	DLN:					
Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas Certificate of Compensation Payment/Tax Withheld Payment/Tax Withheld						
ı	For Compensation Payment With		IGI		J	July 2008 (ENCS)
-i 	in all applicable spaces. Mark al	l appropriate boxes with an "X"	2	For the Period		
	(YYYY) • 2016			From (MM/DD)	1 01	
oar 3 Ta	avnaver		Pa	art IV-B Details of Compensation	n Income a	and Tax Withheld from Present Employer Amount
ld	dentification No.	320 865 0000		NON-TAXABLE/EXEMPT CO	MPENSA	
	mployee's Name (Last Name, First Na	ame, Middle Name) 5 RDO Co		2 Basic Salary/	32	
<u> </u>	Registered Address	6A Zip Code	-	Statutory Minimum Wage Minimum Wage Earner (MWE)		
	PHASE 2, LOT 17, LYCHEE ST., PAI		22		22	
βB	Local Home Address	6C Zip Code		Holiday Pay (MWE)	33	
-			34	Overtime Pay (MWE)	34	
SD_	Foreign Address	6E Zip Code	35	Night Shift Differential (MWE)	35	
L	Data (Dist. (AMA/DD AAAA)	lo Tiliuli Ni	=	N. Harris I. Day (1997)	20	
<u></u>	Date of Birth (MM/DD/YYYY) 07	8 Telephone Number		6 Hazard Pay (MWE)	36	
) E	Exemption Status		37	 13th Month Pay and Other Benefits 	37	11,975.34
	Single Is the wife claiming the additional exem	Married	20	B De Minimis Benefits	38	
)A	Yes	No	36	De Millimis Benefits	36	26,250.00
0	Name of Qualified Dependent Childre	n 11 Date of Birth (MM/DD/YYYY	30	SSS, GSIS, PHIC & Pag-ibig	39	
ŀ			- $ $	Contributions, & Union Dues		9,170.20
				(Employee share only)		
	Ctatutany Minimum 14/	42	40		40	0.00
12	Statutory Minimum Wage rate per da	y 12		Compensation		
13	Statutory Minimum Wage rate per mo	onth 13	41	Total Non-Taxable/Exempt Compensation Income	41	47,395.54
14	Minimum Wage Earner whose withholding tax and not subject		В.		NCOME	
ar	rt II Employer Informati		_	REGULAR	INCOME	
	Taxpayer dentification No.	687 498 0000	42	Pasic Salary	42	134,533.91
	Employer's Name TATE PUBLISHING AND EN	ITEDDDISES (DUII IDDINES)	٦,,	. Daniel and the	43	
1_				3 Representation		
	Registered Address SALINAS DRIVE LAHUG C	EBU CITY 17A Zip Coo	44	Transportation	44	
▶∟						
ar	Main Employer	Secondary Employer	45	Cost of Living Allowance	45	
	rt III Employer Inform			, and the second second		
1 8 d	rt III Employer Inform Taxpayer dentification No.		46	Fixed Housing Allowance	45	
1 8 d	rt III Employer Inform Taxpayer		46	Fixed Housing Allowance Others (Specify)		10 188 55
18	rt III Employer Inform Taxpayer dentification No. Employer's Name	nation (Previous)	47	Fixed Housing Allowance Others (Specify)	46 47A	10,188.55
18	rt III Employer Inform Taxpayer dentification No.		47	7 Others (Specify) 7A	46	10,188.55
18 ld	rt III Employer Inform Taxpayer dentification No. Employer's Name Registered Address	20A Zip Coo	46 47 47 47 48	Fixed Housing Allowance Others (Specify)	46 47A	10,188.55
18 d	rt III Employer Inform Taxpayer dentification No. Employer's Name Registered Address rt IV-A Su Gross Compensation Income from Present Employer (Item 41 plus Item 55)	20A Zip Coo	46 47 47 47 48 00	Others (Specify) Others (Specify) SUPPLEMENTARY Commission	46 47A 47B 48	10,188.55
20 Par 21	rt III Employer Inform Taxpayer dentification No. Employer's Name Registered Address rt IV-A Su Gross Compensation Income from 2 Present Employer (Item 41 plus Item 55) Less: Total Non-Taxable/ 2 Exempt (Item 41)	20A Zip Coo mmary 1 192,118. 2 47,395.	46 47 47 47 48 00	To Fixed Housing Allowance Others (Specify) OTHER (Specify) OTHER (Specify) OTHER (Specify)	46 47A 47B	10,188.55
