



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

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|---|--|--|--|
| 1 For the Year (YYYY) 2,017 | | 2 For the Period From (MM/DD) 01/01 To (MM/DD) 01/01 | |
| Part I Employee Information | | Part IV-B Details of Compensation Income and Tax Withheld from Present Employer | |
| 3 Taxpayer Identification No. 152831392 | | A. NON-TAXABLE/EXEMPT COMPENSATION INCOME | |
| 4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code BAUTISTA, EDGAR EVARISTO 051 | | 32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 0.00 | |
| 6 Registered Address 6A Zip Code | | 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 Birth (MM/DD/YYYY) 01/15/1973 | | 36 Hazard Pay (MWE) 36 0.00 | |
| 8 Telephone Number | | 37 13th Month Pay and Other Benefits 37 14,974.00 | |
| 9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married | | 38 De Minimis Benefits 38 0.00 | |
| 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,419.30 | |
| 10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY) | | 40 Salaries & Other Forms of Compensation 40 0.00 | |
| 12 Statutory Minimum Wage rate per day 12 | | 41 Total Non-Taxable/Exempt Compensation Income 41 42,543.30 | |
| 13 Statutory Minimum Wage rate per month 13 0.00 | | B. TAXABLE COMPENSATION INCOME REGULAR | |
| 14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax | | 42 Basic Salary 42 155,756.18 | |
| Part II Employer Information (Present) | | 43 Representation 43 0.00 | |
| 15 Taxpayer Identification No. 006930473000 | | 44 Transportation 44 0.00 | |
| 16 Employer's Name | | 45 Cost of Living Allowance 45 0.00 | |
| 17 Registered Address 17A Zip Code 770 E. Rodriguez Ext., Malibay, Pasay City 1300 | | 46 Fixed Housing Allowance 46 0.00 | |
| <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer | | 47 Others (Specify) 47A 0.00 | |
| Part III Employer Information (Previous) | | 47B 47B 0.00 | |
| 18 Taxpayer Identification No. | | SUPPLEMENTARY | |
| 19 Employer's Name | | 48 Commission 48 0.00 | |
| 20 Registered Address 20A Zip Code | | 49 Profit Sharing 49 0.00 | |
| Part IV-A Summary | | 50 Fees Including Director's Fees 50 0.00 | |
| 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 229,126.40 | | 51 Taxable 13th Month Pay and Other Benefits 51 0.00 | |
| 22 Less: Total Non-Taxable/Exempt (Item 41) 22 42,543.30 | | 52 Hazard Pay 52 0.00 | |
| 23 Taxable Compensation Income from Present Employer (Item 55) 23 186,583.10 | | 53 Overtime Pay 53 24,668.52 | |
| 24 Add: Taxable Compensation Income from Previous Employer 24 0.00 | | 54 Others (Specify) 54A 0.00 | |
| 25 Gross Taxable Compensation Income 25 186,583.10 | | 54B 54B 0.00 | |
| 26 Less: Total Exemptions 26 100,000.00 | | 55 Total Taxable Compensation Income 55 186,583.10 | |
| 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00 | | | |
| 28 Net Taxable Compensation Income 28 86,583.10 | | | |
| 29 Tax Due 29 11,816.42 | | | |
| 30 Amount of Taxes Withheld 30A Present Employer 30A 13,384.77 | | | |
| 30B Previous Employer 30B 0.00 | | | |
| 31 Total Amount of Taxes Withheld As adjusted 31 -1,568.35 | | | |
| We declare, under the penalties of perjury, that this certificate has been made in good 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 regulations issued under authority thereof. | | | |
| 56 MA RITA CARMEN Present Employer/ Authorized Agent Signature Over Printed Name | | Date Signed | |
| 57 BAUTISTA, EDGAR EVARISTO CTC No. Employee Signature Over Printed Name | | Date Signed | |
| of Employee Place of Issue | | Date of Issue | |
| Amount Paid | | | |
| To be accomplished under substituted 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. | | 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 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 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended. | |
| 58 MA RITA CARMEN Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative) | | 59 BAUTISTA, EDGAR EVARISTO Employee Signature Over Printed Name | |