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		n Income and Tax Withheld from Present Employer
3 Taxpayer		Amount
Identification No. In Structure 1	A. NON-TAXABLE/EXEMPT CO	MPENSATION INCOME
BAUTISTA, EDGAR EVARISTO 0 , 5 , 1	32 Basic Salary/	32
6 Registered Address 6A Zip Code	Statutory Minimum Wage Minimum Wage Earner (MWE)	0.00
	33 Holiday Pay (MWE)	33
6B Local Home Address 6C Zip Code		0.00
<u> </u>	34 Overtime Pay (MWE)	0.00
6D Foreign Address 6E Zip Code	35 Night Shift Differential (MWE)	35
	33 Night Shit Dinerenda (WVVL)	0.00
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number	36 Hazard Pay (MWE)	0.00
1,9,7,0	37 13th Month Pay	37
9 Exemption Status Single X Married	and Other Benefits	14,974.00
Single X Married 9A Is the wife cla <u>iming</u> the additional exempt <u>ion fo</u> r qualified dependent children?	38 De Minimis Benefits	38
Yes No		0.00
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)	39 SSS, GSIS, PHIC & Pag-ibig	39
	Contributions, & Union Dues	9,419.30
	(Employee share only)	
	40 Salaries & Other Forms of	40 0.00
12 Statutory Minimum Wage rate per day 12	Compensation	0.00
13 Statutory Minimum Wage rate per month 13 0.00	41 Total Non-Taxable/Exempt	41 42 542 20
14 Minimum Wage Earner whose compensation is exempt from	Compensation Income	42,543.30
withholding tax and not subject to income tax	B. TAXABLE COMPENSATION	INCOME
Part II Employer Information (Present) 15 Taxpayer	REGULAR	
Identification No.	42 Basic Salary	80,886.18
16 Employer's Name	43 Representation	43
47A 7in Code	43 Representation	0.00
17 Registered Address 17A Zip Code 770 E. Rodriguez Ext., Malibay, Pasay City 1 3 0 0	44 Transportation	0.00
770 E. Rodriguez Ext., Malibay, Pasay City Main Employer Secondary Employer	45 Cost of Living Allowance	45
Part III Employer Information (Previous)	45 Cost of Living Allowance	0.00
18 Taxpayer	46 Fixed Housing Allowance	0.00
Identification No. 19 Employer's Name	47 Others (Specify)	0.00
Identification No. 19 Employer's Name	-	0.00 47A 0.00
Identification No.	47 Others (Specify)	0.00 47A 0.00
Identification No. 19 Employer's Name 20 Registered Address 20A Zip Code	47 Others (Specify) 47A 47B SUPPLEMENTARY	0.00 47A 0.00
Identification No. 19 Employer's Name 20 Registered Address Part IV-A Summary	47 Others (Specify) 47A 47B	0.00 47A 0.00 47B 0.00
Identification No. 19 Employer's Name 20 Registered Address 20A Zip Code Part IV-A Summary 21 Gross Compensation Income from 21 Present Employer (Item 41 plus Item 55) 145 240 43	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission	0.00 47A 0.00 47B 0.00 48 0.00
Identification No. 19 Employer's Name 20 Registered Address 20A Zip Code Part IV-A Summary 21 Gross Compensation Income from 21 Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/ 22 Exempt (Item 41) 42,543.30	47 Others (Specify) 47A 47B SUPPLEMENTARY	0.00 47A 0.00 47B 0.00
Identification No. 19 Employer's Name 20 Registered Address 20A Zip Code 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/Exempt (Item 41) 23 Taxable Compensation Income from 21	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing	0.00 47A 0.00 47B 0.00 48 0.00 49 0.00
Identification No.	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing	0.00 47A 0.00 47B 0.00 48 0.00
Identification No.	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay	0.00 47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00
Identification No.	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits	0.00 47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00
Identification No.	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay	0.00 47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00
Identification No.	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay	0.00 47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00
Identification No.	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay	0.00 47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00
Identification No.	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay	0.00 47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53
Identification No.	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay	0.00 47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 19,953.55
Identification No.	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify)	0.00 47A 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 19,953.55
Identification No.	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 54B	0.00 47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 19,953.55 54A 0.00 54B 0.00
Identification No.	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income	0.00 47A 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 19,953.55 54A 0.00 54E 0.00 55 102,697.13
Identification No.	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income	0.00 47A 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 19,953.55 54A 0.00 54B 0.00 55 102,697.13 our knowledge and belief, is true and correct
