

For Compensation Payment With or Without Tax Withheld

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

<b>Part IV-B</b>		<b>Details of Compensation Income and Tax Withheld from Present Employer</b>
------------------	--	--

	Amount
--	--------

**A. NON-TAXABLE/EXEMPT COMPENSATION INCOME**

32	Basic Salary/ Statutory Minimum Wage	32	
----	---	----	--

33	Holiday Pay (MWE)	33	
----	-------------------	----	--

33	Holiday Pay (MWE)	33	
34	Overtime Pay (MWE)	34	

35	Night Shift Differential (MWE)	35	
----	--------------------------------	----	--

36 Hazard Pay (MWE)	36	
---------------------	----	--

37	13th Month Pay and Other Benefits	37	22,207.19
38	De Minimis Benefits	38	26,250.00

39	SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	10,869.30
40	Salaries & Other Forms of Compensation	40	12,572.22

40	Salaries & Other Forms of Compensation	40	16,550.00
41	Total Non-Taxable/Exempt Compensation Income	41	75,876.49

Compensation income	
<b>B. TAXABLE COMPENSATION INCOME</b>	

## REGULAR

42	Basic Salary	42	255 617 00
----	--------------	----	------------

42 Basic Salary	42	200,000.00
43 Representation	43	

44 Transportation	44	
-------------------	----	--

45	Cost of Living Allowance	45	
----	--------------------------	----	--

\_\_\_\_\_

46	Fixed Housing Allowance	46	
----	-------------------------	----	--

47	Others (Specify)	
47A		1,333.57

47B  47B

SUPPLEMENTARY	
48 Commission	48

40 Commission	40
---------------	----

49 Profit Sharing	49	
-------------------	----	--

50 Fees Including Director's	50
------------------------------	----

Fees	

<b>51</b>	<b>Taxable 13th Month Pay and Other Benefits</b>	<b>51</b>	<b>0.00</b>
-----------	--	-----------	-------------

52	Hazard Pay	52	
----	------------	----	--

52 Continuation of Schedule D (Form 990) 2014

53	Overtime Pay	53	
54	Others (Specify)		

54 Others (Specify)

54A		54A	
54B		54B	

54B		54B	
-----	--	-----	--

<b>55</b>	<b>Total Taxable Compensation</b>	<b>55</b>	<b>256,950.57</b>
-----------	-----------------------------------	-----------	-------------------

Date Signed

Date Signed					
-------------	--	--	--	--	--

Date Signed	<div style="border-bottom: 1px solid black; width: 150px;"></div>	
Date of Issue	<div style="border-bottom: 1px solid black; width: 150px;"></div>	Amount Paid <div style="border-bottom: 1px solid black; height: 20px;"></div>

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.

59 **Floreza Alpuerto**  
Employee Signature Over Printed Name