## 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)  | 1 0.1  | To (MM/DD) 0.0 0.0  |
| Part I Employee Information  |  |  | and Tax Withheld from Present Employer  |
| 3 Taxpayer 1 0 6 0 7 9 0 7 4   |  |  | Amount  |
| Identification No.  I 1 9 1 9 7 0 0 7 4 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | A. NON-TAXABLE/EXEMPT CO   | MPEN   | SATION INCOME   |
| CORTEZ, MYLENE SONIAL  | 32 Basic Salary/   | 32   | 0.00  |
| 6 Registered Address 6A Zip Code   | Statutory Minimum Wage<br>Minimum Wage Earner (MWE)  |  | 0.00  |
| Blk 5 Lot 36 Brgy Sta.Ana Tapayan Taytay, Rizal, Libertad,   |  |  |   |
| 6B Cocal Home Address 6C Zip Code  | 33 Holiday Pay (MWE)   | 33   | 0.00  |
|  | 34 Overtime Pay (MWE)  | 34   | 0.00  |
| 6D Foreign Address 6E Zip Code   |  | 35   | 0.00  |
|  | 35 Night Shift Differential (MWE)  |  | 0.00  |
| 7 Date of Birth (MM/DD/YYYY) 8 Telephone Number  | 36 Hazard Pay (MWE)  | 36   | 0.00  |
| 0,8 1,1 1,9,7,1  | 37 13th Month Pay  | 37   | 0.00  |
| 9 Exemption Status   | and Other Benefits   | J.   | 52,290.00   |
| 9A Is the wife claiming the additional exemption for qualified dependent children?   | 38 De Minimis Benefits   | 38   |   |
| Yes No   |  |  | 18,735.45   |
| 10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)  | 39 SSS, GSIS, PHIC & Pag-ibig  | 39   | ~   |
| 0.00.000.0   | Contributions, & Union Dues  |  | 10,971.10   |
|  | (Employee share only)  |  |   |
|  | 40 Salaries & Other Forms of   | 40   |   |
| 12 Statutory Minimum Wage rate per day 12  | Compensation   | 40   | 0.00  |
| 13 Statutory Minimum Wage rate per month 13  | 41 Total Non-Taxable/Exempt  | 41   |   |
| 14 Minimum Wage Earner whose compensation is exempt from   | Compensation Income  |  | 81,996.55   |
| Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax  | B. TAXABLE COMPENSATION  | INCOM  | ME  |
| Part II Employer Information (Present)  15 Taxpayer  | REGULAR  |  |   |
| Identification No. • 0,0,3 9,4,3 2,1,3 0,0,0   | 42 Basic Salary  | 42   | 192,637.63  |
| 16 Employer's Name   | 42 Danierantalian  | 43   | 192,037.03  |
| <u> </u>   | 43 Representation  |  | 0.00  |
| 17 Registered Address 17A Zip Code   | 44 Transportation  | 44   | 0.00  |
| 770 E. Rodriguez Ext., Malibay, Pasay City   |  |  | 0.00  |
| Main Employer Secondary Employer   | 45 Cost of Living Allowance  | 45   | 4,186.03  |
| Part III Employer Information (Previous)   |  | _  | 4,100.03  |
| Part III Employer Information (Previous)  18 Taxpayer  | 46 Fixed Housing Allowance   | 46   | -   |
| 18 Taxpayer Identification No.   | 47 Others (Specify)  | 46   | 0.00  |
| 18 Taxpayer  | 47 Others (Specify)  | 46 47A   | 0.00  |
| 18 Taxpayer Identification No.  19 Employer's Name   | 47 Others (Specify)  |  | 0.00<br>8,069.07  |
| 18 Taxpayer Identification No.  19 Employer's Name   | 47 Others (Specify) 47A Tempo Allowance 47B  | 47A  | 0.00  |
| 18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  Part IV-A  Summary  | 47 Others (Specify) 47A Tempo Allowance  | 47A  | 0.00<br>8,069.07<br>0.00  |
| 18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20A Zip Code  Part IV-A  Summary  21 Gross Compensation Income from 21  Present Employer (Item 41 plus Item 55)  293 829 72   | 47 Others (Specify) 47A Tempo Allowance 47B SUPPLEMENTARY 48 Commission  | 47A<br>47B   | 0.00<br>8,069.07  |
| 18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20A Zip Code  Part IV-A  Summary  21 Gross Compensation Income from 21 Present Employer (Item 41 plus Item 55)  293,829.72  | 47 Others (Specify)  47A Tempo Allowance  47B SUPPLEMENTARY  | 47A<br>47B   | 0.00<br>8,069.07<br>0.00  |
| 18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20A Zip Code  21 Gross Compensation Income from 21 Present Employer (Item 41 plus Item 55)  22 Less: Total Non-Taxable/ 22 Exempt (Item 41)  23 Taxable Compensation Income 23  | 47 Others (Specify) 47A Tempo Allowance 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing  | 47A<br>47B<br>48<br>49                                       | 0.00<br>8,069.07<br>0.00  |