Identification No. Igentification No. Igentif	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income	0.00 47A 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 19,953.55 54A 0.00 54B 0.00 55 102,697.13 our knowledge and belief, is true and correct
Identification No. 19 Employer's Name 20 Registered Address 20 Registered Address 20 Registered Address 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 145,240.43 22 Less: Total Non-Taxable/ Exempt (Item 41) 23 Taxable Compensation Income from Present Employer (Item 55) 4 Add: Taxable Compensation Income from Previous Employer 25 Gross Taxable 26 Compensation Income 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable Compensation Income 29 Tax Due 29	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income of faith, verified by us, and to the best of egulations issued under authority thereof Date Signed	0.00 47A 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 19,953.55 54A 0.00 54B 0.00 55 102,697.13 our knowledge and belief, is true and correct
Identification No. 19 Employer's Name 20 Registered Address 20 A Zip Code 21	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income of faith, verified by us, and to the best of regulations issued under authority thereof Date Signed Date Signed	0.00 47A 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 19,953.55 54A 0.00 54B 0.00 55 102,697.13 our knowledge and belief, is true and correct
Identification No.	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income of faith, verified by us, and to the best of regulations issued under authority thereof Date Signed Date of Issue	0.00 47A 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 19,953.55 54A 0.00 54B 0.00 55 102,697.13 our knowledge and belief, is true and correct f.
Identification No. 19 Employer's Name 20 Registered Address 20 A Zip Code 21	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income of faith, verified by us, and to the best of regulations issued under authority thereof Date Signed Date of Issue Date of Issue Ger substituted filing	0.00 47A 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 19,953.55 54A 0.00 54B 0.00 55 102,697.13 our knowledge and belief, is true and correct f.
Identification No.	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income od faith, verified by us, and to the best of egulations issued under authority thereof Date Signed Date of Issue Date of Issue I declare under the penalties of perjury Income Tax Returns (BIR Form No. 170)	0.00 47A 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 19,953.55 54A 0.00 54B 0.00 55 102,697.13 our knowledge and belief, is true and correct f Amount Paid y that I am qualified under substituted filing of 0), since I received purely compensation income
Identification No.	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 55 Total Taxable Compensation Income 55 Income and faith, verified by us, and to the best of regulations issued under authority thereof Date Signed 55 Date of Issue 56 Date of Issue 67 Date Signed 68 Date of Issue 69 Date of Issue 60 Date of Issue 61 Date of Issue 61 Date of Issue 62 Date of Issue 63 Date of Issue 64 Date of Issue 65 Date of Issue 66 Date of Issue 67 Date of Issue 67 Date of Issue 68 Date of Issue 68 Date of Issue 68 Date of Issue 69 Date of Issue 69 Date of Issue 69 Date of Issue 60 Date of Issue 61 Date of Issue 61 Date of Issue 62 Date of Issue 62 Date of Issue 63 Date of Issue 64 Date of Issue 64 Date of Issue 65 Date of Issue 66 Date of Issue 67 Date of Issue 67 Date of Issue 68 Date of Issue	0.00 47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 19,953.55 54A 0.00 54B 0.00 55 102,697.13 our knowledge and belief, is true and correct f. Amount Paid // that I am qualified under substituted filing of 0), since I received purely compensation income for the calendar year; that taxes have been due equals tax withheld); that the BIR Form
Identification No.	47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income od faith, verified by us, and to the best of egulations issued under authority thereof Date Signed Date of Issue Date of Issue Date of Issue Ger substituted filling I declare, under the penalties of perjury Income Tax Returns (BIR Form No. 170 from only one employer in the Phils. correctly withheld by my employer (tax of No. 1604CF filed by my employer (tax of No. 1604CF filed by my employer to the Phils.	47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 19,953.55 54A 0.00 54B 0.00 55 102,697.13 our knowledge and belief, is true and correct f. Amount Paid othat I am qualified under substituted filing of 0), since I received purely compensation income for the calendar year; that taxes have been due equals tax withheld); that the BIR Form lee BIR shall constitute as my income tax return; the same purpose as if BIR Form No. 1700