



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
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Part I Employee Information

3 Taxpayer Identification No. 1,5,4,0,0,5,6,4,2

4 Employee's Name (Last Name, First Name, Middle Name) CASUL, DOLORES OPINIANO 5 RDO Code

6 Registered Address 1418 Burgos St., Paco, Manila, 50 Barangay Alac, San Quintin, Pagsanjan 6A Zip Code

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) 0,2,0,8,1,9,6,4 8 Telephone Number

9 Exemption Status ☐ Single ☒ Married 9A Is the wife claiming the additional exemption for qualified dependent children? ☐ Yes ☐ No

10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY) 0,0,0,0, -, 0,0,0,0

12 Statutory Minimum Wage rate per day 12 13 Statutory Minimum Wage rate per month 13 0.00

14 ☐ Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

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) 32 0.00

33 Holiday Pay (MWE) 33 0.00

34 Overtime Pay (MWE) 34 0.00

35 Night Shift Differential (MWE) 35 0.00

36 Hazard Pay (MWE) 36 0.00

37 13th Month Pay and Other Benefits 37 82,000.00

38 De Minimis Benefits 38 25,277.21

39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 12,306.80

40 Salaries & Other Forms of Compensation 40 0.00

41 Total Non-Taxable/Exempt Compensation Income 41 119,584.01

Part II Employer Information (Present)

15 Taxpayer Identification No. 0,0,3,9,4,3,2,1,3,0,0,0

16 Employer's Name

17 Registered Address 770 E. Rodriguez Ext., Malibay, Pasay City 17A Zip Code 1,3,0,0

☐ Main Employer ☐ Secondary Employer

Part III Employer Information (Previous)

18 Taxpayer Identification No.

19 Employer's Name

20 Registered Address 20A Zip Code

B. TAXABLE COMPENSATION INCOME REGULAR

42 Basic Salary 42 446,906.92

43 Representation 43 0.00

44 Transportation 44 0.00

45 Cost of Living Allowance 45 3,801.31

46 Fixed Housing Allowance 46 0.00

47 Others (Specify) 47A Tempo Allowance 47A 0.00 47B 47B 0.00

SUPPLEMENTARY

48 Commission 48 0.00

49 Profit Sharing 49 0.00

50 Fees Including Director's Fees 50 0.00

51 Taxable 13th Month Pay and Other Benefits 51 169,685.00

52 Hazard Pay 52 0.00

53 Overtime Pay 53 0.00

54 Others (Specify) 54A 54A 0.00 54B 54B 0.00

55 Total Taxable Compensation Income 55 620,393.23

Part IV-A Summary

21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 739,977.24

22 Less: Total Non-Taxable/Exempt (Item 41) 22 119,584.01

23 Taxable Compensation Income from Present Employer (Item 55) 23 620,393.23

24 Add: Taxable Compensation Income from Previous Employer 24 0.00

25 Gross Taxable Compensation Income 25 620,393.23

26 Less: Total Exemptions 26 50,000.00

27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00

28 Net Taxable Compensation Income 28 570,393.23

29 Tax Due 29 147,525.83

30 Amount of Taxes Withheld 30A Present Employer 30A 153,719.38 30B Previous Employer 30B 0.00

31 Total Amount of Taxes Withheld As adjusted 31 -6,193.55

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 JOSEPHINE NAGA Present Employer/ Authorized Agent Signature Over Printed Name Date Signed

CONFORME: 57 CASUL, DOLORES OPINIANO Employee Signature Over Printed Name Date Signed

CTC No. of Employee Place of Issue Date 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 JOSEPHINE NAGA 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 CASUL, DOLORES OPINIANO Employee Signature Over Printed Name