## 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	1 0.1	To (MM/DD) 0.0 0.0
Part I Employee Information	(111111)		e and Tax Withheld from Present Employer
3 Taxpayer 1 . 7 . 9 5 . 8 . 1 5 . 7 . 0	A NON TAYABLE/EVENDT OO		Amount
Identification No.  4 Employee's Name (Last Name, First Name, Middle Name)  5 RDO Code	A. NON-TAXABLE/EXEMPT CO	MIPEN	SATION INCOME
GARCES, JOCELYN SERIO 0 5 11	32 Basic Salary/	32	0.00
6 Registered Address 6A Zip Code	Statutory Minimum Wage Minimum Wage Earner (MWE)		0.00
BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, 1,6,3,3		22	
6B Local Home Address 6C Zip Code	33 Holiday Pay (MWE)	33	0.00
<u> </u>	34 Overtime Pay (MWE)	34	0.00
6D Foreign Address 6E Zip Code	of Allula Chia Differential (AMAID)	35	0.00
	35 Night Shift Differential (MWE)		0.00
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number	36 Hazard Pay (MWE)	36	0.00
0,6 3,0 1,9,7,3	37 13th Month Pay	37	0.00
9 Exemption Status	and Other Benefits		28,523.00
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	35	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	
0.00	Compensation Income		71,901.87
Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	B. TAXABLE COMPENSATION	INCOM	ME.
Part II Employer Information (Present)	REGULAR		tteri
15 Taxpayer   0,0,3   9,4,3   2,1,3   0,0,0,	42 Basic Salary	42	257.050.07
16 Employer's Name	72 Dagio Calai,		257,852.27
<u> </u>	43 Representation	43	0.00
17 Registered Address 17A Zip Code	44 Transportation	44	
770 E. Rodriguez Ext., Malibay, Pasay City	44 Transportation		0.00
Main Employer Secondary Employer	45 Cost of Living Allowance	45	
	S-1	1100000	3 714.50 ∥
Part III Employer Information (Previous)  18 Taxpayer	46 Fixed Housing Allowance	46	3,714.50
18 Taxpayer Identification No.	46 Fixed Housing Allowance		3,714.50
18 Taxpayer	46 Fixed Housing Allowance 47 Others (Specify)		0.00
18 Taxpayer Identification No.  19 Employer's Name	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance	46 47A	
18 Taxpayer Identification No.	46 Fixed Housing Allowance 47 Others (Specify)	46	0.00
18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20A Zip Code	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance SUPPLEMENTARY	46 47A 47B	20,000.00
18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20A Zip Code  Part IV-A  Summary  21 Gross Compensation Income from  21	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance	46 47A	20,000.00
18 Taxpayer 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)  Pages: Total Non-Taxable/ 22	46 Fixed Housing Allowance  47 Others (Specify)  47A Tempo Allowance  47B Service Allowance SUPPLEMENTARY  48 Commission	46 47A 47B	0.00 20,000.00 0.00
18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20A Zip Code  21 Gross Compensation Income from 21 Present Employer (Item 41 plus Item 55)  22 Less: Total Non-Taxable/ Exempt (Item 41)  24 Total Non-Taxable/ 25 Taxable/ 27 Taxable/ 28 Taxable/ 29 Taxable/	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance SUPPLEMENTARY	46 47A 47B 48	0.00 20,000.00 0.00
18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20A Zip Code  Part IV-A  Summary  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 Present Employer (Item 41)  24 Taxable Compensation Income from Present Employer (Item 55)  353 843 37	46 Fixed Housing Allowance  47 Others (Specify)  47A Tempo Allowance  47B Service Allowance SUPPLEMENTARY  48 Commission  49 Profit Sharing  50 Fees Including Director's	46 47A 47B 48	0.00 20,000.00 0.00 0.00
18 Taxpayer 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 Present Employer (Item 55)  24 Add: Taxable Compensation Income Income from Present Employer (Item 55)  25 Add: Taxable Compensation Income Income from Previous Employer  26 One Income Item In	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees	46 47A 47B 48 49	0.00 20,000.00 0.00
18 Taxpayer   Identification No.	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay	46 47A 47B 48 49	0.00 20,000.00 0.00 0.00 0.00
18 Taxpayer   Identification No.	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits	46 47A 47B 48 49 50 51	0.00 20,000.00 0.00 0.00
18 Taxpayer   Identification No.	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay	46 47A 47B 48 49 50	0.00 20,000.00 0.00 0.00 0.00
18 Taxpayer	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay	46 47A 47B 48 49 50 51	0.00 20,000.00 0.00 0.00 0.00 0.00 0.00
18 Taxpayer	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance 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	46 47A 47B 48 49 50 51 52	0.00 20,000.00 0.00 0.00 0.00 0.00
