► DLN:					
Republika ng Pilipinas Kagawaran ng Pananala Kawanihan ng Rentas			e of Compensa ent/Tax Withhel		2316
For Compensation Payment Wit		nheld			July 2008 (ENCS)
Fill in all applicable spaces. Mark a	all appropriate boxes	with an "X"	2 For the Period	01 01	12 31
(YYYY) • 2016			From (MM/DD)		10 (MIM/DD) L
Part I Employee Informa B Taxpayer		0000	Part IV-B Details of Compensat	tion Income ar	nd Tax Withheld from Present Employer Amount
ldentification No. ► 406 745 718 0000 4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code			A. NON-TAXABLE/EXEMPT CO	OMPENSAT	TION INCOME
			32 Basic Salary/	32	
6 Registered Address 6A Zip Code			Statutory Minimum Wage Minimum Wage Earner (MWE)		
2100 UPPER PAKIGNE MINGLANILLA CEBU 6046			33 Holiday Pay (MWE)	33	
6C Zip Code					
•			34 Overtime Pay (MWE)	34	
6D Foreign Address		6E Zip Code	35 Night Shift Differential (MWE)	35	
7 Data of Direk (NANA/DD/AAAA)	O Talanhana Niva		26 Harrard Day (ANA/E)	26	
06 02 1988			36 Hazard Pay (MWE)	36	
Exemption Status			37 13th Month Pay and Other Benefits	37	18,367.81
Single Married			38 De Minimis Benefits	38	26,250.00
Name of Qualified Dependent Child	ren 11 Date of Bir	th (MM/DD/YYYY)	20 SSS GSIS DUIC & Bog ibig	20	
			39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues		10,119.30
			(Employee share only)		
10.00.44			40 Salaries & Other Forms of	40	3,197.80
12 Statutory Minimum Wage rate per o	day 12		Compensation		,
13 Statutory Minimum Wage rate per r	month 13		41 Total Non-Taxable/Exempt Compensation Income	41	57,934.91
14 Minimum Wage Earner whose compensation is exempt from			·		
withholding tax and not subject II Employer Information			B. TAXABLE COMPENSATION REGULAR	INCOME	
I5 Taxpayer Identification No. ▶ 423	687 498	0000	42 Basic Salary	42	210,294.40
I6 Employer's Name TATE PUBLISHING AND E	NTEDDDISES (DU	III IDDINES)	40 Damma autotica	43	
I ATE PUBLISHING AND E	INTERPRISES (PI	illiffines),	43 Representation		
E Daniel at a march Andrews		474 7' 0 0 1			
17 Registered Address SALINAS DRIVE LAHUG	CEBU CITY	17A Zip Code 6000	44 Transportation	44	
SALINAS DRIVE LAHUG					
SALINAS DRIVE LAHUG Main Employer Part III Employer Infor	CEBU CITY Secondary Employer rmation (Previous)		45 Cost of Living Allowance	45	
SALINAS DRIVE LAHUG Main Employer Part III Employer Infor 18 Taxpayer Identification No.	Secondary Employer		45 Cost of Living Allowance46 Fixed Housing Allowance		
SALINAS DRIVE LAHUG Main Employer Part III Employer Infor 18 Taxpayer	Secondary Employer		45 Cost of Living Allowance	45	4 597 04
Main Employer Part III Employer Infor I8 Taxpayer Identification No. I9 Employer's Name	Secondary Employer	6000	45 Cost of Living Allowance46 Fixed Housing Allowance47 Others (Specify)47A	45 46 47A	1,587.94
SALINAS DRIVE LAHUG Main Employer Part III Employer Infor 18 Taxpayer Identification No.	Secondary Employer		 45 Cost of Living Allowance 46 Fixed Housing Allowance 47 Others (Specify) 47A 47B 	45	1,587.94
Main Employer Part III Employer Infor I8 Taxpayer Identification No. I9 Employer's Name 20 Registered Address	Secondary Employer	6000	45 Cost of Living Allowance46 Fixed Housing Allowance47 Others (Specify)47A	45 46 47A	1,587.94
Main Employer Part III Employer Infor I8 Taxpayer Identification No. I9 Employer's Name 20 Registered Address	Secondary Employer rmation (Previous)	6000	45 Cost of Living Allowance 46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission	45 46 47A 47B	1,587.94
Main Employer Part III Employer Infor I8 Taxpayer Identification No. I9 Employer's Name 20 Registered Address Part IV-A S21 Gross Compensation Income from	Secondary Employer rmation (Previous)	6000	45 Cost of Living Allowance 46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY	45 46 47A 47B	1,587.94
Main Employer Part III Employer Infor 18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address Part IV-A 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/	Secondary Employer rmation (Previous) Gummary 21	20A Zip Code 269,817.25 57,934.91	45 Cost of Living Allowance 46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing	45 46 47A 47B 48	1,587.94
