Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas For Compensation Payment With or Without Tax Withheld | In all applicable spaces Mode all applicable spaces Mode all applicables against the spaces of Compensation Payment Without Tax Withheld

BIR Form No.

Fill in all applicable spaces. Mark all appropriate boxes with an "X" 1 For the Year	2	For the Pe	oriod	_			
(YYYY) • 2,0,1,7		► From	(MM/DD)	0,1	0,1	To (MM/DD) 0.0 0.0	
Part I Employee Information	Par	t IV-B	Details of Com	pensation	Income	and Tax Withheld from Present Employer	
3 Taxpayer Identification No. 1 5 2 8 3 1 3 9 2 4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code		NON-TAX	(ABLE/EXEN	IPT CO	MPEN	Amount SATION INCOME	
BAUTISTA, EDGAR EVARISTO 0 5 1	244		ary/ Minimum Wa Vage Earner (M		32	0.00	
,	33	Holiday Pa		ivve)	33	0.00	
6B Local Home Address 6C Zip Code	34	Overtime	Pay (MWE)		34		
6D Foreign Address 6E Zip Code	35	Night Shift	: Differential (M/M/E)	35	0.00	
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number		1000 mm		·····-/	26	0.00	
7 Date of Birth (MM/DD/YYYY) 0 1 1 1 5 1 9 7 3		Hazard Pa			36	0.00	
9 Exemption Status Single X Married	1"	and Other	270		"_	14,974.00	
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)	38	De Minimi	is Benefits		38	27,902.16	
Date of Qualified Dependent Children Date of Birth (WW/DD/YYYY)	39	Contributi	S, PHIC & Pa ons, & Union share only)		39	9,419.30	
12 Statutory Minimum Wage rate per day 12	40	Salaries & Compens	Cother Forms	s of	40	0.00	
13 Statutory Minimum Wage rate per month 13 0.00 14 Minimum Wage Earner whose compensation is exempt from	41		-Taxable/Exe ation Income	mpt	41	42,543.30	
withholding tax and not subject to income tax Part II Employer Information (Present)	В.	TAXABLE REGULAI	E COMPENS. R	ATION	INCOM	1E	
15 i axpayer 0 0 6 9 3 0 4 7 3 0 0 0 0 16 Employer's Name	42	Basic Sala	ary		42	155,756.18	
P.	43	Represent	tation		43	0.00	
17 Registered Address 17A Zip Code 770 E. Rodriguez Ext., Malibay, Pasay City 1,3,0,0	44	Transporta	ation		44	0.00	
Main Employer Secondary Employer Part III Employer Information (Previous)	45	Cost of Liv	ving Allowand	e	45	0.00	
18 Taxpayer Identification No.	46	Fixed Hou	ising Allowan	ce	46	0.00	
19 Employer's Name	47 47 A	Others (Sp	pecify)		47A	0.00	
20 Registered Address 20A Zip Code	47E	3			47B	0.00	
Part IV-A Summary	48	SUPPLEM	MENTARY on		48	0.00	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 229,126,40						0.00	
22 Less: Total Non-Taxable/	49	Profit Sha	ring		49	0.00	
from Present Employer (Item 55) 24 Add: Taxable Compensation 24		Fees Incl Fees	uding Directo	or's	50	0.00	
Income from Previous Employer 0.00	51	Taxable 1	3th Month Pa	у	51	0.00	
26 Less: Total Exemptions 26 100,000.00	7	Hazard Pa			52		
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable 29 0.00	53	Overtime	Pay		53	0.00	
Compensation Income 86,583.10 29 Tax Due 29	54	Others (Sp	· · · · · · · · ·			24,668.52	
11,816.42 30 Amount of Taxes Withheld 30A Present Employer 30A	54.4	\			54A	0.00	
30A Present Employer 30A 13,384.77 30B Previous Employer 30B 0.00	54E	3			54B	0.00	
31 Total Amount of Taxes Withheld 31 As adjusted -1,568.35	55	Total Taxa	able Compen	sation	55	186,583.10	
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	ood fai	th, verified b				wledge and belief, is true and correct	
56 MA RITA CARMEN Present Employer/ Authorized Agent Signature Over Printed Name		e Signed					
CONFORME: 57 BAUTISTA, EDGAR EVARISTO	Date	e Signed				1	
CTC No. Employee Signature Over Printed Name						Amount Paid	
of Employee Place of Issue	(44)	of Issue		1 1	- II		
To be accomplished un I declare, under the penalties of perjury, that the information herein stated are reported	I de	edare,under	r the penalties o			m qualified under substituted filing of	
under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.	from	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					
58 MA RITA CARMEN Present Employer/ Authorized Agent Signature Over Printed Name	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						
(Head of Accounting/ Human Resource or Authorized Representative)	had	been filed p 59	BAİ	UTISTA,	EDGAF	No. 3-2002, as amended. R EVARISTO er Printed Name	