



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													
3 Taxpayer Identification No. ▶ 1,5,2,8,3,1,3,9,2													
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code ▶ BAUTISTA, EDGAR EVARISTO													
6 Registered Address 6A Zip Code ▶ _____													
6B Local Home Address 6C Zip Code ▶ _____													
6D Foreign Address 6E Zip Code ▶ _____													
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number 0,1,1,5,1,9,7,3													
9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No													
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> </td> <td style="width:30%;"> </td> <td style="width:30%;"> </td> <td style="width:30%;"> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>													
12 Statutory Minimum Wage rate per day 12 _____ 13 Statutory Minimum Wage rate per month 13 _____ 0.00 14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax													
Part II Employer Information (Present)													
15 Taxpayer Identification No. ▶ _____ 16 Employer's Name ▶ _____													
17 Registered Address 17A Zip Code ▶ 770 E. Rodriguez Ext., Malibay, Pasay City 1,3,0,0 <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer													
Part III Employer Information (Previous)													
18 Taxpayer Identification No. ▶ _____ 19 Employer's Name ▶ _____													
20 Registered Address 20A Zip Code ▶ _____													
Part IV-A Summary													
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/Exempt (Item 41) 23 Taxable Compensation Income from Present Employer (Item 55) 24 Add: Taxable Compensation Income from Previous Employer 25 Gross Taxable Compensation Income 26 Less: Total Exemptions 27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable Compensation Income 29 Tax Due 30 Amount of Taxes Withheld 30A Present Employer 30B Previous Employer 31 Total Amount of Taxes Withheld As adjusted	21 229,126.40 22 42,543.30 23 186,583.10 24 0.00 25 186,583.10 26 100,000.00 27 0.00 28 86,583.10 29 11,816.42 30A 13,384.77 30B 0.00 31 -1,568.35												
Part IV-B Details of Compensation Income and Tax Withheld from Present Employer													
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME													
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 33 Holiday Pay (MWE) 34 Overtime Pay (MWE) 35 Night Shift Differential (MWE) 36 Hazard Pay (MWE) 37 13th Month Pay and Other Benefits 38 De Minimis Benefits 39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 40 Salaries & Other Forms of Compensation 41 Total Non-Taxable/Exempt Compensation Income	32 0.00 33 0.00 34 0.00 35 0.00 36 0.00 37 14,974.00 38 18,150.00 39 9,419.30 40 0.00 41 42,543.30												
B. TAXABLE COMPENSATION INCOME REGULAR													
42 Basic Salary 43 Representation 44 Transportation 45 Cost of Living Allowance 46 Fixed Housing Allowance 47 Others (Specify) 47A _____ 47B _____ SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A _____ 54B _____ 55 Total Taxable Compensation Income	42 155,756.18 43 0.00 44 0.00 45 0.00 46 0.00 47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 0.00 52 0.00 53 24,668.52 54A 0.00 54B 0.00 55 186,583.10												

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

Date Signed _____

CONFORME:

57 _____
 Employee Signature Over Printed Name

Date Signed _____

CTC No. _____

Date of Issue _____

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.

58 _____
 Present Employer/ Authorized Agent Signature Over Printed Name

(Head of Accounting/ Human Resource or Authorized Representative)

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.

59 _____
 Employee Signature Over Printed Name