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		or the Per	riod			
(YYYY) • 2,0,1,7		j	From	(MM/DD)	0.	1 0 1	To (MM/DD) 0.0 0.0
Part I Employee Information	Pa	art l	IV-B I	Details of Com	pensatio	n Incom	ne 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 Cod		. N	ION-TAX	ABLE/EXEN	IPT CO	OMPEN	Amount ISATION INCOME
BAUTISTA, EDGAR EVARISTO 0 5 1 6 Registered Address 6A Zip Code	32	S		ry/ Ilinimum Wa age Earner (M		32	0.00
,	25	2 ⊢	loliday Pay	v (M)A/E)		33	7
6B Local Home Address 6C Zip Code	- 10						0.00
P	_ 34	4 C	Overtime P	ay (MWE)		34	0.00
6D Foreign Address 6E Zip Code	35	5 N	ight Shift [Differential (MWE)	35	0.00
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number	36	6 H	lazard Pay	v (MWE)		36	
0,11,51,9,7,3							0.00
9 Exemption Status	- 31		3th Month and Other E	C 3250100		37	14,974.00
Single X Married 9A Is the wife claiming the additional exemption for qualified dependent children? Yes No	38	8 C	De Minimis	Benefits		38	0.00
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)		n c	ee cele	DUIC & Da	a ibia	20	
	_	C		i, PHIC & Pa ns, & Union hare only)		39	9,419.30
	40	0 S	Salaries &	Other Forms	s of	40	0.00
12 Statutory Minimum Wage rate per day 12		C	Compensal	tion			0.00
13 Statutory Minimum Wage rate per month 13 0.0 14 Minimum Wage Earner whose compensation is exempt from	0 41			Taxable/Exe tion Income	mpt	41	42,543.30
withholding tax and not subject to income tax Part II Employer Information (Present)	B.		AXABLE REGULAR	COMPENS	ATION	INCO	ME
13 13 13 13 13 14 17 13 10 10 10 11 11 11 11	42	2 B	Basic Salar	ry		42	155,756.18
▶ Name	43	3 R	epresenta	ition		43	0.00
17 Registered Address 17A Zip Code 770 E. Rodriguez Ext., Malibay, Pasay City 1 3 0 0	44	4 T	ransportat	ion		44	0.00
Main Employer Secondary Employer		5 C	ost of Livi	ng Allowand	e	45	0.00
Part III Employer Information (Previous) 18 Taxpayer	746	6 F	ixed Hous	sing Allowan	ce	46	
Identification No. 19 Employer's Name	برا=	7 (Others (Sp	ecifu)			0.00
Engley of 3 Hame		7A	rancis (op	cony)		47A	0.00
20 Registered Address 20A Zip Code	47	7B				47B	
<u> </u>			UPPLEM			J	0.00
Part IV-A Summary 21 Gross Compensation Income from 21	1000	8 C	Commissio	n		48	0.00
Present Employer (Item 41 plus Item 55) 229,126.40 22 Less: Total Non-Taxable/ 22	40	9 P	Profit Shari	ing		49	2.00
Exempt (Item 41) 42,543.30 23 Taxable Compensation Income 23						L	0.00
from Present Employer (Item 55) 24 Add: Taxable Compensation Income from Previous Employer 0.00			ees Inclu ees	ding Directo	or's	50	0.00
Income from Previous Employer U.Ut	51		axable 13	th Month Pa Benefits	у	51	0.00
26 Less: Total Exemptions 26 100,000.00			lazard Pa			52	
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable) 27							0.00
28 Net Taxable 28 86,583.10	53	3 C	Overtime P	ay		53	24,668.52
29 Tax Due 29 11,816.42	54	4 C	Others (Sp	ecify)			
30 Amount of Taxes Withheld 30A Present Employer 30A 13,384.77	- 54 7	4A				54A	0.00
30B Previous Employer 30B 0.00	54	4B				54B	0.00
31 Total Amount of Taxes Withheld 31	55			ole Compen	sation	55	186,583.10
We declare, under the penalties of perjury, that this certificate has been made in	good fa	faith					
pursuant to the provisions of the National Internal Revenue Code, as amended, and the MARITA CARMEN			ons issued Signed	under authorit	y there	of.	
Present Employer/ Authorized Agent Signature Over Printed Name CONFORME: PAULISTA EDCAR EVAPISTO	,					a ka	7
57 BAUTISTA, EDGAR EVARISTO CTC No. Employee Signature Over Printed Name			Signed				Amount Paid
of Employee Place of Issue	53.00		fissue	l filtre =:		1	
To be accomplished I declare, under the penalties of perjury, that the information herein stated are reported	d I	dec	dare,under t	the penalties o			am qualified under substituted filing of
under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.	fro	om (only one e	mployer in th	ne Phils	s. for th	e I received purely compensation income e calendar year; that taxes have been
58 MA RITA CARMEN	No	0. 16	604CF filed	by my emplo	yer to t	he BIR	uals tax withheld); that the BIR Form shall constitute as my income tax return;
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)				rsuant to the	provisio	ns of RF	me purpose as if BIR Form No. 1700 R No. 3-2002, as amended. R EVARISTO
							ver Printed Name