Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas For Compensation Payment With or Without Tax Withheld | In all applicable spaces Mode all applicable spaces Mode all applicables against the spaces of Compensation Payment Without Tax Withheld

BIR Form No.

Fill in all applicable spaces. Mark all appropriate boxes with an "X" 1 For the Year	2 For the	Period		
(YYYY) • 2,0,1,7	▶ Fro		0,10,	1 To (MM/DD) 0.0 0.0
Part I Employee Information	Part IV-B	Details of Comp	pensation Incon	ne and Tax Withheld from Present Employer
3 Taxpayer Identification No. 1 1 9 5 6 6 8 9 0 4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code	A. NON-T	AXABLE/EXEM	IPT COMPE	Amount NSATION INCOME
EBITA, SOFIO JR. DURANTE 6 Registered Address 6A Zip Code		Salary/ ory Minimum Wag on Wage Earner (M		0.00
6-C Sto. Niño St., Tawiran, Santolan Pasig City	22 Holiday	/ Pay (MWE)	33	
6B Local Home Address 6C Zip Code		. .		0.00
• <u> </u>	34 Overtin	ne Pay (MWE)	34	0.00
6D Foreign Address 6E Zip Code	35 Night S	hift Differential (N	νινν∈) 35 Γ	
	Job Hight O	THE DITION OF THE (0.00
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number	36 Hazard	Pay (MWE)	36	0.00
0,20,41,9,7,0	37 13th M		37	
9 Exemption Status Single X Married	and Ot	her Benefits	L	26,190.00
9A Is the wife claiming the additional exemption for qualified dependent children? Yes No	38 De Min	imis Benefits	38	31,000.64
	39 SSS, G	SIS, PHIC & Pa	g-ibig 39	
0,00,0,0,0	Contrib	utions, & Union	Dues	11,775.60
	(Employ	ree share only)		
		s & Other Forms	of 40	0.00
12 Statutory Minimum Wage rate per day 12	Compe	ensation		0.00
13 Statutory Minimum Wage rate per month 13 0.00 14 Minimum Wage Earner whose compensation is exempt from		on-Taxable/Exer	mpt 41	68,966.24
withholding tax and not subject to income tax Part II Employer Information (Present) 15 Taxpayer	B. TAXAE REGUI	BLE COMPENSA LAR	ATION INCO	ME
Identification No.	42 Basic S	Salary	42	277,996.22
16 Employer's Name	43 Repres	entation	43	·
17 Registered Address 17A Zip Code			L	0.00
#10 Manggahan St., Bagumbayan, Quezon City	44 Transpo	ortation	44	0.00
Main Employer Secondary Employer	45 Cost of	Living Allowanc	e 45	4,662.02
Part III Employer Information (Previous) 18 Taxpayer	46 Fixed H	Housing Allowand	ce 46	
Identification No. 19 Employer's Name	47 Others	/Snasify)		0.00
13 Employer S Name	47A	openiy)	47A	0.00
20 Registered Address 20A Zip Code	47B	po Allowanc	47B	0.00
	CURRI	EMENTARY		0.00
Part IV-A Summary	48 Commi		48	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 539,613.48				0.00
22 Less: Total Non-Taxable/	49 Profit S	Sharing	49	0.00
23 Taxable Compensation Income 23 from Present Employer (Item 55) 470.647.24	50 Fees I	ncluding Directo	or's 50	
24 Add: Taxable Compensation 24 Income from Previous Employer 0.00	Fees	nordaling Directe		0.00
25 Gross Taxable 25		e 13th Month Pa	y 51	0.00
Compensation Income 26 Less: Total Exemptions 26 75,000.00	52 Hazard		52	0.00
27 Less: Premium Paid on Health 27	JZ Hazaro	Пау	52	0.00
28 Net Taxable 28	53 Overtin	ne Pay	53	407.000.00
29 Tay Due 29	54 Others	(Specify)		187,989.00
93,694.17 30 Amount of Taxes Withheld	54A		54A	2.22
30A Present Employer 30A 91,790.15	54B		54B	0.00
30B Previous Employer 30B 0.00				0.00
31 Total Amount of Taxes Withheld 31 As adjusted 1,904.02	55 Total T Income	axable Compens	sation 55	470,647.24
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 Date Signed Present Employer/ Authorized Agent Signature Over Printed Name				
CONFORME: 57 FRITA SOFIO IR DURANTE	Date Signed			٦
CTC No. Employee Signature Over Printed Name of Employee Place of Issue	Date of Issue	\Box		Amount Paid
To be accomplished un			1 1 1	
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.	I declare,un	der the penalties o		am qualified under substituted filing of ce I received purely compensation income
under Birk Politi No. 10040F windt has been lied with the bureau of internal Revenue.	from only or	ne employer in th	e Phils. for th	e calendar year; that taxes have been
JOSEPHINE NAGA	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			
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)	had been file	d pursuant to the p	provisions of RI	R No. 3-2002, as amended.
	59		ITA, SOFIO JF ee Signature O	R. DURANTE Over Printed Name