

BIR Form No. 0040

## Certificate of Compensation



January 2018 (ENCS)	Payment/Tax Withheld  For Compensation Payment With or Without Tax Withheld  Mark all appropriate boxes with an "X".				2316 01/18ENCS
1 For the Year		oxes with an "X".	2 For the Period		
\1111/	2   0   1   9 art I - Employee Info	rmation	From (MM/DD)  Part IV-B Details of	Compensation Income &	To (MM/DD) 0 0 0 0 Tax Withheld from Present Employer
1   7   9 -	5   8   1 - 5			IPT COMPENSATION IN COM	ter the second of the second
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code			27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE		ow)
GARCES, JOCELYN SERIO         0   5   1           6 Registered Address         6A ZIP Code			28 Holiday Pay (MW	E)	0.00
BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, TAGUIG 1   6   3   3			29 Overtime Pay (M)	WE)	0.00
6B Local Home Address 6C ZIP Code			30 Night Shift Differential (MWE)		0.00
6D Foreign Address			31 Hazard Pay (MW	≣)	0.00
7 Date of Birth (MM/DD/YYYY) 8 Contact Number			32 13th Month Pay a		90,000.00
0 6 3 0 1 9 7 3			33 De Minimis Benefits		25,775.72
9 Statutory Minimum Wage rate per day				& PAG-IBIG Contribution Employee share only)	ns 12,574.86
Statutory Minimum Wage rate per month     Minimum Wage Earner (MWE) whose compensation is exempt from			35 Salaries and Other Forms of Compensation		n
withholding tax and not subject to income tax  Part II - Employer Information (Present)			36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)		0.00
2 TIN			B. TAXABLE COMPENSATION INCOME REGULAR		128,350.58
3 Employer's Name			37 Basic Salary		
4 Registered Address 0 0 3 9 4 3 2 1 3 14A ZOP 6006			38 Representation		207.050.45
5 Type Arb Fathlamar Holding San Lincology Secondary Employer			39 Transportation		297,959.45
Part III - Employer Information (Previous)			40 Cost of Living Allowance (COLA)		0.00
6 TIN 770 E. Rodriguez Ext., Malibay, Pasay City 1 3 0 0			41 Fixed Housing Allowance		0.00
7 Employer's Name			42 Others (specify)		3,876.27
			42A		0.00
8 Registered Address 18A ZIP Code			42B Tempo Allowance SUPPLEMENTARY		37,654.96
Part IVA - Summary			43 CSAFTVISEnAllowance		0.00
9 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)			44 Profit Sharing		
	: Total Non-Taxable/Exempt Compensation 535,323.66 ome from Present Employer (From Item 36)		AF Face Including Di	rector's Fees	0.00
Employer (Item 19 Less Ite	able Compensation Income from Present 128,350.58 loyer (Item 19 Less Item 20) (From Item 50) 406,973.08		46 Taxable 13th Month Benefits		0.00
Previous Employer, if app	d: Taxable Compensation Income from 0.00				0.00
3 Gross Taxable Compens (Sum of Items 21 and 22)	ross Taxable Compensation Income 406,973.08				2,046.00
4 Tax Due		0.00			0.00
25 Amount of Taxes Withhel 25A Present Employer	ld	406,973.08	L		65,436.40
25B Previous Employer,	if applicable	31,743.27	496		0.00
6 Total Amount of Taxes W (Sum of Items 25A and 25B)		44,013.08	(Sum of Items 37 to	49B)	0.00
I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/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. Further, I/we give my/our consent to the processing formation as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitim at a Revision proposes.					
51 MA RITA CARMEN				Signed	
Present Employer ONFORME:	r/Authorized Agent Signat GARCES, JOCEL	gnature over Printed Name YN SERIO			
52Emp	loyee Signature over	Printed Name	Date	Signed	Amount paid, if CTC
TC/Valid ID No. f Employee		Place of Issue		Signed	
		To be accomplished	and an auda atitute of Elice.		

I declare, under the penalties of permy that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.

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 Retum (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by the provisions of State of the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

Employee Signature over Printed Name