



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 For the Period
2,0,1,7	From (MM/DD) 0,1,0,1 To (MM/DD) 0,0,0,0

**Part I Employee Information**

3 Taxpayer Identification No. 1,7,9,5,8,1,5,7,0

4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code  
GARCES, JOCELYN SERIO 0,5,1

6 Registered Address 6A Zip Code  
BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, 1,6,3,3  
TACUG

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) 8 Telephone Number  
0,6,3,0,1,9,7,3

9 Exemption Status  
☐ Single ☒ Married

9A Is the wife claiming the additional exemption for qualified dependent children?  
☐ Yes ☐ No

10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)

12 Statutory Minimum Wage rate per day 12  
13 Statutory Minimum Wage rate per month 13 0.00

14 ☐ Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

**Part II Employer Information (Present)**

15 Taxpayer Identification No. 0,0,3,9,4,3,2,1,3,0,0,0

16 Employer's Name

17 Registered Address 17A Zip Code  
770 E. Rodriguez Ext., Malibay, Pasay City 1,3,0,0

☐ Main Employer ☐ Secondary Employer

**Part III Employer Information (Previous)**

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)	21	355,640.57
22 Less: Total Non-Taxable/Exempt (Item 41)	22	59,891.56
23 Taxable Compensation Income from Present Employer (Item 55)	23	295,749.01
24 Add: Taxable Compensation Income from Previous Employer	24	0.00
25 Gross Taxable Compensation Income	25	295,749.01
26 Less: Total Exemptions	26	125,000.00
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27	0.00
28 Net Taxable Compensation Income	28	170,749.01
29 Tax Due	29	30,187.00
30 Amount of Taxes Withheld		
30A Present Employer	30A	53,452.97
30B Previous Employer	30B	0.00
31 Total Amount of Taxes Withheld As adjusted	31	-23,265.97

**Part IV-B Details of Compensation Income and Tax Withheld from Present Employer**

**A. NON-TAXABLE/EXEMPT COMPENSATION INCOME**

32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32	0.00
33 Holiday Pay (MWE)	33	0.00
34 Overtime Pay (MWE)	34	0.00
35 Night Shift Differential (MWE)	35	0.00
36 Hazard Pay (MWE)	36	0.00
37 13th Month Pay and Other Benefits	37	28,523.00
38 De Minimis Benefits	38	22,195.86
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	9,172.70
40 Salaries & Other Forms of Compensation	40	0.00
41 Total Non-Taxable/Exempt Compensation Income	41	59,891.56

**B. TAXABLE COMPENSATION INCOME REGULAR**

42 Basic Salary	42	231,957.31
43 Representation	43	0.00
44 Transportation	44	0.00
45 Cost of Living Allowance	45	3,323.50
46 Fixed Housing Allowance	46	0.00
47 Others (Specify)		
47A Tempo Allowance	47A	18,000.00
47B	47B	0.00

**SUPPLEMENTARY**

48 Commission	48	0.00
49 Profit Sharing	49	0.00
50 Fees Including Director's Fees	50	0.00
51 Taxable 13th Month Pay and Other Benefits	51	0.00
52 Hazard Pay	52	0.00
53 Overtime Pay	53	60,468.20
54 Others (Specify)		
54A	54A	0.00
54B	54B	0.00
55 Total Taxable Compensation Income	55	295,749.01

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 MA RITA CARMEN  
Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME:

57 GARCES, JOCELYN SERIO  
CTC No. Employee Signature Over Printed Name

of Employee Place of Issue

Date Signed  
Date of Issue

Amount Paid

**To be accomplished under substituted filing**

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.

58 MA RITA CARMEN  
Present Employer/ Authorized Agent Signature Over Printed Name  
(Head of Accounting/ Human Resource or Authorized Representative)

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.

59 GARCES, JOCELYN SERIO  
Employee Signature Over Printed Name