20 Par 21 22 23	rt III Employer Inform Taxpayer dentification No. Employer's Name Registered Address rt IV-A Su Gross Compensation Income from 2 Present Employer (Item 41 plus Item 55) Less: Total Non-Taxable/ 2 Exempt (Item 41) Taxable Compensation Income from Present Employer (Item 55)	20A Zip Coo mmary 1 192,118. 2 47,395. 3 144,722.	46 47 47 47 48 00 48	Others (Specify) Others (Specify) OTA SUPPLEMENTARY Commission Profit Sharing Fees Including Director's	46 47A 47B 48	10,188.55
20 Par 21 22 23 24	rt III Employer Inform Taxpayer dentification No. Employer's Name Registered Address rt IV-A Su Gross Compensation Income from Present Employer (Item 41 plus Item 55) Less: Total Non-Taxable/ Exempt (Item 41) Taxable Compensation Income from Present Employer (Item 55) Add: Taxable Compensation Income from Previous Employer	mmary 1 192,118. 2 47,395. 3 144,722.	46 47 47 48 00 48 64 65 60	S Fixed Housing Allowance Others (Specify) SUPPLEMENTARY Commission Profit Sharing Fees Including Director's Fees	46 47A 47B 48 49 50	
20 Par 21 22 23 24 25	rt III Employer Inform Taxpayer dentification No. Employer's Name Registered Address rt IV-A Su Gross Compensation Income from 2 Present Employer (Item 41 plus Item 55) Less: Total Non-Taxable/ 2 Exempt (Item 41) Taxable Compensation Income from Present Employer (Item 55) Add: Taxable Compensation Income from Previous Employer Gross Taxable Compensation Income Gross Taxable Compensation Income	20A Zip Coo mmary 1 192,118 2 47,395 3 144,722 4 0.5	46 47 47 47 48 00 48 54 46 50 50	Others (Specify) Others (Specify) OTA SUPPLEMENTARY Commission Profit Sharing Fees Including Director's	46 47A 47E 48 49	0.00
20 Par 21 22 23 24 25 26	rt III Employer Inform Taxpayer dentification No. Employer's Name Registered Address rt IV-A Su Gross Compensation Income from 2 Present Employer (Item 41 plus Item 55) Less: Total Non-Taxable/ 2 Exempt (Item 41) Taxable Compensation Income from Present Employer (Item 55) Add: Taxable Compensation Income from Previous Employer Gross Taxable Compensation Income Less: Total Exemptions 2	mmary 1 192,118 2 47,395 3 144,722 4 0.5 144,722 6 50,000	46 47 47 47 48 00 48 54 46 50 50 51	S Fixed Housing Allowance Others (Specify) OTA SUPPLEMENTARY Commission Profit Sharing Fees Including Director's Fees Taxable 13th Month Pay	46 47A 47B 48 49 50	
20 Par 21 22 23 24 25 26 27	rt III Employer Inform Taxpayer dentification No. Employer's Name Registered Address rt IV-A Su Gross Compensation Income from Present Employer (Item 41 plus Item 55) Less: Total Non-Taxable/ Exempt (Item 41) Taxable Compensation Income from Present Employer (Item 55) Add: Taxable Compensation Income from Previous Employer Gross Taxable Compensation Income Less: Total Exemptions Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	20A Zip Coo mmary 1 192,118. 2 47,395. 3 144,722. 4 0. 5 144,722. 6 50,000. 7 0.	46 47 47 48 00 49 46 50 51 50 51 50 52	S Fixed Housing Allowance Others (Specify) OTA OTA SUPPLEMENTARY Commission Profit Sharing Fees Including Director's Fees Taxable 13th Month Pay and Other Benefits Hazard Pay	46 47A 47B 48 49 50 51 52	
20 Par 21 22 23 24 25 26 27 28	rt III Employer Inform Taxpayer dentification No. Employer's Name Registered Address rt IV-A Su Gross Compensation Income from 2 Present Employer (Item 41 plus Item 55) Less: Total Non-Taxable/ 2 Exempt (Item 41) Taxable Compensation Income from Present Employer (Item 55) Add: Taxable Compensation Income from Previous Employer Gross Taxable Compensation Income Less: Total Exemptions 2 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) Net Taxable Compensation Income	mmary 1 192,118 2 47,395 3 144,722 4 0.5 144,722 6 50,000 7 0.8 94,722	46 47 47 48 200 49 46 500 51 500 52 500 53	Others (Specify) Others (Specify) Others (Specify) SUPPLEMENTARY Commission Profit Sharing Fees Including Director's Fees Taxable 13th Month Pay and Other Benefits Hazard Pay Overtime Pay	46 47A 47E 48 49 50 51	