| 18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20A Zip Code  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  25 211,833.17   | 47 Others (Specify) 47A Tempo Allowance 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing  | 47A<br>47B   | 0.00<br>8,069.07<br>0.00  |
| 18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20A Zip Code  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 Income From Present Employer (Item 55)  25 Gross Taxable 25   | 47 Others (Specify) 47A Tempo Allowance 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's   | 47A<br>47B<br>48<br>49                                       | 0.00<br>8,069.07<br>0.00<br>0.00<br>0.00  |
| 18 Taxpayer   Identification No.   | 47 Others (Specify) 47A Tempo Allowance 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees  | 47A<br>47B<br>48<br>49<br>50                                 | 0.00<br>8,069.07<br>0.00<br>0.00  |
| 18 Taxpayer   Identification No.   | 47 Others (Specify) 47A Tempo Allowance 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay  | 47A<br>47B<br>48<br>49<br>50                                 | 0.00<br>8,069.07<br>0.00<br>0.00<br>0.00<br>0.00  |
| 18 Taxpayer  | 47 Others (Specify) 47A Tempo Allowance 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay   | 47A<br>47B<br>48<br>49<br>50<br>51<br>52                     | 0.00<br>8,069.07<br>0.00<br>0.00<br>0.00  |
| 18 Taxpayer  | 47 Others (Specify) 47A Tempo Allowance 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   | 47A<br>47B<br>48<br>49<br>50<br>51                           | 0.00<br>8,069.07<br>0.00<br>0.00<br>0.00<br>0.00  |
| 18 Taxpayer   Identification No.   | 47 Others (Specify) 47A Tempo Allowance 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pay   | 47A<br>47B<br>48<br>49<br>50<br>51<br>52                     | 0.00<br>8,069.07<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00  |
| 18 Taxpayer   Identification No.   | 47 Others (Specify) 47A Tempo Allowance 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   | 47A<br>47B<br>48<br>49<br>50<br>51<br>52                     | 0.00  8,069.07  0.00  0.00  0.00  0.00  0.00  0.00  6,940.44  |
| 18 Taxpayer  | 47 Others (Specify) 47A Tempo Allowance 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)   | 47A<br>47B<br>48<br>49<br>50<br>51<br>52<br>53               | 0.00  8,069.07  0.00  0.00  0.00  0.00  0.00  0.00  6,940.44  |
| 18 Taxpayer  | 47 Others (Specify) 47A Tempo Allowance 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pav 53 Overtime Pay 54 Others (Specify) 54A 54B   | 47A<br>47B<br>48<br>49<br>50<br>51<br>52<br>53<br>54A<br>54B | 0.00  8,069.07  0.00  0.00  0.00  0.00  0.00  0.00  6,940.44  |
| 18 Taxpayer  | 47 Others (Specify) 47A Tempo Allowance 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pav 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation   | 47A<br>47B<br>48<br>49<br>50<br>51<br>52<br>53               | 0.00  8,069.07  0.00  0.00  0.00  0.00  0.00  0.00  6,940.44  |
| 18 Taxpayer   Identification No.   | 47 Others (Specify) 47A Tempo Allowance 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  | 47A 47B 48 49 50 51 52 53 54A 54B 55                         | 0.00  8,069.07  0.00  0.00  0.00  0.00  0.00  0.00  6,940.44  0.00  0.00  211,833.17  |
| 18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20 Registered Address  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 Compensation Income From Previous Employer  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 27,958.29  30 Amount of Taxes Withheld 30A Present Employer  30B Previous Employer  30B Onco  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 JOSEPHINE NAGA  | 47 Others (Specify) 47A Tempo Allowance 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  | 47A 47B 48 49 50 51 52 53 54A 54B 55                         | 0.00  8,069.07  0.00  0.00  0.00  0.00  0.00  0.00  6,940.44  0.00  0.00  211,833.17  |
