



Certificate of Compensation
Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

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 Identification No. 1,8,8,3,2,5,9,0,9		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) CACANINDIN, JENELYN ANGELES		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
5 RDO Code 0,5,1		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 0.00	
6 Registered Address BLK 24 LOT AR 1 KAUNLARAN VILLAGE NAVOTAS, STA CRUZ LOCOS SUR		33 Holiday Pay (MWE) 0.00	
6B Local Home Address		34 Overtime Pay (MWE) 0.00	
6C Zip Code		35 Night Shift Differential (MWE) 0.00	
6D Foreign Address		36 Hazard Pay (MWE) 0.00	
6E Zip Code		37 13th Month Pay and Other Benefits 56,714.00	
7 Date of Birth (MM/DD/YYYY) 0,3,1,7,1,9,7,4		38 De Minimis Benefits 0.00	
8 Telephone Number		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 10,931.80	
9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married		40 Salaries & Other Forms of Compensation 0.00	
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		41 Total Non-Taxable/Exempt Compensation Income 101,245.80	
10 Name of Qualified Dependent Children		B. TAXABLE COMPENSATION INCOME REGULAR	
11 Date of Birth (MM/DD/YYYY) 0,0,0,0,0,0,0,0		42 Basic Salary 140,753.93	
12 Statutory Minimum Wage rate per day		43 Representation 0.00	
13 Statutory Minimum Wage rate per month 0.00		44 Transportation 0.00	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		45 Cost of Living Allowance 0.00	
Part II Employer Information (Present)		46 Fixed Housing Allowance 0.00	
15 Taxpayer Identification No. 0,0,0,8,2,6,3,6,6,0,0,0		47 Others (Specify)	
16 Employer's Name		47A 0.00	
17 Registered Address 733 Wood St., Malibay, Pasay		47B 0.00	
17A Zip Code 1,3,0,0		SUPPLEMENTARY	
City <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		48 Commission 0.00	
Part III Employer Information (Previous)		49 Profit Sharing 0.00	
18 Taxpayer Identification No.		50 Fees Including Director's Fees 0.00	
19 Employer's Name		51 Taxable 13th Month Pay and Other Benefits 0.00	
20 Registered Address		52 Hazard Pay 0.00	
20A Zip Code		53 Overtime Pay 2,660.00	
Part IV-A Summary		54 Others (Specify)	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 321,816.90		54A 0.00	
22 Less: Total Non-Taxable/Exempt (Item 41) 101,245.80		54B 0.00	
23 Taxable Compensation Income from Present Employer (Item 55) 220,571.10		55 Total Taxable Compensation Income 220,571.10	
24 Add: Taxable Compensation Income from Previous Employer 0.00			
25 Gross Taxable Compensation Income 321,816.90			
26 Less: Total Exemptions 75,000.00			
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 0.00			
28 Net Taxable Compensation Income 145,571.10			
29 Tax Due 23,892.53			
30 Amount of Taxes Withheld 30A Present Employer 67,444.34			
30B Previous Employer 0.00			
31 Total Amount of Taxes Withheld As adjusted -43,551.81			
We declare, under the penalties of perjury, that this certificate has been made in good 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 regulations issued under authority thereof.			
56 Present Employer/ Authorized Agent Signature Over Printed Name ANTONIO CABIJE		Date Signed	
CONFORME: 57 CACANINDIN, JENELYN ANGELES		Date Signed	
CTC No. Employee Signature Over Printed Name		Date of Issue	
of Employee Place of Issue		Amount Paid	
To be accomplished under substituted 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.		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; 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.	
58 ANTONIO CABIJE Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)		59 CACANINDIN, JENELYN ANGELES Employee Signature Over Printed Name	