Main Employer Part III Employer Infor 18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address Part IV-A 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/ Exempt (Item 41) 23 Taxable Compensation Income	Secondary Employer rmation (Previous) Summary 21	20A Zip Code 269,817.25 57,934.91	45 Cost of Living Allowance 46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission	45 46 47A 47E 48 49	1,587.94
Main Employer Part III Employer Infor 18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address Part IV-A 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) Less: Total Non-Taxable/ Exempt (Item 41) 23 Taxable Compensation Income from Present Employer (Item 55) 24 Add: Taxable Compensation	Secondary Employer rmation (Previous) Summary 21 22 23	20A Zip Code 269,817.25 57,934.91 211,882.34	45 Cost of Living Allowance 46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's	45 46 47A 47E 48 49	0.00
Main Employer Part III Employer Infor 18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address Part IV-A 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	Secondary Employer rmation (Previous) Gummary 21 22 23	269,817.25 57,934.91 211,882.34 0.00 211,882.34	45 Cost of Living Allowance 46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay	45 46 47A 47E 48 49 50	
Main Employer Part III Employer Infor 18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address Part IV-A 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 Compensation Income Compensation Income	Secondary Employer rmation (Previous) Summary 21 22 23 24	269,817.25 57,934.91 211,882.34 0.00 211,882.34	45 Cost of Living Allowance 46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits	45 46 47A 47E 48 49 50 51	
Main Employer Part III Employer Infor 18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address Part IV-A 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) 4 Add: Taxable Compensation Income from Previous Employer 25 Gross Taxable Compensation Income 16 Gross Taxable Compensation Income 17 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable	Secondary Employer rmation (Previous) Summary 21 22 23 24 25	269,817.25 57,934.91 211,882.34 0.00 211,882.34 50,000.00	45 Cost of Living Allowance 46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits	45 46 47A 47E 48 49 50 51	
Main Employer Part III Employer Infor 18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address Part IV-A 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 Compensation Income 18 Compensation 19 Employer (Item 55) 26 Add: Taxable Compensation 19 Employer (Item 55) 27 Less: Total Exemptions 28 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	Secondary Employer remation (Previous) Gummary 21 22 23 24 25 26 27	20A Zip Code 269,817.25 57,934.91 211,882.34 0.00 211,882.34 50,000.00 0.00	45 Cost of Living Allowance 46 Fixed Housing Allowance 47 Others (Specify) 47A 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay	45	
Main Employer Part III Employer Infor 18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address Part IV-A 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 Less: Total Exemptions 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable Compensation Income Tax Due 30 Amount of Taxes Withheld	Secondary Employer remation (Previous) Gummary 21 22 23 24 25 26 27 28 29	20A Zip Code 269,817.25 57,934.91 211,882.34 0.00 211,882.34 50,000.00 0.00 161,882.34 27,970.59	45 Cost of Living Allowance 46 Fixed Housing Allowance 47 Others (Specify) 47A 47B 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	45	
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Main Employer Part III Employer Infor 18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address Part IV-A 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 16 Less: Total Exemptions 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable Compensation Income Tax Due 30 Amount of Taxes Withheld 30A Present Employer 30B Previous Employer 31 Total Amount of Taxes Withheld As adjusted	Secondary Employer rmation (Previous) Gummary 21 22 23 24 25 26 27 28 29 30A 30B 31	20A Zip Code 269,817.25 57,934.91 211,882.34 0.00 211,882.34 50,000.00 0.00 161,882.34 27,970.59 31,096.34 0.00 31,096.34	45 Cost of Living Allowance 46 Fixed Housing Allowance 47 Others (Specify) 47A 47B 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	45	0.00
