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 (YYYY) ▶ 2,0,1,7	2 For the Period ▶ From (MM/DD)
Part I Employee Information	Part IV-B Details of Compensation Income and Tax Withheld from Present Employer
3 Taxpayer Identification No. 1 3 4 5 3 7 6 3 4	Amount A. NON-TAXABLE/EXEMPT COMPENSATION INCOME
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code	2
MUNAR, OLIGARIO BEJAR 1 2 5	32 Basic Salary/ 32 Statutory Minimum Wage 0,00
6 Registered Address 6A Zip Code	Minimum Wage Earner (MWE)
▶ BLOCK 6 BLESS COMPOUND, MANDALUYONG CITY	33 Holiday Pay (MWE) 33 0.00
6B Local Home Address 6C Zip Code	34 Overtime Pay (MWE) 34
	0.00
6D Foreign Address 6E Zip Code	35 Night Shift Differential (MWE) 35 0.00
7. Date of Dieth (MM/DDA/AAA)	
7 Date of Birth (MM/DD/YYYY) 0	36 Hazard Pay (MWE) 36 0.00
9 Exemption Status	37 13th Month Pay 37 and Other Benefits 19,921.20
Single X Married	TOTAL NO. COLUMN TO THE TOTAL COLUMN TO THE TO
9A Is the wife claiming the additional exemption for qualified dependent children? Yes No	38 De Minimis Benefits 38 22.918.85
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)	
	39 SSS, GSIS, PHIC & Pag-ibig 39 Contributions, & Union Dues 9,676.20
	(Employee share only)
12 Statutory Minimum Wage rate per day 12	40 Salaries & Other Forms of 40 0.00
13 Statutory Minimum Wage rate per month 13	41 Total Non-Taxable/Exempt 41
0.00	Compensation Income 52,516.25
Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	B. TAXABLE COMPENSATION INCOME
Part II Employer Information (Present) 15 Taxpayer	REGULAR
Identification No.	42 Basic Salary 42 167,944.89
16 Employer's Name	43 Representation 43
	0.00
17 Registered Address 17A Zip Code 60 Pioneer cor. Madison St. Mandaluyong City 1 5 0 0	44 Transportation 44 0.00
60 Pioneer cor. Madison St. Mandaluyong City 1,5,0,0 Main Employer Secondary Employer	45 6 4 400 400
Part III Employer Information (Previous)	4,201.21
18 Taxpayer Identification No.	46 Fixed Housing Allowance 46 0.00
19 Employer's Name	47 Others (Specify)
•	Tempo Allowance 0.00
20 Registered Address 20A Zip Code	47B 0.00
	SUPPLEMENTARY
Part IV-A Summary 21 Gross Compensation Income from 21	48 Commission 48 0.00
Present Employer (Item 41 plus Item 55) 225,352.37 22 Less: Total Non-Taxable/ 22	49 Profit Sharing 49
Exempt (Item 41) 52,516.25 23 Taxable Compensation Income 23	0.00
from Present Employer (Item 55) 24 Add: Taxable Compensation 24	
Income from Previous Employer 0.00	
25 Gross Taxable 25 Compensation Income 172,836.12	51 Taxable 13th Month Pay 51 and Other Benefits 0.00
26 Less: Total Exemptions 26 150,000.00	52 Hazard Pay 52
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 0.00	0.00
28 Net Taxable 28 Compensation Income 22,836.12	53 Overtime Pay 53 623.96
29 Tax Due 29 1,783.51	54 Others (Specify)
30 Amount of Taxes Withheld	54A 54A 0.00
30A Present Employer 30A 19,922.92	0.00 54B
30B Previous Employer 30B 0.00	0.00
31 Total Amount of Taxes Withheld 31 As adjusted -18,139.41	55 Total Taxable Compensation 55 Income 172,836.12
	od faith, verified by us, and to the best of our knowledge and belief, is true and correct
56 MA RITA CARMEN Present Employer/ Authorized Agent Signature Over Printed Name	Date Signed
CONFORME:	
57 MUNAR, OLIGARIO BEJAR CTC No. Employee Signature Over Printed Name	Date Signed Amount Paid
of Employee Place of Issue	Date of Issue
To be accomplished un I declare, under the penalties of perjury, that the information herein stated are reported	der substituted filling I declare, under the penalties of perjury that I am qualified under substituted filing of
under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.	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
58 MA RITA CARMEN	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;
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)	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.
(rread of Accounting, Human Resource of Authorized Representative)	had been filed pursuant to the provisions of RR No. 3-2002, as amended. 59 MUNAR, OLIGARIO BEJAR Employee Signature Over Britade Name.