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 5	2 For the Period					
(YYYY) • 2,0,1,9		From	(MM/DD)	0.1	0.1	To (MM/DD)	0.0 0.0
Part I Employee Information	Part	IV-B	Details of Comp	pensation I	ncome a	nd Tax Withheld from P	resent Employer
3 Taxpayer Identification No. 4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code	-4	Amount A. NON-TAXABLE/EXEMPT COMPENSATION INCOME					
BALDIVAS, ROMMEL ALIS 6 Registered Address 6 Zip Code	32 E		ry/ /linimum Wag age Earner (M	ge	32		0.00
,		Holiday Pa			33		0.00
6B Local Home Address 6C Zip Code	34 (Overtime F	ay (MWE)	;	34		0.00
6D Foreign Address 6E Zip Code	35 N	light Shift	Differential (N	MWE)	35		0.00
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number	36 ⊦	Hazard Pa	y (MWE)	;	36		0.00
0 3 1 8 1 9 9 4 9 4 9 Exemption Status	_	13th Month	C 2550101	;	37		3,776.00
X Single Married 9A Is the wife claiming the additional exemption for qualified dependent children? Yes No		De Minimis		į	38		11,550.00
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)			s, PHIC & Pa ns, & Union hare only)		39		7,077.66
12 Statutory Minimum Wage rate per day 12		Salaries & Compensa	Other Forms	of 4	40		0.00
13 Statutory Minimum Wage rate per month 13 0.00	100000 E0		Taxable/Exer	mpt 4	41		22,403.66
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax Part II Employer Information (Present)		B. TAXABLE COMPENSATION INCOME REGULAR					
15 Taxpayer 0 0 9 6 9 3 2 4 0 0 0 0 16 Employer's Name	42 E	Basic Sala	ry		42		98,360.80
Employer's Name	43 R	Representa	ation		43		0.00
17 Registered Address 17A Zip Code 770 E. Rodriguez Ext., Malibay, 1 3 0 0	44 T	ransporta	tion		14		0.00
Main Employer Secondary Employer Part III Employer Information (Previous)	45 (Cost of Livi	ing Allowanc	e ·	45		1,827.00
18 Taxpayer Identification No.	46 F	Fixed Hous	sing Allowand	ce é	46		0.00
19 Employer's Name	47 A	Others (Sp Temr	ecify) oo Allowand	e 4	17A		0.00
20 Registered Address 20A Zip Code	47B		ice Allowan		17B		0.00
Part IV-A Summary		SUPPLEM Commission			48		0.00
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/ 23 Present Employer (Item 41 plus Item 55) 24 Present Employer (Item 41 plus Item 55)	49 F	Profit Shar	ing		49		0.00
Exempt (Item 41) 22,403.66 23 Taxable Compensation Income from Present Employer (Item 55) 130,155.48	50 F	ees Inclu	iding Directo	or'e	50		0.00
24 Add: Taxable Compensation 24 Income from Previous Employer 0.00	F	ees					0.00
25 Gross Taxable 25 130,155.48 26 Less: Total Exemptions 26	a	Taxable 13th Month Pay and Other Benefits			51		0.00
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	52 H	Hazard Pa	y		52		0.00
28 Net Taxable 28 130,155.48	_	Overtime F			53		29,967.68
29 Tax Due 29 0.00 30 Amount of Taxes Withheld	54 C	Others (Sp	есту)		54A		0.00
30A Present Employer 30A 313.83	54B				54B		0.00
30B Previous Employer 30B 0.00 31 Total Amount of Taxes Withheld 31 31 Total Amount of Taxes Withheld 31	100000		ble Compens	sation	55		130,155.48
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	ood faith regulati	ions iss <u>ued</u>			ur knowl	ledge and belief, is tru	e and correct
Present Employer/ Authorized Agent Signature Over Printed Name CONFORME:	Date Signed						
57 BALDIVAS, ROMMEL ALIS CTC No. Employee Signature Over Printed Name of Employee Place of Issue		of Issue		1 1		Amou	nt Paid
To be accomplished ur	nder s	ubstituted	filing	1 1		3.	
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. 58	I ded Incom from corred No. 10	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;					
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)	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. 59 BALDIVAS, ROMMEL ALIS Employee Signature Over Printed Name						