



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	
<b>Part I Employee Information</b>		<b>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</b>	
3 Taxpayer Identification No. 1,4,1,2,6,3,0,8,4		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) CARMEN, MA RITA PERTIERRA		5 RDO Code 0,5,1	
6 Registered Address Block 2 Lot 14 Villa Milagrosa Subdivision, Bgy San Vicente San Pedro Laguna, n/a		6A Zip Code	
6B Local Home Address		6C Zip Code	
6D Foreign Address		6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 1,1,2,9,1,9,5,6		8 Telephone Number	
9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 0.00	
10 Name of Qualified Dependent Children		33 Holiday Pay (MWE) 33 0.00	
11 Date of Birth (MM/DD/YYYY)		34 Overtime Pay (MWE) 34 0.00	
12 Statutory Minimum Wage rate per day 12		35 Night Shift Differential (MWE) 35 0.00	
13 Statutory Minimum Wage rate per month 13 0.00		36 Hazard Pay (MWE) 36 0.00	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		37 13th Month Pay and Other Benefits 37 0.00	
<b>Part II Employer Information (Present)</b>		38 De Minimis Benefits 38 28,600.00	
15 Taxpayer Identification No. 0,0,3,9,4,3,2,1,3,0,0,0		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 12,306.80	
16 Employer's Name		40 Salaries & Other Forms of Compensation 40 0.00	
17 Registered Address 770 E. Rodriguez Ext., Malibay, Pasay City		41 Total Non-Taxable/Exempt Compensation Income 41 40,906.80	
17A Zip Code 1,3,0,0		<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		42 Basic Salary 42 646,824.20	
<b>Part III Employer Information (Previous)</b>		43 Representation 43 0.00	
18 Taxpayer Identification No.		44 Transportation 44 0.00	
19 Employer's Name		45 Cost of Living Allowance 45 4,301.00	
20 Registered Address		46 Fixed Housing Allowance 46 0.00	
20A Zip Code		47 Others (Specify) 47A 0.00	
<b>Part IV-A Summary</b>		47B 0.00	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 829,553.00		<b>SUPPLEMENTARY</b>	
22 Less: Total Non-Taxable/ Exempt (Item 41) 40,906.80		48 Commission 48 0.00	
23 Taxable Compensation Income from Present Employer (Item 55) 788,646.20		49 Profit Sharing 49 0.00	
24 Add: Taxable Compensation Income from Previous Employer 0.00		50 Fees Including Director's Fees 50 0.00	
25 Gross Taxable Compensation Income 788,646.20		51 Taxable 13th Month Pay and Other Benefits 51 137,521.00	
26 Less: Total Exemptions 50,000.00		52 Hazard Pay 52 0.00	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 0.00		53 Overtime Pay 53 0.00	
28 Net Taxable Compensation Income 738,646.20		54 Others (Specify) 54A 0.00	
29 Tax Due 201,366.46		54B 0.00	
30 Amount of Taxes Withheld 30A Present Employer 205,617.95		55 Total Taxable Compensation Income 55 788,646.20	
30B Previous Employer 0.00			
31 Total Amount of Taxes Withheld As adjusted -4,251.49			
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 Present Employer/ Authorized Agent Signature Over Printed Name CARMEN, MA RITA PERTIERRA		Date Signed	
CONFORME: 57 CARMEN, MA RITA PERTIERRA		Date Signed	
CTC No. of Employee		Date of Issue	
Place of Issue		Amount Paid	
<b>To be accomplished under substituted filing</b>			
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		59 CARMEN, MA RITA PERTIERRA	
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)		Employee Signature Over Printed Name	