| 18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  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 Previous Employer (Item 55)  24 Add: Taxable Compensation Income from Previous Employer (Item 55)  25 Add: Taxable Compensation Income from Previous Employer  26 Gross Taxable  27 Compensation Income  28 Compensation Income  29 Exempt (Item 41)  20 Set 11,833.17  21 Set 12  | 47 Others (Specify) 47A Tempo Allowance 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 of faith, verified by us, and to the best of egulations issued under authority thereconded faith, verified by us, and to the best of egulations issued under authority thereconded faith, verified by us, and to the best of egulations issued under authority thereconded faith, verified by us, and to the best of egulations issued under authority thereconded faith, verified by us, and to the best of egulations issued under authority thereconded faith.  | 47A 47B 48 49 50 51 52 53 54A 54B 55                         | 0.00  8,069.07  0.00  0.00  0.00  0.00  0.00  0.00  6,940.44  0.00  0.00  211,833.17  |
| 18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20 Registered Address  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  26 Compensation Income  27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  28 Net Taxable  29 Compensation Income  20 Tax Due  21 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  29 Net Taxable  20 Registered Address  20 Zip Code  21 Summary  22 81,996.55  211,833.17  24 0.00  25 211,833.17  26 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  26 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  28 161,833.17  29 27,958.29  30 Amount of Taxes Withheld 30 Apresent Employer  30 Amount of Taxes Withheld 31 -3,298.05  31 Total Amount of Taxes Withheld 31 -3,298.05  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 JOSEPHINE NAGA  Present Employer/ Authorized Agent Signature Over Printed Name  CONFORME:  57 CORTEZ, MYLENE SONIAL  Employee Signature Over Printed Name   | 47 Others (Specify) 47A Tempo Allowance 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 of faith, verified by us, and to the best of regulations issued under authority therecond Date Signed  Date Signed   | 47A 47B 48 49 50 51 52 53 54A 54B 55                         | 0.00  8,069.07  0.00  0.00  0.00  0.00  0.00  0.00  6,940.44  0.00  0.00  211,833.17  |
| 18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20 Registered Address  21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)  22 Less: Total Non-Taxable/ 23 Taxable Compensation Income from Present Employer (Item 55)  24 Add: Taxable Compensation Income from Previous Employer  25 Gross Taxable  26 Compensation Income  27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  28 Net Taxable  29 Compensation Income  29 Tax Due  20 Descriptions  20 Zip Code  21 Summary  22 Summary  23 Summary  24 Summary  25 Summary  26 Store (Item 41)  27 Summary  28 Summary  29 Store (Item 41)  20 Store (Item 42)  21 Store (Item 43)  22 Store (Item 43)  23 Store (Item 44)  24 Store (Item 45)  25 Store (Item 45)  26 Store (Item 45)  27 Store (Item 45)  28 Store (Item 45)  29 Store (Item 45)  20 Store (Item 45)  20 Store (Item 45)  20 Store (Item 45)  21 Store (Item 45)  22 Store (Item 41)  23 Store (Item 41)  24 Store (Item 41)  25 Store (Item 41)  26 Store (Item 41)  27 Store (Item 41)  28 Store (Item 41)  29 Store (Item 41)  20 Store (Item 41)  20 Store (Item 41)  21 Store (Item 41)  22 Store (Item 41)  23 Store (Item 41)  24 Store (Item 41)  25 Store (Item 41)  26 Store (Item 41)  27 Store (Item 41)  28 Store (Item 41)  29 Store (Item 41)  20 Store (Item 41)  20 Store (Item 41)  21 Store (Item 41)  22 Store (Item 41)  23 Store (Item 41)  24 Store (Item 41)  25 Store (Item 41)  26 Store (Item 41)  27 Store (Item 41)  28 Store (Item 41)  29 Store (Item 41)  20 Store (Item 41)  20 Store (Item 41)  21 Store (Item 41)  22 Store (Item 41)  23 Store (Item 41)  24 Store (Item 41)  25 Store (Item 41)  