18 Taxpayer   Identification No.	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance 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)	46 47A 47B 48 49 50 51 52 53	0.00 20,000.00 0.00 0.00 0.00 0.00 0.00
18 Taxpayer   Identification No.	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance 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	46 47A 47B 48 49 50 51 52	0.00 20,000.00 0.00 0.00 0.00 0.00 0.00
18 Taxpayer	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance 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)	46 47A 47B 48 49 50 51 52 53	0.00 20,000.00 0.00 0.00 0.00 0.00 0.00
18 Taxpayer	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance 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	46 47A 47B 48 49 50 51 52 53	0.00 20,000.00 0.00 0.00 0.00 0.00 0.00
18 Taxpayer   Identification No.	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance 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	46 47A 47B 48 49 50 51 52 53 54A 54B 55	0.00 20,000.00 0.00 0.00 0.00 0.00 0.00
18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  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 Present Employer (Item 55) 24 Add: Taxable Compensation Income from Previous Employer 25 Gross Taxable Compensation Income 26 Less: Total Exemptions  27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  28 Net Taxable Compensation Income 29 Tax Due  20 A Zip Code  1	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pav 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income 55 Income	46 47A 47B 48 49 50 51 52 53 54A 54B 55 four known	0.00 20,000.00 0.00 0.00 0.00 0.00 0.00
18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20 Registered Address  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 Present Employer (Item 55)  24 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  29 Compensation Income  20 Tax Due  20 Taxable  21 Total Amount of Taxes Withheld  30 A Present Employer  30 Amount of Taxes Withheld  30 A Previous Employer  30 Amount of Taxes Withheld  31 Total Amount of Taxes Withheld  As adjusted  We declare, under the penalties of perjury, that this certificate has been made in goper pursuant to the provisions of the National Intermal Revenue Code, as amended, and the solution of the National Intermal Revenue Code, as amended, and the solution in the provisions of the National Intermal Revenue Code, as amended, and the solution intermal Revenue Code, as amended and the solution intermal Revenue Code, as amended, and the solution intermal Revenue Code, as amended and the solution intermal Revenue Code,	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pav 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income 55 Income	46 47A 47B 48 49 50 51 52 53 54A 54B 55 four known	0.00 20,000.00 0.00 0.00 0.00 0.00 0.00
18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20 Registered Address  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 Previous Employer (Item 55)  24 Add: Taxable Compensation Income from Previous Employer (Item 55)  25 Add: Taxable Compensation Income from Previous Employer  26 Gross Taxable  27 Compensation Income  28 Compensation Income  29 Tax Due  29 Add: Taxable  20 A Zip Code  425,745.24  425,745.24  71,901.87  353,843.37  24 0.00  25 Gross Taxable  26 125,000.00  27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  28 Net Taxable  Compensation Income  29 Tax Due  29 44,710.59  30 Amount of Taxes Withheld  30 A Present Employer  30 B Previous Employer  30 B O.00  31 Total Amount of Taxes Withheld  As adjusted  We declare, under the penalties of perjury, that this certificate has been made in go pursuant to the provisions of the National Internal Revenue Code, as amended, and the 156 ANTONIO CABIJE  Present Employer/ Authorized Agent Signature Over Printed Name CONFORME:	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance 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 thereo Date Signed	46 47A 47B 48 49 50 51 52 53 54A 54B 55 four known	0.00 20,000.00 0.00 0.00 0.00 0.00 0.00
