## 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)  0 1	0,1 To (MM/DD) 0,0 0,0
Part I Employee Information	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Income and Tax Withheld from Present Employer
3 Taxpaver		Amount
Identification No.  1 8 8 3 2 5 9 0 9  4 Employee's Name (Last Name, First Name, Middle Name)  5 RDO Code	A. NON-TAXABLE/EXEMPT COI	MPENSATION INCOME
	32 Basic Salary/	32
CACANINDIN, JENELYN ANGELES  O 1 5 1  6 Registered Address  6A Zip Code	Statutory Minimum Wage Minimum Wage Earner (MWE)	0.00
BLK 24 LOT AR 1 KAUNLARAN VILLAGE NAVOTAS, STA CRUZ	iviinimum vvage Earner (ivivvE)	
ILOCOS SUB	33 Holiday Pay (MWE)	0.00
6B Local Home Address 6C Zip Code	34 Overtime Pay (MWE)	34
	•	0.00
6D Foreign Address 6E Zip Code	35 Night Shift Differential (MWE)	0.00
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number 0 1 3 1 1 7 1 1 9 1 7 1 4	36 Hazard Pay (MWE)	0.00
	37 13th Month Pay	37
9 Exemption Status Single X Married	and Other Benefits	82,000.00
9A Is the wife claiming the additional exemption for qualified dependent children?	38 De Minimis Benefits	38
Yes No  10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)		36,075.40
	39 SSS, GSIS, PHIC & Pag-ibig	39
0.00.00.0	Contributions, & Union Dues	11,925.60
	(Employee share only)	
	40 Salaries & Other Forms of	0.00
12 Statutory Minimum Wage rate per day 12	Compensation	0.00
13 Statutory Minimum Wage rate per month 13 0.00	41 Total Non-Taxable/Exempt	41
14 Minimum Wage Earner whose compensation is exempt from	Compensation Income	130,001.00
withholding tax and not subject to income tax	B. TAXABLE COMPENSATION I	INCOME
Part II Employer Information (Present)  15 Taxpayer	REGULAR	
Identification No. • 0,0,0 8,2,6 3,6,6 0,0,0	42 Basic Salary	289,929.84
16 Employer's Name	42 Dan na antation	43
<u>*</u>	43 Representation	0.00
17 Registered Address 17A Zip Code	44 Transportation	44
733 Wood St., Malibay, Pasay		0.00
City   Main Employer   Secondary Employer  Part III   Employer Information (Previous)	45 Cost of Living Allowance	4,673.26
		7,070.20
18 Taxpayer	46 Fixed Housing Allowance	46
18 Taxpayer Identification No.	-	
18 Taxpayer	47 Others (Specify)	0.00
18 Taxpayer Identification No.  19 Employer's Name	47 Others (Specify) 47A Tempo Allowance	0.00 47A 0.00
18 Taxpayer Identification No.	47 Others (Specify)  47A Tempo Allowance  47B	0.00
18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20A Zip Code	47 Others (Specify) 47A Tempo Allowance 47B SUPPLEMENTARY	47A 0.00 47A 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	47 Others (Specify)  47A Tempo Allowance  47B	0.00 47A 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)  Present Employer (Item 41 plus Item 55)  504,181.27	47 Others (Specify) 47A Tempo Allowance 47B SUPPLEMENTARY	46 0.00  47A 0.00  47B 0.00  48 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 Taylor Code  24 Taylor Code  25 Total Non-Taxable/Exempt (Item 41)  26 Taylor Code  27 Taylor Code  28 Taylor Code  29 Taylor Code  20 Taylor Code  20 Taylor Code  21 Taylor Code  22 Taylor Code  23 Taylor Code  24 Taylor Code  25 Taylor Code  26 Taylor Code  27 Taylor Code  28 Taylor Code  29 Taylor Code  20 Taylor Code  20 Taylor Code  21 Taylor Code  22 Taylor Code  23 Taylor Code  24 Taylor Code  25 Taylor Code  26 Taylor Code  27 Taylor Code  28 Taylor Code  29 Taylor Code  20 Taylor Code  20 Taylor Code  21 Taylor Code  21 Taylor Code  22 Taylor Code  23 Taylor Code  24 Taylor Code  25 Taylor Code  26 Taylor Code  27 Taylor Code  28 Taylor Code  29 Taylor Code  20 Taylor Code  20 Taylor Code  21 Taylor Code  21 Taylor Code  21 Taylor Code  21 Taylor Code  22 Taylor Code  23 Taylor Code  24 Taylor Code  25 Taylor Code  26 Taylor Code  27 Taylor Code  28 Taylor Code  29 Taylor Code  20 Taylor Code  20 Taylor Code  20 Taylor Code  20 Taylor Code  21 Taylor Code  22 Taylor Code  23 Taylor Code  24 Taylor Code  25 Taylor Code  26 Taylor Code  27 Taylor Code  28 Taylor Code  29 Taylor Code  20 Taylor Code  21 Taylor Code  21 Taylor Code  22 Taylor Code  23 Taylor Code  24 Taylor Code  25 Taylor Code  26 Taylor Code  27 Taylor Code  28 Taylor Code  29 Taylor Code  20 Taylor Code  20 Taylor Code  21 Taylor Code  21 Taylor Code  22 Taylor Code  23 Taylor Code  24 Taylor Code  25 Taylor Code  26 Taylor Code  27 Taylor Code  28 Taylor Code  29 Taylor Code  20 Taylor Code  21 Taylor Code  22 Taylor Code  23 Taylor Code  24 Taylor Code  25 Taylor Code  26 Taylor Code  27 Taylor Code  28 Taylor Code  29 Taylor Code  20 Taylor Code  20 Tay	47 Others (Specify)  47A Tempo Allowance  47B SUPPLEMENTARY 48 Commission	46 0.00  47A 0.00  47B 0.00  48 0.00