26 Store (Item 41)  27 Store (Item 41)  28 Store (Item 41)  29 Store (Item 41)  20 Store (Item 41)  20 Store (Item 41)  21 Store (Item 41)  22 Store (Item 41)  23 Store (Item 41)  24 Store (Item 41)  25 Store (Item 41)  26 Store (Item 41)  27 Store (Item 41)  28 Store (Item 41)  29 Store (Item 41)  20 Store (Item 41)  20 Store (Item 41)  21 Store (Item 41)  22 Store (Item 41) | 47 Others (Specify) 47A Tempo Allowance 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 of faith, verified by us, and to the best of egulations issued under authority thereconded faith, verified by us, and to the best of egulations issued under authority thereconded faith, verified by us, and to the best of egulations issued under authority thereconded faith, verified by us, and to the best of egulations issued under authority thereconded faith, verified by us, and to the best of egulations issued under authority thereconded faith.  | 47A 47B 48 49 50 51 52 53 54A 54B 55                         | 0.00  8,069.07  0.00  0.00  0.00  0.00  0.00  0.00  6,940.44  0.00  0.00  211,833.17  wledge and belief, is true and correct  |
| 18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  21 Registered Address  22 Registered Address  23 Registered Address  24 Registered Address  25 Registered Address  29 Registered Address  29 Registered Address  29 Registered Address  29 Registered Address  20 Registered Address  29 Registered Address  29 Registered Address  29 Registered Address  20 Registered Address  29 Registered Address  29 Registered Address  20 Registered Address  20 Registered Address  20 Registered Address  21 Registered Address  20 Registered Address  21 Registered Address  22 Registered Address  23 Registered Address  24 O.00  24 O.00  25 Coross Taxable Compensation Income  26 Eass: Total Exemptions  26 Solonoon  27 Less: Premium Paid on Health andress Registered Page R | 47 Others (Specify) 47A Tempo Allowance 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 of faith, verified by us, and to the best of regulations issued under authority thereo Date Signed Date of Issue Date of Issue Incomposite of the page | 47A 47B 48 49 50 51 52 53 54A 54B 55                         | 0.00  8,069.07  0.00  0.00  0.00  0.00  0.00  6,940.44  0.00  0.00  211,833.17  wledge and belief, is true and correct  |
| 18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20 Registered Address  20 Registered Address  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 Income from Previous Employer  25 Gross Taxable Compensation Previous Employer  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 Compensation Income  29 Compensation Income  29 Tax Due  29 Compensation Income  29 Compensation Income  29 Tax Due  29 Compensation Income  20 Compensation Income  20 Compensation Income  21 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  20 Compensation Income  21 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  20 Compensation Income  21 Tax Due  22 Compensation Income  23 Compensation Income  24 Compensation Income  25 Compensation Income  26 Less: Total Exemptions  27 Compensation Income  28 Tax Due  29 Compensation Income  29 Tax Due  20 Compensation Income  20 Compensation Income  21 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  26 Compensation Income  27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  28 Net Taxable  29 Compensation Income  20 Compensation Income  20 Compensation Income  21 Less: Premium Paid On Health and/or Hospital Insurance (If applicable)  29 Compensati | 47 Others (Specify) 47A Tempo Allowance 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 52 Hazard Pav 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income od faith, verified by us, and to the best of regulations issued under authority thereo Date Signed Date of Issue Date of Issue I ded substituted filling I declare, under the penalties of perjurincome Tax Returns (BIR Form No. 170  | 47A 47B 48 49 50 51 52 53 54A 54B 55 f our knoof.            | 0.00  8,069.07  0.00  0.00  0.00  0.00  0.00  0.00  6,940.44  0.00  211,833.17  wledge and belief, is true and correct  Amount Paid  m qualified under substituted filing of el received purely compensation income   |
