Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas  Certificate of Compensation Payment/Tax Withheld  Payment/Tax Withheld			
For Compensation Payment With or Without	Γax Withheld		July 2008 (ENCS)
For the Year (YYYY)  Employee Information	e boxes with an "X"	From (MIM/DD)	1 01 To (MM/DD) 12 31
Part I Employee Information  Taxpayer   229   748	342 0000	A. NON-TAXABLE/EXEMPT CO	Amount
Employee's Name (Last Name, First Name, Middle N		32 Basic Salary/	32
TESCH, MARK CHARLES CALAGUAS  Registered Address  6A Zip Code		Statutory Minimum Wage Minimum Wage Earner (MWE)	
#15 C.S. ROSAL STREET, CAMPUTHAW, CEBU	CITY 6000	33 Holiday Pay (MWE)	33
SB Local Home Address  6C Zip Code		34 Overtime Pay (MWE)	34
D Foreign Address	6E Zip Code	<b>35</b> Night Shift Differential (MWE)	35
7 Date of Birth (MM/DD/YYYY) 8 Telept	none Number	36 Hazard Pay (MWE)	36
Exemption Status Single Mari	ied	37 13th Month Pay and Other Benefits	37,183.22
A Is the wife claiming the additional exemption for qual  Yes  No	ified dependent children?	38 De Minimis Benefits	26,250.00
Name of Qualified Dependent Children     11	Date of Birth (MM/DD/YYYY)	39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	11,869.30
2 Statutory Minimum Wage rate per day 12		40 Salaries & Other Forms of Compensation	40 44,816.78
3 Statutory Minimum Wage rate per month 13		41 Total Non-Taxable/Exempt Compensation Income	120,119.30
Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax  Part II Employer Information (Present)		3. TAXABLE COMPENSATION INCOME REGULAR	
5 Taxpayer dentification No. 423 687	498 0000	<b>42</b> Basic Salary	42 434,329.34
6 Employer's Name TATE PUBLISHING AND ENTERPRIS	ES (PHILIPPINES),	<b>43</b> Representation	43
7 Registered Address SALINAS DRIVE LAHUG CEBU CITY	17A Zip Code 6000	<b>44</b> Transportation	44
Main Employer Secondary E		45 Cost of Living Allowance	45
Part III Employer Information (Previo 8 Taxpayer		<b>46</b> Fixed Housing Allowance	46
Identification No.  9 Employer's Name		47 Others (Specify)	
		47A	88,159.59
Registered Address	20A Zip Code	47B	47B
Part IV-A Summary 1 Gross Compensation Income from 21	247 700 00	SUPPLEMENTARY 48 Commission	48
Present Employer (Item 41 plus Item 55)  2 Less: Total Non-Taxable/ 22	647,739.39	<b>49</b> Profit Sharing	49
Exempt (Item 41) 3 Taxable Compensation Income 23	120,119.30 527,620.09	FO Face Including Directoria	E0
from Present Employer (Item 55)  4 Add: Taxable Compensation Income from Previous Employer	0.00	<b>50</b> Fees Including Director's Fees	50
75 Gross Taxable Compensation Income	527,620.09	51 Taxable 13th Month Pay and Other Benefits	5,131.16
16 Less: Total Exemptions 26 27 Less: Premium Paid on Health 27	50,000.00	<b>52</b> Hazard Pav	52
and/or Hospital Insurance (If applicable)  8 Net Taxable  28	0.00 477,620.09	53 Overtime Pay	53
Compensation Income  19 Tax Due  29	118,286.03	54 Others (Specify)	
Amount of Taxes Withheld 30A Present Employer 30A	122,925.59	54A	54A
30B Previous Employer 30B	0.00	54B	548
31 Total Amount of Taxes Withheld 31 As adjusted	122,925.59	55 Total Taxable Compensation Income	55 527,620.09
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and correct pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.  56			
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.    The declare of Diana Rose T. Bartulin			