	0.00 47A 0.00 47B 0.00
18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address 20A Zip Code Part IV-A Summary 21 Gross Compensation Income from 21 Present Employer (Item 41 plus Item 55) 355,640.57	47 Others (Specify) 47A 47B SUPPLEMENTARY	46 0.00 47A 0.00 47B 0.00 48 0.00
18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address 20A Zip Code 21 Gross Compensation Income from 21 Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/ 22 Exempt (Item 41) 23 Taxable Compensation Income 23	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing	46 0.00 47A 0.00 47E 0.00 48 0.00 49 0.00
18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address 20A Zip Code Part IV-A 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 25 295,749.01	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing	46 0.00 47A 0.00 47B 0.00 48 0.00
18 Taxpayer Identification No.	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's	46 0.00 47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00
18 Taxpayer Identification No.	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees	46 0.00 47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00
18 Taxpayer Identification No.	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay	46 0.00 47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00
18 Taxpayer	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay	46 0.00 47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00
18 Taxpayer	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits	46 0.00 47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00
18 Taxpayer Identification No.	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay	46 0.00 47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53
18 Taxpayer Identification No.	47 Others (Specify) 47A 47B 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	46 0.00 47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 60,468.20
18 Taxpayer Identification No.	47 Others (Specify) 47A 47B 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)	0.00 47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 60,468.20
18 Taxpayer	47 Others (Specify) 47A 47B 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	46 0.00 47A 0.00 47B 0.00 48 0.00 49 0.00 51 0.00 52 0.00 53 60,468.20 54A 0.00 54E 0.00
18 Taxpayer	47 Others (Specify) 47A 47B 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	0.00 47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 60,468.20
18 Taxpayer	47 Others (Specify) 47A 47B 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	146
18 Taxpayer Identification No. 19 Employer's Name 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 Compensation Income Compensation Income Exemptions 26 Compensation Income 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable Compensation Income 29 Tax Due 29 Tax Due 29 Total Amount of Taxes Withheld Total Amount of Taxes Withheld Total Amount of Taxes Withheld As adjusted We declare, under the penalties of perjury, that this certificate has been made in go pursuant to the provisions of the National Intermal Revenue Code, as amended, and the Solution Intermal Revenue Code, as amended Intermal Revenue Code, as amended Intermal Revenue Code, as amended Interm	47 Others (Specify) 47A 47B 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	146
18 Taxpayer Identification No. 19 Employer's Name 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 Previous Employer 24 Add: Taxable Compensation 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 Compensation Income 29 Tax Due 29 Tax Due 29 Total Amount of Taxes Withheld 30A Present Employer 30B Previous Employer 30B Pr	47 Others (Specify) 47A 47B 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 of faith, verified by us, and to the best of egulations issued under authority thereof Date Signed	146
18 Taxpayer Identification No. 19 Employer's Name 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/ 22 Exempt (Item 41) 23 Taxable Compensation Income from Present Employer (Item 55) 24 Add: Taxable Compensation Income Income from Previous Employer (Item 55) 25 Add: Taxable Compensation Income Compensation Income from Previous Employer (Item 55) 26 Add: Taxable Compensation Income In	47 Others (Specify) 47A 47B 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 of faith, verified by us, and to the best of egulations issued under authority thereof	146
