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	2 For the Period 0,1	0,1 To (MM/DD) 0,0 0,0
Part I Employee Information	(Income and Tax Withheld from Present Employer
2 Taynayar	Tarres Bacans di Compansation	Amount
Identification No. 2,4,4 2,1,4 4,3,6		
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code	32 Basic Salary/	32
DEITA, AIREEN DUENAS 0 5 1	Statutory Minimum Wage	0.00
6 Registered Address 6A Zip Code	Minimum Wage Earner (MWE)	
Sto. Nino Binan, Laguna, Roxas City	33 Holiday Pay (MWE)	0.00
6B Local Home Address 6C Zip Code	34 Overtime Pay (MWE)	34
•L L	54 Overame Lay (MAVE)	0.00
6D Foreign Address 6E Zip Code	35 Night Shift Differential (MWE)	0.00
	1 0	0.00
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number	36 Hazard Pay (MWE)	0.00
1,0 1,8 1,9,8,3	37 13th Month Pay	37
9 Exemption Status	and Other Benefits	54,523.72
X Single Married 9A Is the wife claiming the additional exemption for qualified dependent children?	38 De Minimis Benefits	38
Yes No		19,182.91
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)	20 CCC CCIC DUIC 9 Day ikin	20
	39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues	9,694.30
	(Employee share only)	50
12 Statutory Minimum Wage rate per day 12	40 Salaries & Other Forms of Compensation	0.00
		24
13 Statutory Minimum Wage rate per month 13 0.00	41 Total Non-Taxable/Exempt Compensation Income	83,400.93
14 Minimum Wage Earner whose compensation is exempt from	•	
withholding tax and not subject to income tax Part II Employer Information (Present)	B. TAXABLE COMPENSATION REGULAR	INCOME
15 Taxpayer 0 0 4 7 3 0 5 7 1 0 0 0		
Identification No. 16 Employer's Name	42 Basic Salary	172,355.62
Linployer 3 Name	43 Representation	43
17 Registered Address 17A Zip Code		0.00
	44 Transportation	0.00
733 Wood St. Malibay, Pasay City Main Employer Secondary Employer	AE Cook of the in Alleuman	AE
Part III Employer Information (Previous)	45 Cost of Living Allowance	4,286.01
18 Taxpayer	46 Fixed Housing Allowance	0.00
Identification No. ▶ 19 Employer's Name	47 Others (Specify)	
	47A Tempo Allowance	47A 0.00
20 Registered Address 20A Zip Code	47B	478
		0.00
Part IV-A Summary	SUPPLEMENTARY 48 Commission	48
21 Gross Compensation Income from 21		0.00
Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/ 83,400.93	49 Profit Sharing	49
Exempt (Item 41) 23 Taxable Compensation Income 23		0.00
from Present Employer (Item 55)	50 Fees Including Director's	0.00
Income from Previous Employer 0.00	Fees	0.00
25 Gross Taxable 25 Compensation Income 177,637.46	51 Taxable 13th Month Pay and Other Benefits	0.00
26 Less: Total Exemptions 26 50,000.00		
27 Less: Premium Paid on Health 27	52 Hazard Pay	0.00
and/or Hospital Insurance (If applicable) 28 Net Taxable 28	53 Overtime Pay	53
Compensation Income		995.83
29 Tax Due 29 20,027.29	54 Others (Specify)	8 2 2
30 Amount of Taxes Withheld 30A Present Employer 30A 22 001 06	54A	0.00
22,001.00	54B	54 P
30B Previous Employer 30B 0.00		0.00
31 Total Amount of Taxes Withheld 31 As adjusted -1,973.77	55 Total Taxable Compensation Income	177,637.46
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	
pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. 56 MA RITA CARMEN Date Signed		
Present Employer/ Authorized Agent Signature Over Printed Name	V-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
CONFORME:		
CONFORME: 57 DEITA, AIREEN DUENAS	Date Signed	Amount Paid
CONFORME:	Date Signed Date of Issue	Amount Paid
CONFORME: 57 DEITA, AIREEN DUENAS CTC No. Employee Signature Over Printed Name of Employee Place of Issue To be accomplished un	Date of Issue	r
CONFORME: 57 DEITA, AIREEN DUENAS CTC No. Employee Signature Over Printed Name of Employee Place of Issue To be accomplished un I declare, under the penalties of perjury, that the information herein stated are reported	Date of Issue der substituted filing I declare, under the penalties of perjury	that I am qualified under substituted filing of
CONFORME: 57 DEITA, AIREEN DUENAS CTC No. Employee Signature Over Printed Name of Employee Place of Issue To be accomplished un	Date of Issue I declare, under the penalties of perjury Income Tax Returns (BIR Form No. 170 from only one employer in the Phils.	that I am qualified under substituted filing of), since I received purely compensation income for the calendar year; that taxes have been
CONFORME: 57 DEITA, AIREEN DUENAS CTC No. Employee Signature Over Printed Name of Employee Place of Issue 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. MA RITA CARMEN	Date of Issue Ider substituted filing 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 of No. 1604CF filed by my employer to the Phils.)	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 e BIR shall constitute as my income tax return;
CONFORME: 57 DEITA, AIREEN DUENAS CTC No. Employee Signature Over Printed Name of Employee Place of Issue To be accomplished un 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.	Date of Issue Ider substituted filing 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 of No. 1604CF filed by my employer to the Phils.)	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 the BIR shall constitute as my income tax return; the same purpose as if BIR Form No. 1700