18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20 Registered Address  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 Present Employer (Item 55)  24 Add: Taxable Compensation Income from Previous Emplover  25 Gross Taxable Compensation Income  26 Less: Total Exemptions  27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  28 Net Taxable Compensation Income  29 Tax Due  29 Add: Taxable Compensation Income  20 A Zip Code  21 A 25,745.24  22 T1,901.87  23 353,843.37  24 0.00  25 Gross Taxable Compensation Income  26 Less: Total Exemptions  27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  29 A Mount of Taxes Withheld 30A Present Employer  30A Mount of Taxes Withheld 30A Present Employer  30B Previous Employer  30B Previous Employer  30B O.00  31 Total Amount of Taxes Withheld As adjusted  31 We declare, under the penalties of perjury, that this certificate has been made in go pursuant to the provisions of the National Internal Revenue Code, as amended, and the ANTONIO CABIJE  Present Employer/ Authorized Agent Signature Over Printed Name  CONFORME:  56 GARCES, JOCELYN SERIO  CTC No. Employee Signature Over Printed Name	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pav 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income od faith, verified by us, and to the best of regulations issued under authority thereo Date Signed Date Signed	46 47A 47B 48 49 50 51 52 53 54A 54B 55 four known	0.00 20,000.00 0.00 0.00 0.00 0.00 0.00
18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  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 Present Employer (Item 55)  24 Add: Taxable Compensation Income Income from Previous Employer  25 Gross Taxable Compensation Income Compensation Income from Previous Employer  26 Less: Total Exemptions  27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  28 Net Taxable Compensation Income  29 Tax Due  29 Compensation Income  20 Compensation Income  21 Compensation Income  22 Compensation Income  23 Compensation Income  24 Compensation Income  25 Compensation Income  26 Compensation Income  27 Compensation Income  28 Compensation Income  29 Tax Due  29 Compensation Income  20 Compensation Income  20 Compensation Income  21 Compensation Income  22 Compensation Income  23 Compensation Income  24 Compensation Income  25 Compensation Income  26 Less: Total Exemptions  27 Compensation Income  28 Compensation Income  29 Tax Due  20 Compensation Income  20 Compensation Income  21 Compensation Income  22 Compensation Income  23 Compensation Income  24 Compensation Income  25 Compensation Income  26 Less: Total Exemption  27 Compensation Income  28 Compensation Income  29 Tax Due  20 Compensation Income  20 Compensation Income  21 Compensation Income  22 Compensation Income  23 Compensation Income  24 Compensation Income  25 Compensat	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance 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 regulations issued under authority thereo Date Signed Date of Issue	46 47A 47B 48 49 50 51 52 53 54A 54B 55 four known	0.00  20,000.00  0.00  0.00  0.00  0.00  0.00  72,276.60  0.00  0.00  353,843.37  weledge and belief, is true and correct
18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20 Registered Address  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 Present Employer (Item 55)  24 Add: Taxable Compensation Income from Previous Employer  25 Gross Taxable Compensation Income  26 Less: Total Exemptions  27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  28 Net Taxable Compensation Income  29 Tax Due  20 Tax Due  21 Total Amount of Taxes Withheld Total Amount	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance 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 thereo Date Signed Date of Issue Date of Issue	446 47A 47B 48 49 50 51 52 53 54A 54B 55 Four known	0.00 20,000.00 0.00 0.00 0.00 0.00 0.00
18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  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 Present Employer (Item 55)  24 Add: Taxable Compensation Income Income from Previous Employer  25 Gross Taxable Compensation Income Compensation Income from Previous Employer  26 Less: Total Exemptions  27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  28 Net Taxable Compensation Income  29 Tax Due  29 Compensation Income  20 Compensation Income  21 Compensation Income  22 Compensation Income  23 Compensation Income  24 Compensation Income  25 Compensation Income  26 Compensation Income  27 Compensation Income  28 Compensation Income  29 Tax Due  29 Compensation Income  20 Compensation Income  20 Compensation Income  21 Compensation Income  22 Compensation Income  23 Compensation Income  24 Compensation Income  25 Compensation Income  26 Less: Total Exemptions  27 Compensation Income  28 Compensation Income  29 Tax Due  20 