

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

<b>1</b> For the Year (YYYY) <b>2018</b>		<b>2</b> For the Period From (MM/DD) <b>01/01</b> To (MM/DD) <b>01/01</b>	
<b>Part I Employee Information</b>			
<b>3</b> Taxpayer Identification No. <b>240302710</b>			
<b>4</b> Employee's Name (Last Name, First Name, Middle Name) <b>BUSCANO, EDELYN ARTIAGA</b>		<b>5</b> RDO Code <b>048</b>	
<b>6</b> Registered Address <b>1090-A Rodriguez Ave. cor Belarmino St Bangkal Makati City</b>		<b>6A</b> Zip Code	
<b>6B</b> Local Home Address		<b>6C</b> Zip Code	
<b>6D</b> Foreign Address		<b>6E</b> Zip Code	
<b>7</b> Date of Birth (MM/DD/YYYY) <b>11/25/1985</b>		<b>8</b> Telephone Number	
<b>9</b> Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married			
<b>9A</b> Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>10</b> Name of Qualified Dependent Children		<b>11</b> Date of Birth (MM/DD/YYYY)	
_____ _____ _____		_____ _____ _____	
<b>12</b> Statutory Minimum Wage rate per day		<b>12</b> _____	
<b>13</b> Statutory Minimum Wage rate per month		<b>13</b> _____ 0.00	
<b>14</b> <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax			
<b>Part II Employer Information (Present)</b>			
<b>15</b> Taxpayer Identification No. <b>2080940400</b>			
<b>16</b> Employer's Name			
<b>17</b> Registered Address <b>2650 A. Bonifacio St., Bangkal, Makati City</b>		<b>17A</b> Zip Code <b>1233</b>	
<input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer			
<b>Part III Employer Information (Previous)</b>			
<b>18</b> Taxpayer Identification No.			
<b>19</b> Employer's Name			
<b>20</b> Registered Address		<b>20A</b> Zip Code	
_____		_____	
<b>Part IV-A Summary</b>			
<b>21</b> Gross Compensation Income from Present Employer (Item 41 plus Item 55)	<b>21</b>	<b>340,449.80</b>	
<b>22</b> Less: Total Non-Taxable/Exempt (Item 41)	<b>22</b>	<b>86,686.44</b>	
<b>23</b> Taxable Compensation Income from Present Employer (Item 55)	<b>23</b>	<b>253,763.36</b>	
<b>24</b> Add: Taxable Compensation Income from Previous Employer	<b>24</b>	<b>0.00</b>	
<b>25</b> Gross Taxable Compensation Income	<b>25</b>	<b>253,763.36</b>	
<b>26</b> Less: Total Exemptions	<b>26</b>	<b>0.00</b>	
<b>27</b> Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	<b>27</b>	<b>0.00</b>	
<b>28</b> Net Taxable Compensation Income	<b>28</b>	<b>253,763.36</b>	
<b>29</b> Tax Due	<b>29</b>	<b>552.67</b>	
<b>30</b> Amount of Taxes Withheld			
<b>30A</b> Present Employer	<b>30A</b>	<b>3,470.36</b>	
<b>30B</b> Previous Employer	<b>30B</b>	<b>0.00</b>	
<b>31</b> Total Amount of Taxes Withheld As adjusted	<b>31</b>	<b>-2,917.69</b>	
<b>32</b> Basic Salary/Statutory Minimum Wage Minimum Wage Earner (MWE) <b>0.00</b>			
<b>33</b> Holiday Pay (MWE) <b>0.00</b>			
<b>34</b> Overtime Pay (MWE) <b>0.00</b>			
<b>35</b> Night Shift Differential (MWE) <b>0.00</b>			
<b>36</b> Hazard Pay (MWE) <b>0.00</b>			
<b>37</b> 13th Month Pay and Other Benefits <b>37,130.00</b>			
<b>38</b> De Minimis Benefits <b>31,200.00</b>			
<b>39</b> SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) <b>11,238.84</b>			
<b>40</b> Salaries & Other Forms of Compensation <b>0.00</b>			
<b>41</b> Total Non-Taxable/Exempt Compensation Income <b>86,686.44</b>			
<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>			
<b>42</b> Basic Salary <b>211,541.16</b>			
<b>43</b> Representation <b>0.00</b>			
<b>44</b> Transportation <b>0.00</b>			
<b>45</b> Cost of Living Allowance <b>4,692.00</b>			
<b>46</b> Fixed Housing Allowance <b>0.00</b>			
<b>47</b> Others (Specify) <b>47A</b> Tempo Allowance <b>0.00</b> <b>47B</b> Service Allowance <b>0.00</b>			
<b>SUPPLEMENTARY</b>			
<b>48</b> Commission <b>0.00</b>			
<b>49</b> Profit Sharing <b>0.00</b>			
<b>50</b> Fees Including Director's Fees <b>0.00</b>			
<b>51</b> Taxable 13th Month Pay and Other Benefits <b>0.00</b>			
<b>52</b> Hazard Pay <b>0.00</b>			
<b>53</b> Overtime Pay <b>37,530.20</b>			
<b>54</b> Others (Specify) <b>54A</b> _____ <b>0.00</b> <b>54B</b> _____ <b>0.00</b>			
<b>55</b> Total Taxable Compensation Income <b>253,763.36</b>			
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.			
<b>56</b> DOLORES CASUL Present Employer/ Authorized Agent Signature Over Printed Name		Date Signed _____	
<b>57</b> BUSCANO, EDELYN ARTIAGA CTC No. _____ Employee Signature Over Printed Name of Employee _____ Place of Issue _____		Date Signed _____ Date of Issue _____ Amount Paid _____	
<b>To be accomplished under substituted filing</b>			
<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.</b>		<b>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.</b>	
<b>58</b> DOLORES CASUL Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)		<b>59</b> BUSCANO, EDELYN ARTIAGA Employee Signature Over Printed Name	