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 Taynayer	Amount
Identification No. 2 8 9 0 4 3 9 9 8 4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME
	32 Basic Salary/ 32
BINAYUG, ROWEL JULIAN	Statutory Minimum Wage 0.00
6 Registered Address 6A Zip Code	Minimum Wage Earner (MWE)
B32 #30 Ampalaya St., Brgy. Tumana, Marikina	33 Holiday Pay (MWE) 33 0.00
6B Local Home Address 6C Zip Code	34 Overtime Pay (MWE) 34
	0.00
6D Foreign Address 6E Zip Code	35 Night Shift Differential (MWE) 35
	0.00
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number	36 Hazard Pay (MWE) 36 0.00
0,2 0,7 1,9,8,3	37 13th Month Pay 37
9 Exemption Status	and Other Benefits 18,774.00
X Single Married 9A Is the wife claiming the additional exemption for qualified dependent children?	38 De Minimis Benefits 38
Yes No	30,801.26
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)	39 SSS, GSIS, PHIC & Pag-ibig 39
0.00.00.0	39 SSS, GSIS, PHIC & Pag-ibig 39 Contributions, & Union Dues 10,875.60
	(Employee share only)
12 Statutory Minimum Wage rate per day 12	40 Salaries & Other Forms of Compensation 0.00
13 Statutory Minimum Wage rate per month 13 0.00	41 Total Non-Taxable/Exempt 41 Compensation Income 60,450.86
14 Minimum Wage Earner whose compensation is exempt from	
withholding tax and not subject to income tax Part II Employer Information (Present)	B. TAXABLE COMPENSATION INCOME REGULAR
15 Taxpayer	REGULAR
Identification No. 16 Employer's Name	42 Basic Salary 42 210,989.63
To Employer's Name	43 Representation 43
	0.00
17 Registered Address 17A Zip Code #10 Manggahan St., Bagumbayan, Quezon City	44 Transportation 44
	0.00
Main Employer Secondary Employer Part III Employer Information (Previous)	45 Cost of Living Allowance 45 4,632.04
18 Taxpayer	46 Fixed Housing Allowance 46
Identification No. ▶ 19 Employer's Name	0.00 47 Others (Specify)
13 Employer 3 Name	474
20 Registered Address 20A Zip Code	Tempo Allowance 0.00
ZON TEGISLEI EU Muli ESS	0.00
Part IV-A Summary	SUPPLEMENTARY 48 Commission 48
21 Gross Compensation Income from 21	0.00
Present Employer (Item 41 plus Item 55) 494,186.62 22 Less: Total Non-Taxable/ 22	49 Profit Sharing 49
Exempt (Item 41) 60,450.86	0.00
23 Taxable Compensation Income from Present Employer (Item 55) 433,735.76	50 Fees Including Director's 50
24 Add: Taxable Compensation lncome from Previous Employer 0.00	Fees 0.00
25 Cross Tayable 25	51 Taxable 13th Month Pay 51
Compensation Income 26 Less: Total Exemptions 26	and Other Benefits 0.00
27 Less: Premium Paid on Health 27	52 Hazard Pay 52
and/or Hospital Insurance (If applicable)	0.00
28 Net Taxable 28 383,735.76	53 Overtime Pay 53 218,114.09
29 Tax Due 29 90,120.73	54 Others (Specify)
30 Amount of Taxes Withheld	54A 54A 0.00
30A Present Employer 30A 89,205.89	0.00
30B Previous Employer 30B 0.00	54B 0.00
31 Total Amount of Taxes Withheld 31	55 Total Taxable Compensation 55 433,735.76
As adjusted 914.84 We declare under the penalties of perjury that this certificate has been made in go	Income 433,733.70 od 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	egulations issued under authority thereof.
56 JOSEPHINE NAGA Present Employer/ Authorized Agent Signature Over Printed Name	Date Signed
CONFORME: 57 BINAYUG, ROWEL JULIAN	Date Signed
CTC No. Employee Signature Over Printed Name	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	der substituted filing I declare,under the penalties of perjury that I am qualified under substituted filing of
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 correctly withheld by my employer (tax due equals tax withheld); that the BIR Form
58 JOSEPHINE NAGA Present Employer/ Authorized Agent Signature Over Printed Name	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
(Head of Accounting/ Human Resource or Authorized Representative)	had been filed pursuant to the provisions of RR No. 3-2002, as amended. 59 BINAYUG, ROWEL JULIAN
	Employee Signature Over Printed Name