| 18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20 Registered Address  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 45)  24 Add: Taxable Compensation Income from Present Employer (Item 45)  25 Add: Taxable Compensation Income from Present Employer (Item 55)  26 Less: Total Exemptions  27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  28 Net Taxable Compensation Income  29 Tax Due  20 Amount of Taxes Withheld  30 Amount of Taxes Withheld  30 Amount of Taxes Withheld  31 Total Amount of Taxes Withheld  32 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 JOSEPHINE NAGA  27 CTC No. Employee Signature Over Printed Name  CONFORME:  57 CORTEZ, MYLENE SONIAL  To be accomplished ur 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.  | 47 Others (Specify) 47A Tempo Allowance 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 55 Total Taxable Compensation Income of faith, verified by us, and to the best of regulations issued under authority therecondered by the substituted filing Date of Issue I declare, under the penalties of perjurincome Tax Returns (BIR Form No. 176 from only one employer in the Philis correctly withheld by my employer (tax  | 47A 47B 48 49 50 51 52 53 54A 54B 55 f our knoof,            | 0.00  8,069.07  0.00  0.00  0.00  0.00  0.00  0.00  6,940.44  0.00  211,833.17  wledge and belief, is true and correct  Amount Paid  m qualified under substituted filing of el received purely compensation income calendar year; that taxes have been als tax withheld); that the BIR Form  |
| 18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20 Registered Address  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 Present Employer (Item 55)  25 Add: Taxable Compensation Income Income from Previous Employer  26 Gross Taxable Compensation Income Exemptions  27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  28 Net Taxable Compensation Income  29 Tax Due  20 Total Exemptions  21 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  28 Net Taxable Compensation Income  29 Tax Due  20 Total Amount of Taxes Withheld Compensation Income  30 Amount of Taxes Withheld Compensation Income  31 Total Amount of Taxes Withheld Compensation Income  30 Amount of Taxes Withheld Compensation Income  31 Total Amount of Taxes Withheld Compensation Income  32 Total Amount of Taxes Withheld Compensation Income  33 Amount of Taxes Withheld Compensation Income  34 Total Amount of Taxes Withheld Compensation Income  35 Compensation Income  26 Less: Premium Paid on Health Compensation Income  30 Amount of Taxes Withheld Compensation Income  30 Amount of Taxes Withheld Compensation Income  31 Total Amount of Taxes Withheld Compensation Income  32 Total Amount of Taxes Withheld Compensation Income  34 Total Amount of Taxes Withheld Compensation Income  35 Compensation Income  26 Less: Premium Paid on Health Compensation Income  36 Total Employer Compensation Income Compensation I | 47 Others (Specify) 47A Tempo Allowance 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 55 Total Taxable Compensation Income of faith, verified by us, and to the best of regulations issued under authority therecondered by the substituted filing Date of Issue I declare, under the penalties of perjurincome Tax Returns (BIR Form No. 176 from only one employer in the Philis correctly withheld by my employer (tax  | 47A 47B 48 49 50 51 52 53 54A 54B 55 6 our knoof.            | 0.00  8,069.07  0.00  0.00  0.00  0.00  0.00  0.00  6,940.44  0.00  211,833.17  wledge and belief, is true and correct  Amount Paid  m qualified under substituted filing of e I received purely compensation income calendar year; that taxes have been als tax withheld); that the BIR Form holl constitute as my income tax return; ne purpose as if BIR Form No. 1700 |