Compensation Income  20 Compensation Income  21 Compensation Income  22 Compensation Income  23 Compensation Income  24 Compensation Income  25 Compensation Income  26 Less: Total Exemption  27 Compensation Income  28 Compensation Income  29 Tax Due  20 Compensation Income  20 Compensation Income  21 Compensation Income  22 Compensation Income  23 Compensation Income  24 Compensation Income  25 Compensat	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance 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 regulations issued under authority thereo Date Signed Date of Issue Date of Issue  Oder substituted filing I declare, under the penalties of perjurincome Tax Returns(BIR Form No. 170	46 47 A 47 B 48 49 50 51 52 53 54 A 54 B 55 f our known of.	0.00  20,000.00  0.00  0.00  0.00  0.00  0.00  72,276.60  0.00  72,276.60  353,843.37  owledge and belief, is true and correct  Amount Paid  am qualified under substituted filing of el received purely compensation income
18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20 Registered Address  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 Present Employer (Item 45)  24 Add: Taxable Compensation Income from Present Employer (Item 55)  25 Add: Taxable Compensation Income Income from Present Employer (Item 55)  26 Less: Total Exemptions  27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  28 Net Taxable Compensation Income  29 Tax Due  20 Amount of Taxes Withheld  30 Amount of Taxes Withheld  30 Amount of Taxes Withheld  31 Total Amount of Taxes Withheld  32 As adjusted  We declare, under the penalties of perjury, that this certificate has been made in go pursuant to the provisions of the National Internal Revenue Code, as amended, and the NTONIO CABIJE  Conforme:  56 GARCES, JOCELYN SERIO  CTC No. Employee Signature Over Printed Name  of Employee  To be accomplished under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pav 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income 56 daith, verified by us, and to the best of regulations issued under authority thereo Date Signed 56 Date Signed 57 Date of Issue 58 Date of Issue 59 Date of Issue 69 Date of Issue 69 Date only one employer in the Philis correctly withheld by my employer (tax	46 47 A 47 B 48 49 50 51 52 53 54 A 54 B 55 f our known, for the due equilibrium of the due	0.00  20,000.00  0.00  0.00  0.00  0.00  0.00  72,276.60  0.00  72,276.60  0.00  353,843.37  wledge and belief, is true and correct  Amount Paid  Amount Paid  am qualified under substituted filing of el received purely compensation income el calendar year; that taxes have been last tax withheld); that the BIR Form
18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20 Registered Address  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 Present Employer (Item 55)  24 Add: Taxable Compensation Income from Present Employer (Item 55)  25 Add: Taxable Compensation Income from Previous Employer  26 Gross Taxable  27 Compensation Income  28 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  29 Net Taxable  20 Compensation Income  20 Tax Due  21 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  29 Amount of Taxes Withheld  30 Amount of Taxes Withheld  30 Amount of Taxes Withheld  30 Amount of Taxes Withheld  31 Total Amount of Taxes Withheld  As adjusted  We declare, under the penalties of perjury, that this certificate has been made in go pursuant to the provisions of the National Internal Revenue Code, as amended, and the 156	46 Fixed Housing Allowance 47 Others (Specify) 47A Tempo Allowance 47B Service Allowance SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pav 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income 56 daith, verified by us, and to the best of regulations issued under authority thereo Date Signed 56 Date Signed 57 Date of Issue 58 Date of Issue 59 Date of Issue 69 Date of Issue 69 Date only one employer in the Philis correctly withheld by my employer (tax	46 47 A 47 B 48 49 50 51 52 53 54 A 54 B 55 four known, since of the due equipment of the set the sar between the set the sar between the set the sar between	0.00  20,000.00  0.00  0.00  0.00  0.00  0.00  72,276.60  0.00  72,276.60  0.00  353,843.37  wiledge and belief, is true and correct  Amount Paid  am qualified under substituted filing of el I received purely compensation income el calendar year; that taxes have been lals tax withheld); that the BIR Form his constitute as my income tax return; me purpose as if BIR Form No. 1700