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) 0,1 0,1 To (MM/DD) 0,0 0,0
Part I Employee Information	Part IV-B Details of Compensation Income and Tax Withheld from Present Employer
3 Taxpayer	Amount
Identification No. 4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME
GARCES, JOCELYN SERIO 0 1 5 1 1	32 Basic Salary/ 32
6 Registered Address 6A Zip Code	Statutory Minimum Wage 0.00 Minimum Wage Earner (MWE)
BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, 1,6,3,3	22 Haliday Day (1915)
6B Local Home Address 6C Zip Code	33 Holiday Pay (MWE) 33 0.00
	34 Overtime Pay (MWE) 34 0.00
6D Foreign Address 6E Zip Code	25
	35 Night Shift Differential (MWE) 0.00
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number	36 Hazard Pay (MWE) 36
0,6 3,0 1,9,7,3	0.00 0.00
9 Exemption Status	and Other Benefits 57,046.00
Single X Married 9A Is the wife claiming the additional exemption for qualified dependent children?	38 De Minimis Benefits 38
Yes No	33,174.87
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)	39 SSS, GSIS, PHIC & Pag-ibig 39
	Contributions, & Union Dues 10,204.00
	(Employee share only)
	40 Salaries & Other Forms of 40
12 Statutory Minimum Wage rate per day 12	Compensation 40 0.00
13 Statutory Minimum Wage rate per month 13	41 Total Non-Taxable/Exempt 41
14 Minimum Wage Earner whose compensation is exempt from	Compensation Income 100,424.87
withholding tax and not subject to income tax	B. TAXABLE COMPENSATION INCOME
Part II Employer Information (Present) 15 Taxpayer	REGULAR
Identification No. • 0,0,3 9,4,3 2,1,3 0,0,0	42 Basic Salary 42 257,852.27
16 Employer's Name	40
<u> </u>	43 Representation 43 0.00
17 Registered Address 17A Zip Code 770 E. Rodriguez Ext., Malibay, Pasay City 1 3 0 0	44 Transportation 44
1191010	0.00
Main Employer Secondary Employer Part III Employer Information (Previous)	45 Cost of Living Allowance 45 3,714.50
18 Taxpayer	46 Fixed Housing Allowance 46 0.00
Identification No. ▶ 19 Employer's Name	47 Others (Specify)
	Tempo Allowance 20,000.00
20 Registered Address 20A Zip Code	47B
	Service Allowance 0.00
Part IV-A Summary	48 Commission 48
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 454,268.24	0.00
22 Less: Total Non-Taxable/ 22 Exempt (Item 41) 100,424.87	49 Profit Sharing 49 0.00
23 Taxable Compensation Income 23	
24 Add: Taxable Compensation 24	50 Fees Including Director's 50 0.00
Income from Previous Employer 25 Gross Taxable 25 October 25 Octob	51 Taxable 13th Month Pay 51
Compensation Income 353,843.37 26 Less: Total Exemptions 26	and Other Benefits 0.00
125,000.00	52 Hazard Pay 52
and/or Hospital Insurance (If applicable)	0.00
28 Net Taxable 28 Compensation Income 228,843.37	53 Overtime Pay 53 72,276.60
29 Tax Due 29 44,710.84	54 Others (Specify)
30 Amount of Taxes Withheld	54A 0.00
30A Present Employer 30A 53,454.97	54B 54B
30B Previous Employer 30B 0.00	0.00
31 Total Amount of Taxes Withheld 31 As adjusted -8,744.13	55 Total Taxable Compensation 55 Income 353,843.37
We declare, under the penalties of perjury, that this certificate has been made in good	od 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 s 56 ANTONIO CABIJE	Date Signed Date S
Present Employer/ Authorized Agent Signature Over Printed Name CONFORME:	
57 GARCES, JOCELYN SERIO 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 under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.	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
1900	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 ANTONIO CABIJE 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 pursuant to the provisions of RR No. 3-2002, as amended. 59 GARCES, JOCELYN SERIO
	Employee Signature Over Printed Name