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	2 For the Period From (MM/DD)	0,1 0,	To (MM/DD) 0.0 0.0
Part I Employee Information	(To (MM/DD) U,U,U,U
3 Taynayer	Part IV-B Details of Company	sationincon	Amount
Identification No. 1,7,3 7,8,8 3,9,8 A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code	32 Basic Salary/	32	
AVES, RAYMUNDO SALAZAR	Statutory Minimum Wage	32	0.00
6 Registered Address 6A Zip Code	Minimum Wage Earner (MWE	E)	
733 Wood St., Pasay City	33 Holiday Pay (MWE)	33	
6B Local Home Address 6C Zip Code	33 Honday Fay (WWVE)	33	0.00
	34 Overtime Pay (MWE)	34	0.00
6D Foreign Address 6E Zip Code		25	0.00
op Foreign Address	35 Night Shift Differential (MW	/E) 35	0.00
7. Data of Dieta (MANIDONONO)	26 Harrad Day anage	26	3.55
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number 0, 9 0, 9 1, 9, 7, 0	36 Hazard Pay (MWE)	36	0.00
	37 13th Month Pay	37	
9 Exemption Status X Single Married	and Other Benefits	L	15,158.00
9A Is the wife claiming the additional exemption for qualified dependent children?	38 De Minimis Benefits	38	
Yes No			28,375.71
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)			
$0_1 0_1 0_2 0_1 0_2 0_1 0_2 0_1 0_2 0_2 0_2 0_2 0_2 0_2 0_2 0_2 0_2 0_2$	39 SSS, GSIS, PHIC & Pag-it		12,306.80
	Contributions, & Union Due (Employee share only)	es -	12,000.00
	(Employee share only)	<u></u>	
	40 Salaries & Other Forms of	f 40	0.00
12 Statutory Minimum Wage rate per day 12	Compensation	L	0.00
13 Statutory Minimum Wage rate per month 13	41 Total Non-Taxable/Exemp	t 41	
0.00	Compensation Income		55,840.51
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	B. TAXABLE COMPENSATI	ION INCO	ME
Part II Employer Information (Present)			
15 Taxpayer 0 0 1 2 1 8 9 1 1 0 0 0		3.2 F	
Identification No. 16 Employer's Name	42 Basic Salary	42	579,676.18
	43 Representation	43	·
			0.00
17 Registered Address 17A Zip Code	44 Transportation	44	0.00
60 Pioneer cor. Madison St. Mandaluyong City			0.00
Main Employer Secondary Employer	45 Cost of Living Allowance	45	4,267.27
Part III Employer Information (Previous) 18 Taxpayer	46 Fixed Housing Allowance	46	
Identification No.		55.50	0.00
19 Employer's Name	47 Others (Specify)	47A	
<u> </u>	Tempo Allowance	474	0.00
20 Registered Address 20A Zip Code	47B	47B	
	SUPPLEMENTARY		0.00
Part IV-A Summary	48 Commission	48	7
21 Gross Compensation Income from 21			0.00
22 Less: Total Non-Tayable/ 22	49 Profit Sharing		
Exempt (Item 41) 55,840.51 23 Taxable Compensation Income 23		49	
		49	0.00
from Present Employer (Item 55) 81 / 61 / 40		L	0.00
from Present Employer (Item 55) 24 Add: Taxable Compensation 24	-	L	
from Present Employer (Item 55) 24 Add: Taxable Compensation Income Frevious Employer 25 Creen Town Previous Employer	50 Fees Including Director's Fees 51 Taxable 13th Month Pay	L	0.00
from Present Employer (Item 55)	50 Fees Including Director's Fees	50	0.00
from Present Employer (Item 55)	50 Fees Including Director's Fees 51 Taxable 13th Month Pay	50	0.00 0.00 233,673.95
From Present Employer (Item 55)	50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits	50 51	0.00
from Present Employer (Item 55)	50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits	50 51	0.00 0.00 233,673.95 0.00
From Present Employer (Item 55) 817,617.40	50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay	50 51 52 52	0.00 0.00 233,673.95
From Present Employer (Item 55) 817,617.40	 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 	50 51 52 53 53	0.00 0.00 233,673.95 0.00
From Present Employer (Item 55) 817,617.40	50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay	50 51 52 52	0.00 0.00 233,673.95 0.00
From Present Employer (Item 55)	 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 	50 51 52 53 53	0.00 0.00 233,673.95 0.00 0.00
From Present Employer (Item 55)	50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A	50 51 52 53 54A 54B	0.00 0.00 233,673.95 0.00 0.00
From Present Employer (Item 55)	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 Compensati	50 51 52 53 54A 54B	0.00 0.00 233,673.95 0.00 0.00
1	50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 55B 55 Total Taxable Compensati Income	50 51 52 53 54A 54B 54B 555 6st of our kn	0.00 0.00 233,673.95 0.00 0.00 0.00 0.00 817,617.40
1	50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 55B 55 Total Taxable Compensati Income od faith, verified by us, and to the be regulations issued under authority th	50 51 52 53 54A 54B 54B 555 6st of our kn	0.00 0.00 233,673.95 0.00 0.00 0.00 0.00 817,617.40
Street	50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 55B 55 Total Taxable Compensati Income	50 51 52 53 54A 54B 54B 555 6st of our kn	0.00 0.00 233,673.95 0.00 0.00 0.00 0.00 817,617.40
Street	50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 55B 55 Total Taxable Compensati Income od faith, verified by us, and to the be regulations issued under authority th	50 51 52 53 54A 54B 54B 555 6st of our kn	0.00 0.00 233,673.95 0.00 0.00 0.00 0.00 817,617.40
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 29 Tax Due 29 Total Amount of Taxes Withheld 30A Present Employer 30B Previous Employer 30B Total Amount of Taxes Withheld 31 Total Amount of Taxes Withheld As adjusted 31 Total Amount of Taxes Withheld As adjusted We declare, under the penalties of perjury, that this certificate has been made in go pursuant to the provisions of the National Internal Revenue Code, as amended, and the 156 MA. LOURDES SUNIGA Present Employer / Authorized Agent Signature Over Printed Name CONFORME: 57 AVES, RAYMUNDO SALAZAR Employee Signature Over Printed Name	50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay 53 Overtime Pay 54 Others (Specify) 54A 55B 55 Total Taxable Compensati Income od faith, verified by us, and to the be regulations issued under authority th Date Signed Date Signed	50 51 52 53 54A 54B 54B 555 6st of our kn	0.00 0.00 233,673.95 0.00 0.00 0.00 0.00 817,617.40
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