

BIR Form No.

## Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld



January 2018 (ENCS)

		W	W	W.	
BER 111			1 11 2		

1 For the Year (YYYY)	2021	Biological Control of the Control of	ate box	es with	all A	2	For the Period From (MM/DD)	07 12	To (MM/DD) 12 31	
Part I - Employee Information							Part IV-B Details of Compensation Income and Tax Withheld from Present Employer			
3 TIN	398	099		316	0000	] A.	NON-TAXABLE/EXEMPT COMPEN	ISATION INC		
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code COQUIA, JOSHUA MARI PADUA							27 Basic Salary(including the exempt P25		Amount 0.00	
6 Registered Address 6A Zip Code							of the Statutory Minimum Wage of the Holiday Pay (MWE)	ne MWE		
						29	Overtime Pay (MWE)		0.00	
6B Local Home Address	198				6C Zip Code				0.00	
en Foreign Address							Night Shift Differential (MWE)		0.00	
6D Foreign Address					6E Zip Code		Hazard Pay (MWE)		0.00	
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number							32 13th Month Pay and Other Benefits (maximum of P90,000) 33 De Minimis Benefits		15,775.00	
						33		11,996.77		
9 Statutory Minimum Wage rate per day 0.00							SSS, GSIS, PHIC & Pag-ibig Contrib and Union Dues (Employee share on	6,521.90		
10 Statutory Minimum Wage	rate per mont	h			0.00	35	Salaries & Other Forms of Compens		24,150.00	
11 X Minimum Wage I				xempt fr	om	36	Total Non-Taxable/Exempt Compens	sation	58,443.67	
withholding tax a	nd not subject rt II - Employ	NAME AND ADDRESS OF THE OWNER, WHEN	THE RESERVE AND ADDRESS OF THE PERSON.	resent)		4	Income (Sum of Items 27 to 35)		36,443.07	
12 Taxpayer	000	163		806	0000	В.	TAXABLE COMPENSATION INCOM	ME REGULAI	ર	
13 Employer's Name		100	50.0 (50.00)	,,,,	,00,00	37	Basic Salary		86,478.37	
,						38	Representation		80,478.37	
14 Registered Address					14A Zip Code	39	Transportation			
15 Type of Employer	Mair	Employer	r	Second	dary Employer		Cost of Living Allowance (COLA)			
	- Employer I				iary Employer			_		
16 TIN	- Employer r	Mormation	II (Frevio	ous			Fixed Housing Allowance			
17 Employer's Name					23   1   1	42	Others (Specify) 42A		0.00	
							42B		0.00	
18 Registered Address					18A Zip Code					
	Part	IVA - Sum	mary				SUPPLEMENTARY			
19 Gross Compensation Incom Employer (Sum of Items 36	me from Presen		indry	-	144,922.04	43	Commission			
20 Less: Total Non-Taxable/E	Exempt Comper			and the second	58.443.67	44	Profit Sharing			
Income from Present Empl 21 Taxable Compensation Inc	come from Prese	ent			86,478.37		Fees Including Director's Fees			
Employer (Item 19 Less Ite 22 Add: Taxable Compensation		m 50)			0.00	1	Taxable 13th Month Pay Benefits			
Previous Employer, if appli 23 Gross Taxable Compen				No. Africa year			Hazard Pay	_	0.00	
(Sum of Items 21 and 2 24 Tax Due					86,478.37	1.		_		
					0.00		Overtime Pay			
25 Amount of Taxes Withh 25A Present Employer	eld				0.00	1 200000	Others (Specify) 49A			
25B Previous Employer					0.00	100	49B			
26 Total Amount of Taxes Wit		ed			0.00	1	Total Taxable Compensation Income		00 470 07	
(Sum of Items 25A and 258 I/We declare, under the	Contract of the Contract of th	periury that	this certifi	cate has			(Sum of Items 37 and 49B) h, verified by us, and to the best of my/our		86,478.37	
the provisions of the Nation as contemplated under the	nal Internal Rev	enue Code,	as amend	ded, and	the regulations iss	ued t	inder authority thereof. Further, I/we give m	ny/our consent	to the processing of my/our information	
		RO TAKE	100	10173) 10	or legitimate and la	wiui	purposes.			
51 Present Emp	oloyer/ Authorize	Agent Siç	gnature O	ver Printe	ed Name	Dat	e Signed	1 1		
CONFORME:		logua	/						*	
52	JOSHUA MA	IRI FADU	IA COQI	UIA		Dat	e Signed			
CTC/Valid ID N	Employee Sign	nature Over		ame					Amount Paid, if CTC	
of Employee		Issue	<u> </u>	7. 1			e of Issue	1 1		
I declare, under the penalti				rein state	d are reported	10	der substituted filing eclare,under the penalties of perjury that I			
under BIR Form No. 1604C w	hich has been f	iled with the	Bureau c	of Internal	Revenue.		ome Tax Returns(BIR Form No. 1700), sind on only one employer in the Philippines f			
VIIVALIDATAVENAVA						cor	from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form			
Present Employer/ Authorized Agent Signature Over Printed Name							No. 1604-C 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 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.			
(Fisad of Accountil)	griuman Res	raice of Aut	monzed K	epresent	auve)	nas	JOSHUA MAF			
							54Employee Signat			