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 P	lariad		
(YYYY) • 2,0,1,7	► 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 Identification No. 1 4 1 2 6 3 0 8 4 4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code	A. NON-TA	XABLE/EXEM	IPT COMPE	Amount NSATION INCOME
CARMEN, MA RITA PERTIERRA 6 Registered Address 6 A Zip Code		lary/ Minimum Wag Wage Earner (M		0.00
Block 2 Lot 14 Villa Milagrosa Subdivision, Bgy San Vicente San	33 Holiday P	-	33	0.00
6B Page Hayle A daress 6C Zip Code	34 Overtime	Pay (MWE)	34	
6D Foreign Address 6E Zip Code				0.00
ob Foreign Address	35 Night Shif	ft Differential (N	_{MWE)} 35	0.00
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number	36 Hazard P	av (MWE)	36	
1,12,91,91,516				0.00
9 Exemption Status	37 13th Mon and Othe	er Benefits	37	0.00
Single X Married 9A Is the wife claiming the additional exemption for qualified dependent children? Yes No	38 De Minim	nis Benefits	38	28,600.00
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)	20 555 65	IS, PHIC & Pa	g-ibig 39	
0,00,0,0,0	Contribut	tions, & Union share only)	70 C 10 C	12,306.80
	40 Salaries	& Other Forms	of 40	0.00
12 Statutory Minimum Wage rate per day 12	Compens			0.00
13 Statutory Minimum Wage rate per month 13 0.00 14 Minimum Wage Earner whose compensation is exempt from		n-Taxable/Exer sation Income	mpt 41	40,906.80
withholding tax and not subject to income tax Part II Employer Information (Present)	B. TAXABL REGULA	E COMPENSA R	ATION INCO	ME
Identification No. • 0,0,3 9,4,3 2,1,3 0,0,0	42 Basic Sa	lary	42	646,531.30
16 Employer's Name	43 Represer	ntation	43	·
17 Registered Address 17A Zip Code	44 Transport	tation	44	0.00
770 E. Rodriguez Ext., Malibay, Pasay City	44 Transport	lation		0.00
Main Employer Secondary Employer Part III Employer Information (Previous)	45 Cost of L	iving Allowanc	e 45	4,301.00
18 Taxpayer	46 Fixed Ho	using Allowand	ce 46	0.00
Identification No. ▶ 19 Employer's Name	47 Others (S	Specify)	L	0.00
	Tempo	o Allowanc	e 47A	0.00
20 Registered Address 20A Zip Code	47B		47B	
<u> </u>		MENTARY		0.00
Part IV-A Summary 21 Gross Compensation Income from 21	48 Commiss	sion	48	0.00
Present Employer (Item 41 plus Item 55) 829,553.00	49 Profit Sha	aring	49	
Exempt (Item 41) 40,906.80 23 Taxable Compensation Income 23		3	L	0.00
from Present Employer (Item 55) 788,646.20	50 Fees Inc	luding Directo	or's 50	0.00
Income from Previous Employer 25 Gross Taxable 25		13th Month Pa	v 51	0.00
Compensation Income 788,646.20 26 Less: Total Exemptions 26		er Benefits	, ,,	0.00
27 Less: Premium Paid on Health 27	52 Hazard P	Pav	52	0.00
and/or Hospital Insurance (If applicable) 28 Net Tayable 28	53 Overtime	Pav	53	0.00
Compensation Income 738,646.20 29 Tax Due 29			33	0.00
201,366.46	54 Others (S	решу)		
30 Amount of Taxes Withheld 30A Present Employer 30A 205,617.95	54A		54A	0.00
30B Previous Employer 30B 0.00	54B		54B	0.00
31 Total Amount of Taxes Withheld 31	property of the property of the property	able Compens	sation 55	788,646.20
We declare, under the penalties of perjury, that this certificate has been made in good				
pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued <u>under authority thereof.</u> 56 Date Signed				
Present Employer/ Authorized Agent Signature Over Printed Name CONFORME: CARMEN MARKET APPLICATION A				_
57 CARMEN, MA RITA PERTIERRA CTC No. Employee Signature Over Printed Name	Date Signed		1 1 [Amount Paid
of Employee Place of Issue	Date of Issue			
To be accomplished un I declare, under the penalties of perjury, that the information herein stated are reported	I declare,unde	er the penalties o		am qualified under substituted filing of
under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.	from only one	employer in th	e Phils. for th	ce I received purely compensation income be calendar year; that taxes have been
58NELSON CHAVEZ	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)		pursuant to the p	rovisions of R	ame purpose as if BIR Form No. 1700 R No. 3-2002, as amended.
	59_	CAR	MEN, MA RIT.	A PERTIERRA Over Printed Name