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Par 21 22 23 24 25 26 27 28 29	Taxpayer Sentification No. Employer's Name Registered Address Present Employer (Item 41 plus Item 55) Less: Total Non-Taxable/ Exempt (Item 41) Taxable Compensation Income from Present Employer (Item 55) Add: Taxable Compensation Income from Previous Employer Gross Taxable Compensation Income Less: Total Exemptions Less: Premium Paid on Health and/or Hospital Insurance (If applicable) Net Taxable Compensation Income Tax Due Amount of Taxes Withheld 30A Present Employer 30 30B Previous Employer Total Amount of Taxes Withheld As adjusted We declare, under the penalties of perpursuant to the provisions of the National Information of the	20A Zip Coo mmary 1 192,118. 2 47,395. 3 144,722. 4 0. 5 144,722. 6 50,000. 7 0. 8 94,722. 9 13,444. 0A 15,381. 0B 0. 1 15,381. iury, that this certificate has been made in genternal Revenue Code, as amended, and the eT. Bartulin lent Signature Over Printed Name	46 47 47 48 48 49 46 50 46 50 51 50 51 50 51 51 51 51 51 51 51 51 51 51 51 51 51	Cothers (Specify) CA COTHERS (Specify) CA COTHERS (Specify) CA COMMISSION COMMISSIO	46 47A 47E 48 49 50 51 52 53 54A 54E 55	0.00
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8 dd 9 Part 22 Part	Taxpayer Sentification No. Employer's Name Registered Address Total Non-Taxable/ Exempt (Item 41) Taxable Compensation Income from Present Employer (Item 45) Add: Taxable Compensation Income from Present Employer (Item 55) Add: Taxable Compensation Income from Present Employer (Item 55) Add: Taxable Compensation Income from Previous Employer Gross Taxable Compensation Income Less: Total Exemptions Less: Premium Paid on Health and/or Hospital Insurance (If applicable) Net Taxable Compensation Income Tax Due Amount of Taxes Withheld 30A Present Employer 30B Previous Employer Total Amount of Taxes Withheld 30A Present Employer Total Amount of Taxes Withheld As adjusted We declare, under the penalties of perpursuant to the provisions of the National Info Present Employer/Authorized Ag CONFORME: Spastian CONFORME: Sebastian Tdeclare, under the penalties of perjury, tha	20A Zip Cod mmary 1 192,118. 2 47,395. 3 144,722. 4 0. 5 144,722. 6 50,000. 7 0. 8 94,722. 9 13,444. 0A 15,381. 0B 0. 1 15,381. ijury, that this certificate has been made in genternal Revenue Code, as amended, and the eT. Bartulin lent Signature Over Printed Name n Penayes ure Over Printed Name Place of Issue To be accomplished to the information herein stated are reported.	46 47 47 48 48 48 48 48 48 48 48 48 48 48 48 48	Others (Specify) Others (Specify) SUPPLEMENTARY Commission Profit Sharing Fees Including Director's Fees Taxable 13th Month Pay and Other Benefits Hazard Pav Overtime Pay Others (Specify) Total Taxable Compensation Income Verified by us, and to the best of our ons issued under authority thereof. Others Signed Telescopic of the Signed Telescopic	46 47 47 47 48 49 50 51 54 A 55 knowledge that I am q	0.00 144,722.46 and belief, is true and correct Amount Paid ualified under substituted filing of
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