Main Employer Part III Employer Infor 18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address Part IV-A 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 16 Compensation Income 17 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable Compensation Income 29 Tax Due 30 Amount of Taxes Withheld 30 A Present Employer 30 Amount of Taxes Withheld 30 A Present Employer 31 Total Amount of Taxes Withheld As adjusted We declare, under the penalties of p pursuant to the provisions of the Nationa	Secondary Employer remation (Previous) Summary 21 22 23 24 25 26 27 28 29 30A 30B 31 berjury, that this certificate hall Internal Revenue Code, as	20A Zip Code 269,817.25 57,934.91 211,882.34 0.00 211,882.34 50,000.00 0.00 161,882.34 27,970.59 31,096.34 0.00 31,096.34	45 Cost of Living Allowance 46 Fixed Housing Allowance 47 Others (Specify) 47A 47B 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 aith, verified by us, and to the best of our	45	0.00
Main Employer Part III Employer Infor 18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address Part IV-A 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 16 Less: Total Exemptions 17 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 18 Net Taxable Compensation Income 19 Tax Due 10 Amount of Taxes Withheld 30 A Present Employer 30 Amount of Taxes Withheld 30 A Present Employer 31 Total Amount of Taxes Withheld As adjusted We declare, under the penalties of p pursuant to the provisions of the Nationa 56 Present Employer/ Authorized / Present Employer/ Authorized / CONECRME.	Secondary Employer remation (Previous) Summary 21 22 23 24 25 26 27 28 29 30A 30B 31 erjury, that this certificate had Internal Revenue Code, as ose T. Bartulin Agent Signature Over Printed	20A Zip Code 269,817.25 57,934.91 211,882.34 0.00 211,882.34 50,000.00 0.00 161,882.34 27,970.59 31,096.34 0.00 31,096.34 s been made in good fa amended, and the regular	45 Cost of Living Allowance 46 Fixed Housing Allowance 47 Others (Specify) 47A 47B 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 aith, verified by us, and to the best of oulations issued under authority thereof. Date Signed	45	0.00
Main Employer Part III Employer Infor 18 Taxpayer Identification No. 19 Employer's Name Part IV-A 20 Registered Address Part IV-A 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 16 Less: Total Exemptions 17 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 18 Net Taxable Compensation Income 19 Tax Due 10 Amount of Taxes Withheld 30 A Present Employer 30 Amount of Taxes Withheld 30 A Present Employer 31 Total Amount of Taxes Withheld As adjusted We declare, under the penalties of p pursuant to the provisions of the Nationa 56 Diana Ro Present Employer/Authorized // CONFORME: 57 CTC No. Employee Signa	Secondary Employer remation (Previous) Summary 21 22 23 24 25 26 27 28 29 30A 30B 31 berjury, that this certificate hall Internal Revenue Code, as ose T. Bartulin Agent Signature Over Printed I Sandalo ature Over Printed Name	20A Zip Code 269,817.25 57,934.91 211,882.34 0.00 211,882.34 50,000.00 0.00 161,882.34 27,970.59 31,096.34 0.00 31,096.34 s been made in good framended, and the regulation of the	45 Cost of Living Allowance 46 Fixed Housing Allowance 47 Others (Specify) 47A 47B 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 aith, verified by us, and to the best of outlations issued under authority thereof. Date Signed Date Signed	45	0.00
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Main Employer Part III Employer Infor 18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address Part IV-A 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 30 Amount of Taxes Withheld 30 A Present Employer 30B Previous Employer 31 Total Amount of Taxes Withheld As adjusted We declare, under the penalties of p pursuant to the provisions of the Nationa 56 Diana Ro Present Employer/ Authorized // CONFORME: 57 CTC No. Employee Signs of Employee	Secondary Employer remation (Previous) Summary 21 22 23 24 25 26 27 28 29 30A 30B 31 berjury, that this certificate ha I Internal Revenue Code, as bse T. Bartulin Agent Signature Over Printed Name Place of Issue To b hat the information herein sta	20A Zip Code 269,817.25 57,934.91 211,882.34 0.00 211,882.34 50,000.00 0.00 161,882.34 27,970.59 31,096.34 0.00 31,096.34 onumber of the regular of the regula	45 Cost of Living Allowance 46 Fixed Housing Allowance 47 Others (Specify) 47A 47B 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 aith, verified by us, and to the best of outlations issued under authority thereof. Date Signed Date of Issue der substituted filling I declare, under the penalties of periun	45	0.00 211,882.34 and belief, is true and correct Amount Paid