18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address 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 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 20 Total Amount of Taxes Withheld 30 Amount of Taxes Withheld 30 Amount of Taxes Withheld 31 Total Amount of Taxes Withheld 32 And Anount of Taxes Withheld 33 Anount of Taxes Withheld 34 Anount of Taxes Withheld 35 Anount of Taxes Withheld 36 Anount of Taxes Withheld 37 Anount of Taxes Withheld 38 Anount of Taxes Withheld 39 Anount of Taxes Withheld 30 Amount of Taxes Withheld 30 Amount of Taxes Withheld 31 Anount of Taxes Withheld 32 Anount of Taxes Withheld 33 Anount of Taxes Withheld 34 Anount of Taxes Withheld 35 Anount of Taxes Withheld 36 An AITA CARMEN Present Employer/ Authorized Agent Signature Over Printed Name CONFORME: 57 GARCES, JOCELYN SERIO	47 Others (Specify) 47A 47B 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 of faith, verified by us, and to the best of egulations issued under authority thereof Date Signed	46 0.00 47A 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 60,468.20 54A 0.00 54E 0.00 55 295,749.01 our knowledge and belief, is true and correct
18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address 21	47 Others (Specify) 47A 47B 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 of faith, verified by us, and to the best of egulations issued under authority thereof Date Signed Date of Issue Ger substituted filing	46 0.00 47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 60,468.20 54A 0.00 54E 0.00 55 295,749.01 our knowledge and belief, is true and correct
18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address 21 Gross Compensation Income from Present Employer (Item 41) 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 Less: 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 29 Tax Due 29 30,187.00 30 Amount of Taxes Withheld 30A Present Employer 30B Previous Employer 30B O.00 31 Total Amount of Taxes Withheld As adjusted 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 MA RITA CARMEN Present Employer/ Authorized Agent Signature Over Printed Name CONFORME: 57 GARCES, JOCELYN SERIO CTC No. Employee Signature Over Printed Name Place of Issue	47 Others (Specify) 47A 47B 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 od faith, verified by us, and to the best of egulations issued under authority thereof Date Signed Date of Issue Date of Issue Ger substituted filing I declare under the penalties of perjury Income Tax Returns (BIR Form No. 1700)	47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 60,468.20 54A 0.00 55 295,749.01 our knowledge and belief, is true and correct
18 Taxpayer Identification No. 19 Employer's Name 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 Provent Employer (Item 45) 24 Add: Taxable Compensation Income from Present Employer (Item 55) 25 Add: Taxable Compensation Income Income from Present Employer (Item 55) 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 29 Tax Due 29 30,187.00 30 Amount of Taxes Withheld 30A Present Employer 30 Amount of Taxes Withheld 31	47 Others (Specify) 47A 47B 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 55 Total Taxable Compensation Income of faith, verified by us, and to the best of egulations issued under authority thereof Date Signed Date of Issue Date of Issue Ger substituted filing I declare, under the penalties of perjury Income Tax Returns(BIR Form No. 1700 from only one employer in the Phils. correctly withheld by my employer (tax & Correctly withheld	47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 60,468.20 54A 0.00 54B 0.00 55 295,749.01 our knowledge and belief, is true and correct
18 Taxpayer Identification No. 19 Employer's Name 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 Present Employer (Item 55) 25 Add: Taxable Compensation Income Income from Previous Employer 26 Gross Taxable Compensation Income 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable Compensation Income 29 Tax Due 20 30,187.00 30 Amount of Taxes Withheld 30A Present Employer 30 Amount of Taxes Withheld 31 —23,265.97 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 Formatting Market Present Employer Authorized Agent Signature Over Printed Name CONFORME: 57 GARCES, JOCELYN SERIO CTC No. Employee Signature Over Printed Name To be accomplished ur I declare, under the penalties of perjury, that the information herein stated are reported	47 Others (Specify) 47A 47B 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 od faith, verified by us, and to the best of egulations issued under authority thereof Date Signed Date of Issue Date of Issue Ger substituted filing I declare, under the penalties of perjury Income Tax Returns(BIR Form No. 1700 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 penalties of perjury Income Tax Returns(BIR Form No. 1700 from only one employer in the Phils.	47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 60,468.20 54A 0.00 54B 0.00 55C 295,749.01 our knowledge and belief, is true and correct for the calendar year; that taxes have been true equals tax withheld); that the BIR Form lose of the same purpose as if BIR Form No. 1700 the same purpose as if BIR Form No. 1700