Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas For Compensation Payment With or Without Tax Withheld | In all applicable spaces Mode all applicable spaces Mode all applicables against the spaces of Compensation Payment Without Tax Withheld

BIR Form No.

Fill in all applicable spaces. Mark all appropriate boxes with an "X" 1 For the Year	2 For the D	lariad			
(YYYY) • 2,0,1,7	2 For the P From		0,10,	1 To (MM/DD) 0.0 0.0	
Part I Employee Information	Part IV-B	Details of Comp	pensation Incon	ne and Tax Withheld from Present Employer	
3 Taxpayer 1 9 1 9 0 2 5 3 5 1 9 1 9 0 2 1 3 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A. NON-TA	XABLE/EXEM	IPT COMPE	Amount NSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code	32 Basic Sal	larv/	32		
▶ ELISCUPIDES, ROWENA MACEDA	Statutory	Minimum Wa	ge	0.00	
6 Registered Address 6A Zip Code	Minimum \	Nage Earner (M	IWE)		
85 Orbiter St. Moonwalk Village, Talon V,, Las Piñas Metro Manila	33 Holiday P	ay (MWE)	33	0.00	
6B Local Home Address 6C Zip Code	34 Overtime	Pay (MMF)	34	0:00	
 •	54 Overanie	i ay (www.)	-	0.00	
6D Foreign Address 6E Zip Code	35 Night Shit	t Differential (1	MWE) 35	0.00	
				0.00	
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number	36 Hazard P	ay (MWE)	36	0.00	
0,8 1,0 1,9,7,1	37 13th Mon	th Pay	37		
9 Exemption Status Single X Married	and Othe	er Benefits		0.00	
Single X Married 9A Is the wife claiming the additional exemption for qualified dependent children?	38 De Minim	is Benefits	38		
Yes No				31,200.00	
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)	30 555 65	IS, PHIC & Pa	g-ibig 39		
0.00.00.0		ions, & Union		13,425.60	
		share only)			
	40 Colonia	0 Oth F			
12 Statutory Minimum Wage rate per day 12	Compens	& Other Forms sation	s of 40	0.00	
13 Statutory Minimum Wage rate per month 13	44 Total Nor	Tayabla/Eya	mpt 41		
0.00		n-Taxable/Exer sation Income	mpt 41	44,625.60	
14 Minimum Wage Earner whose compensation is exempt from	D TAVABL	E COMPENS	4 TION INCO		
withholding tax and not subject to income tax Part II Employer Information (Present)	REGULA	E COMPENSA R	ATION INCO	ME	
15 Taxpayer 0.0.3 9.4.3 2.1.3 0.0.0.					
Identification No. • 0,0,3 9,4,3 2,1,3 0,0,0, 16 Employer's Name	42 Basic Sa	lary	42	1,189,658.40	
	43 Represer	ntation	43	0.00	
17 Registered Address 17A Zip Code	1600		. L	0.00	
770 E. Rodriguez Ext., Malibay, Pasay City	44 Transport	ation	44	0.00	
Main Employer Secondary Employer	45 Cost of L	iving Allowanc	e 45		
Part III Employer Information (Previous)	20.0 200 2000		L	4,692.00	
18 Taxpayer Identification No.	46 Fixed Ho	using Allowan	ce 46	0.00	
19 Employer's Name	47 Others (S	Specify)	_		
	Tempo	Allowanc	e 47A	0.00	
20 Registered Address 20A Zip Code	47B		47B		
	SUPPLE	MENTARY		0.00	
Part IV-A Summary	48 Commiss		48		
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 1,423,846.57				0.00	
22 Less: Total Non-Taxable/	49 Profit Sha	aring	49	0.00	
23 Tayable Compensation Income 23			L	0.00	
from Present Employer (Item 55) 24 Add: Taxable Compensation 24	50 Fees Inc Fees	luding Directo	or's 50	0.00	
Income from Previous Employer U.00	51 Tavable 1	13th Month Pa	v 51		
Compensation Income 1,379,220.97		r Benefits	, ,	184,870.57	
26 Less: Total Exemptions 26 125,000.00	52 Hazard P	Pay Pay	52		
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 0.00				0.00	
28 Net Taxable 28 4 254 220 07	53 Overtime	Pay	53	0.00	
29 Tax Due 29	54 Others (S	Specify)		U.UU.I	
366,350.39	54A		54A		
30A Present Employer 30A 366,351.98				0.00	
30B Previous Employer 30B 0.00	54B		54B	0.00	
31 Total Amount of Taxes Withheld 31		able Compens	sation 55	1,379,220.97	
As adjusted -1.59 We declare, under the penalties of perjury, that this certificate has been made in god	Income	by us, and to the	e best of our kn	The same of the sa	
pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued <u>under authority thereof.</u> 56 MA RITA CARMEN Date Signed					
Present Employer/ Authorized Agent Signature Over Printed Name					
CONFORME: 57 ELISCUPIDES, ROWENA MACEDA	Date Signed	y .	51 50 F	90 (2000 and a 400	
CTC No. Employee Signature Over Printed Name of Employee Place of Issue	Date of Issue			Amount Paid	
	_	ed filing			
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.	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				
58 MA RITA CARMEN	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;				
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)	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.				
<u> </u>	59_	ELISC	CUPIDES, ROV	WENA MACEDA Over Printed Name	