Main Employer Part III Employer Infor 18 Taxpayer Identification No. 19 Employer's Name Part IV-A 20 Registered Address Part IV-A 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 Less: Total Exemptions 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable Compensation Income 29 Tax Due 30 Amount of Taxes Withheld 30A Present Employer 30B Previous Employer 30B Previous Employer 30B Previous Employer 30B Previous Employer 31 Total Amount of Taxes Withheld As adjusted We declare, under the penalties of p pursuant to the provisions of the Nationa 56 Present Employer/ Authorized / CONFORME: 57 CTC No. Employee I declare, under the penalties of perjury, tunder BIR Form No. 1604CF which has been	Secondary Employer rmation (Previous) Summary 21 22 23 24 25 26 27 28 29 30A 30B 31 Derjury, that this certificate had Internal Revenue Code, as Desert. Bartulin Agent Signature Over Printed I Sandalo ature Over Printed Name Place of Issue To be that the information herein standied with the Bureau of Internal Revenue of Internal Revenue Code, as Desert. Bartulin Agent Signature Over Printed Name Place of Issue	20A Zip Code 269,817.25 57,934.91 211,882.34 0.00 211,882.34 50,000.00 0.00 161,882.34 27,970.59 31,096.34 0.00 31,096.34 one accomplished unated are reported	45 Cost of Living Allowance 46 Fixed Housing Allowance 47 Others (Specify) 47A 47B 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 aith, verified by us, and to the best of oulations issued under authority thereof. Date Signed Date of Issue der substituted filling I declare, under the penalties of perjung Income Tax Returns (BIR Form No. 176 from only one employer in the Phils	45 46 47 A 47 A 47 B 48 49 50 51 52 53 54 A 54 B 55 5 5 5 6 or knowledge a cook of the cale	O.00 211,882.34 and belief, is true and correct Amount Paid alified under substituted filing of ceived purely compensation income endar year; that taxes have been
Main Employer Part III Employer Infor 18 Taxpayer Identification No. 19 Employer's Name Part IV-A 20 Registered Address Part IV-A 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 Less: Total Exemptions 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable Compensation Income 29 Tax Due 30 Amount of Taxes Withheld 30A Present Employer 30B Previous Employer 30B Previous Employer 30B Previous Employer 30B Previous Employer 31 Total Amount of Taxes Withheld As adjusted We declare, under the penalties of p pursuant to the provisions of the Nationa 56 Present Employer/ Authorized / CONFORME: 57 CTC No. Employee I declare, under the penalties of perjury, tunder BIR Form No. 1604CF which has been	Secondary Employer remation (Previous) Summary 21 22 23 24 25 26 27 28 29 30A 30B 31 berjury, that this certificate had Internal Revenue Code, as Se T. Bartulin Agent Signature Over Printed Name Place of Issue To be that the information herein standiled with the Bureau of Internation Se T. Bartulin Se T. Bartulin	20A Zip Code 269,817.25 57,934.91 211,882.34 0.00 211,882.34 50,000.00 0.00 161,882.34 27,970.59 31,096.34 0.00 31,096.34 s been made in good fa amended, and the regulated are reported ernal Revenue.	45 Cost of Living Allowance 46 Fixed Housing Allowance 47 Others (Specify) 47A 47B 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 aith, verified by us, and to the best of outlations issued under authority thereof. Date Signed Date of Issue der substituted filling I declare, under the penalties of perjunglincome Tax Returns (BIR Form No. 176	45 46 47A 47B 48 49 50 51 52 53 54A 54B 555 Ir knowledge a the BIR shall of the Cale due equals tathe BIR shall of the BIR s	O.00 211,882.34 and belief, is true and correct Amount Paid alified under substituted filing of ceived purely compensation income income year; that taxes have been ix withheld); that the BIR Form constitute as my income tax return;

pursuant to the provisions of RR No. 3-2002, as amended.

Art Fil Sandalo 59_