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 Po	eriod			
(YYYY) • 2,0,1,7	_	► From	(MM/DD)	0.1	0.1	To (MM/DD) 0.0 0.0
Part I Employee Information	Par	rt IV-B	Details of Com	pensation I	ncome	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 CON	IPENS	Amount SATION INCOME
BAUTISTA, EDGAR EVARISTO 0 5 1 6 Registered Address 6A Zip Code	32		ary/ Minimum Wa Vage Earner (M	ge	32	0.00
,	22	Holiday P	av (MME)	•	33	
6B Local Home Address 6C Zip Code						0.00
 	34	Overtime	Pay (MWE)	,	34	0.00
6D Foreign Address 6E Zip Code	35	Night Shift	Differential (MWE)	35	0.00
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number	36	Hazard Pa	av (MWE)		36	
0,11,51,9,7,3						0.00
9 Exemption Status	-37	13th Moni	227	•	37	14,974.00
Single X Married 9A Is the wife claiming the additional exemption for qualified dependent children? Yes No	38	De Minim	is Benefits	;	38	0.00
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)]	555 651	C DUIC 9 D-	a llatar d	20	
		Contributi	S, PHIC & Pa ons, & Union share only)		39	9,419.30
	40	Salaries 8	& Other Forms	s of	40	0.00
12 Statutory Minimum Wage rate per day 12		Compens	ation			0.00
13 Statutory Minimum Wage rate per month 13 0.00 14 Minimum Wage Earner whose compensation is exempt from	<u>41</u>		-Taxable/Exe ation Income	mpt 4	41	42,543.30
withholding tax and not subject to income tax Part II Employer Information (Present)	B.	TAXABLI REGULA	E COMPENS. R	ATION IN	NCOM	E
Identification No.	42	Basic Sal	ary		42	155,756.18
16 Employer's Name	43	Represent	tation		43	0.00
17 Registered Address 17A Zip Code 770 E. Rodríguez Ext., Malibay, Pasay City 1 3 0 0	44	Transport	ation	4	14	
Main Employer Secondary Employer		Cost of Li	ving Allowand	e 4	45	0.00
Part III Employer Information (Previous) 18 Taxpayer	146	Fixed Hou	using Allowan	ce 4	46	0.00
Identification No. ▶				7.73 ·		0.00
19 Employer's Name	47	Others (S	pecity)	4	17A	0.00
20 Registered Address 20A Zip Code	471	В			17B	
		SUPPLEI	WENTARY			0.00
Part IV-A Summary 21 Gross Compensation Income from 21	48	Commiss	ion	•	48	0.00
Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/ 22 Less: Total Non-Taxable/	4	Profit Sha	ata a		40	0.00
22 Less: Total Non-Taxable/ 22 42,543.30 23 Taxable Compensation Income 23	49	Prolit Sna	iring	•	49	0.00
from Present Employer (Item 55) 24 Add: Taxable Compensation 24	50	Fees Incl	uding Directo	or's	50	0.00
Income from Previous Employer 25 Gross Taxable 25			3th Month Pa		51	0.00
Compensation Income 229,126.40	4	and Other		iy i	_	0.00
27 Less: Premium Paid on Health 27	1773316	Hazard P	ay		52	0.00
and/or Hospital Insurance (If applicable) 28 Net Tayable 28	53	Overtime	Pav		53	0.00
Compensation Income 86,583.10	54	Others (S	.			24,668.52
11,816.42	54	-	pedity)		54A	
30A Present Employer 30A 13,384.77					54B	0.00
30B Previous Employer 30B 0.00						0.00
31 Total Amount of Taxes Withheld 31 As adjusted -1,568.35	55	Income	able Compen	sation	55	186,583.10
We declare, under the penalties of perjury, that this certificate has been made in graphics pursuant to the provisions of the National Internal Revenue Code, as amended, and the					ur know	vledge and belief, is true and correct
56 MA RITA CARMEN Present Employer/ Authorized Agent Signature Over Printed Name		e Signed		11		
CONFORME: 57 BAUTISTA, EDGAR EVARISTO	Dat	e Signed	· ·		in the second	365 91023 W T-CAM
CTC No. Employee Signature Over Printed Name of Employee Place of Issue		e of Issue		1 1		Amount Paid
To be accomplished u	100	_	ed 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.	l d	leclare,unde	r the penalties o			n qualified under substituted filing of I received purely compensation income
	fron	n only one	employer in th	ne Phils. f	or the o	calendar year; that taxes have been Is 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)			ursuant to the p BAI	provisions UTISTA, E	of RR N	No. 3-2002, as amended. EVARISTO er Printed Name