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 the page of the p

BIR Form No.

Fill in all applicable spaces. Mark all appropriate boxes with an "X"	2 For the Period
1 For the Year (YYYY) ▶ 2,0,1,7	2 For the Period ▶ From (MM/DD)
Part I Employee Information	Part IV-B Details of Compensation Income and Tax Withheld from Present Employer
3 Taxpayer 1 7 9 5 8 1 5 7 0	Amount A. NON-TAXABLE/EXEMPT COMPENSATION INCOME
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code	32 Basic Salary/ 32
GARCES, JOCELYN SERIO	Statutory Minimum Wage 0.00
6 Registered Address 6A Zip Code BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN,	Minimum Wage Earner (MWE)
6B Local 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 Night Shift Differential (MIN/E) 35
	0.00
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number	36 Hazard Pay (MWE) 36 0.00
0,6 3,0 1,9,7,3	37 13th Month Pay 37
9 Exemption Status Single X Married	and Other Benefits 57,046.00
9A Is the wife claiming the additional exemption for qualified dependent children? Yes No	38 De Minimis Benefits 38 22.195.86
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)	
0.00.0.0.0.0.0	39 SSS, GSIS, PHIC & Pag-ibig 39 Contributions & Union Dues 9.172.70
	Contributions, & Union Dues 9,172.70 (Employee share only)
	40 Salaries & Other Forms of 40
12 Statutory Minimum Wage rate per day 12	40 Salaries & Other Forms of Compensation 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 88,414.56
withholding tax and not subject to income tax	B. TAXABLE COMPENSATION INCOME
Part II Employer Information (Present) 15 Taxpayer	REGULAR
Identification No. O, O, S 9, 4, S 2, 1, S O, O, O, S 16 Employer's Name	42 Basic Salary 42 230,633.95
•	43 Representation 43 0.00
17 Registered Address 17A Zip Code	44 Transportation 44
770 E. Rodriguez Ext., Malibay, Pasay City	0.00
Main Employer Secondary Employer Part III Employer Information (Previous)	45 Cost of Living Allowance 45 3,323.50
18 Taxpayer	46 Fixed Housing Allowance 46
Identification No. 19 Employer's Name	0.00 47 Others (Specify)
	Tempo Allowance 0.00
20 Registered Address 20A Zip Code	415
<u> </u>	SUPPLEMENTARY 0.00
Part IV-A Summary 21 Gross Compensation Income from 21	48 Commission 48 0.00
Present Employer (Item 41 plus Item 55) 400,840.21	49 Profit Sharing 49
Exempt (Item 41) 88,414.56 23 Taxable Compensation Income 23	0.00
from Present Employer (Item 55) 24 Add: Taxable Compensation 24	50 Fees Including Director's 50 0.00
Income from Previous Employer 25 Gross Taxable 25	
Compensation Income 312,425.65	51 Taxable 13th Month Pay and Other Benefits 0.00
26 Less: Total Exemptions 26 125,000.00	52 Hazard Pay 52
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	0.00
28 Net Taxable 28 Compensation Income 187,425.65	53 Overtime Pay 53 60,468.20
29 Tax Due 29 34,356.16	54 Others (Specify)
30 Amount of Taxes Withheld 30A Present Employer 30A 53,452.97	54A 0.00
55,452.31	54B 0.00
31 Total Amount of Taxes Withheld 31	55 Total Tayable Compensation 55
As adjusted -19,096.81 We declare, under the penalties of perjury, that this certificate has been made in go	Income 312,425.65 and 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 r 56 MA RITA CARMEN	
Present Employer/ Authorized Agent Signature Over Printed Name CONFORME:	
57 GARCES, JOCELYN SERIO CTC No. Employee Signature Over Printed Name	Date Signed Amount Paid
of Employee Place of Issue	Date of Issue
To be accomplished un I declare, under the penalties of perjury, that the information herein stated are reported	der substituted filing I dedare,under the penalties of perjury that I am qualified under substituted filing of
under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.	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
58 MA RITA CARMEN	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;
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)	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.
(mead of Accounting, Human Resource of Authorized Representative)	59 GARCES, JOCELYN SERIO