## Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas For Compensation Payment With or Without Tax Withheld Ilin all applicable grasses Medical representation

BIR Form No.

| Fill in all applicable spaces. Mark all appropriate boxes with an "X"  |  |
|--|--|
| 1 For the Year (YYYY) ▶ 2,0,1,7  | 2 For the Period  ► From (MM/DD) 0,1 0,1 To (MM/DD) 0,0 0,0  |
| Part I Employee Information  | Part IV-B Details of Compensation Income and Tax Withheld from Present Employer  |
| 3 Taxpayer 4 7 0 5 9 4 5 7 0   | Amount   |
| Identification No. Image: Identification No. | A. NON-TAXABLE/EXEMPT COMPENSATION INCOME  |
| GARCES, JOCELYN SERIO  | 32 Basic Salary/ 32  |
| 6 Registered Address 6A Zip Code   | Statutory Minimum Wage Minimum Wage Earner (MWE)   |
| BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN,   | 22 Heliday Day (1915)  |
| 6B Local Home Address 6C Zip Code  | 33 Holiday Pay (MWE) 33 0.00   |
| <u> </u>   | 34 Overtime Pay (MWE) 34 0.00  |
| 6D Foreign Address 6E Zip Code   | 35 Night Shift Differential (MAIA) 35  |
|  | 35 Night Shift Differential (MWE) 0.00   |
| 7 Date of Birth (MM/DD/YYYY) 8 Telephone Number  | 36 Hazard Pay (MWE) 36   |
| 0,6 3,0 1,9,7,3  | 0.00   |
| 9 Exemption Status   | and Other Benefits 57,046.00   |
| Single X Married  9A Is the wife claiming the additional exemption for qualified dependent children?   | 38 De Minimis Benefits 38  |
| Yes No   | 33,174.87  |
| 10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)  | 39 SSS, GSIS, PHIC & Pag-ibig 39   |
| 0.00.0-0.0   | Contributions, & Union Dues 10,204.00  |
|  | (Employee share only)  |
|  | 40 Salaries & Other Forms of 40  |
| 12 Statutory Minimum Wage rate per day 12  | Compensation 40 0.00   |
| 13 Statutory Minimum Wage rate per month 13  | 41 Total Non-Taxable/Exempt 41   |
| 0.00   | Compensation Income 100,424.87   |
| Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax  | B. TAXABLE COMPENSATION INCOME   |
| Part II Employer Information (Present)  15 Taxpayer  | REGULAR  |
| Identification No. • 0,0,3 9,4,3 2,1,3 0,0,0   | 42 Basic Salary 42 257,852.27  |
| 16 Employer's Name   | 257,052.27   |
| <u> </u>   | 43 Representation 43 0.00  |
| 17 Registered Address 17A Zip Code   | 44 Transportation 44   |
| 770 E. Rodriguez Ext., Malibay, Pasay City 1,3,0,0   | 0.00   |
| Main Employer Secondary Employer  Part III Employer Information (Previous)   | 45 Cost of Living Allowance 45 3,714.50  |
| 18 Taxpayer  | 46 Fixed Housing Allowance 46 0.00   |
| Identification No.  19 Employer's Name   | 47 Others (Specify)  |
|  | Tempo Allowance 20,000.00  |
| 20 Registered Address 20A Zip Code   | 47B 47B  |
|  | Service Allowance 0.00   |
| Part IV-A Summary  | 48 Commission 48   |
| 21 Gross Compensation Income from 21 Present Employer (Item 41 plus Item 55) 454 268 24  | 0.00   |
| 22 Less: Total Non-Taxable/ 22   | <b>49</b> Profit Sharing <b>49</b> 0.00  |
| 23 Taxable Compensation Income 23  |  |
| from Present Employer (Item 55)  24 Add: Taxable Compensation  24  | 50 Fees Including Director's 50 Fees 0.00  |
| Income from Previous Employer 25 Gross Tayable 25  | 51 Tayahle 13th Month Pay 51   |
| Compensation Income 353,843.37   | and Other Benefits 0.00  |
| 125,000.00   | 52 Hazard Pay 52   |
| 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 0.00   | 0.00   |
| 28 Net Taxable 28 Compensation Income 228,843.37   | 53 Overtime Pay 53 72,276.60   |
| 29 Tax Due 29 44,710.84  | 54 Others (Specify)  |
| 30 Amount of Taxes Withheld  | 54A 54A 0.00   |
| <b>30A</b> Present Employer <b>30A</b> 53,454.97   | 0.00<br>54B  |
| 30B Previous Employer 30B 0.00   | 0.00   |
| 31 Total Amount of Taxes Withheld 31   | 55 Total Taxable Compensation 55 353,843.37  |
|  | Income S00,040.07 and 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 r  56 MA RITA CARMEN   | egulations issued under authority thereof.  Date Signed  |
| Present Employer/ Authorized Agent Signature Over Printed Name CONFORME:   |  |
| 57 GARCES, JOCELYN SERIO   | Date Signed Amount Poid  |
| CTC No. Employee Signature Over Printed Name of Employee Place of Issue  | Date of Issue Amount Paid  |
| 1.7  |  |
| To be accomplished un  | der substituted filing   |
| To be accomplished un  | I declare,under the penalties of perjury that I am qualified under substituted filing of   |
| To be accomplished un  | 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  |
| To be accomplished un  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.  58  | 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; |
| To be accomplished un 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.   | I declare under the penalties of perjury that I am qualified under substituted filing of<br>Income Tax Returns(BIR Form No. 1700), since I received purely compensation income<br>from only one employer in the Phils. for the calendar year; that taxes have been<br>correctly withheld by my employer (tax due equals tax withheld); that the BIR Form   |