18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  20A Zip Code  Part IV-A  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 21	47 Others (Specify) 47A Tempo Allowance 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's	46 0.00  47A 0.00  47B 0.00  48 0.00  49 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)  21 Less: Total Non-Taxable/Exempt (Item 41)  22 Taxable Compensation Income from Present Employer (Item 55)  23 Taxable Compensation Income from Present Employer (Item 55)  24 Add: Taxable Compensation Income Income from Previous Employer  25 O4,181.27	47 Others (Specify) 47A Tempo Allowance 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's Fees	46 0.00  47A 0.00  47B 0.00  48 0.00  49 0.00  50 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 130,001.00  24 Add: Taxable Compensation  25 Taxable Compensation Income from 140,001.00	47 Others (Specify) 47A Tempo Allowance 47B SUPPLEMENTARY 48 Commission 49 Profit Sharing 50 Fees Including Director's	46 0.00  47A 0.00  47B 0.00  48 0.00  49 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	46     0.00       47A     0.00       47E     0.00       48     0.00       49     0.00       50     0.00       51     75,357.17
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	46 0.00  47A 0.00  47B 0.00  48 0.00  49 0.00  50 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	46 0.00  47A 0.00  47B 0.00  48 0.00  49 0.00  50 0.00  51 75,357.17  52 0.00  53
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	46     0.00       47A     0.00       48     0.00       49     0.00       50     0.00       51     75,357.17       52     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 54 Others (Specify)	46     0.00       47A     0.00       48     0.00       49     0.00       50     0.00       51     75,357.17       52     0.00       53     4,220.00
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 54 Others (Specify)	46     0.00       47A     0.00       47B     0.00       48     0.00       49     0.00       50     0.00       51     75,357.17       52     0.00       53     4,220.00       54A     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 54 Others (Specify)	0.00  47A 0.00  47B 0.00  48 0.00  49 0.00  50 0.00  51 75,357.17  52 0.00  53 4,220.00  54A 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 54 Others (Specify)	46     0.00       47A     0.00       47B     0.00       48     0.00       50     0.00       51     75,357.17       52     0.00       53     4,220.00       54A     0.00       54B     0.00       55
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	46     0.00       47A     0.00       48     0.00       49     0.00       50     0.00       51     75,357.17       52     0.00       53     4,220.00       54A     0.00       54E     0.00       55     374,180.27
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 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  20 A Zip Code  21	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 degulations issued under authority thereof.	46     0.00       47A     0.00       47B     0.00       48     0.00       49     0.00       50     0.00       51     75,357.17       52     0.00       53     4,220.00       54A     0.00       54B     0.00       55     374,180.27       our knowledge and belief, is true and correct
18 Taxpayer Identification No. 19 Employer's Name  20 Registered Address 20A Zip Code  Part IV-A Summary  21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 22 Less: Total Non-Taxable/ 22 Exempt (Item 41) 23 Taxable Compensation Income from Present Employer (Item 55) 24 Add: Taxable Compensation Income from Previous Employer (Item 55) 25 Add: Taxable Compensation Income from Previous Employer (Item 55) 26 Add: Taxable Compensation Income from Previous Employer (Item 55) 27 Less: Total Exemptions 26 374,180.27  28 Less: Total Exemptions 26 75,000.00  29 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 28 Net Taxable 28 299,180.27  29 Tax Due 29 64,754.08  30 Amount of Taxes Withheld 30A Present Employer 30A 71,211.28  30B Previous Employer 30B 0.00  31 Total Amount of Taxes Withheld As adjusted -6,457.20  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	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	46     0.00       47A     0.00       47B     0.00       48     0.00       49     0.00       50     0.00       51     75,357.17       52     0.00       53     4,220.00       54A     0.00       54B     0.00       55     374,180.27       our knowledge and belief, is true and correct
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 Previous Employer (Item 55)  24 Add: Taxable Compensation Income from Previous Employer (Item 55)  25 Add: Taxable Compensation Income from Previous Employer (Item 55)  26 Add: Taxable Compensation Income from Previous Employer (Item 55)  27 Less: Total Exemptions  28 Total Exemptions  29 Tax Due  20 Tax Due  20 Tax Due  21 Total Amount of Taxes Withheld  26 Tax Due  27 Tax Due  28 Tax Due  29 Tax Due  29 Tax Due  20 Tax Due  20 Tax Due  20 Tax Due  21 Total Amount of Taxes Withheld  22 Tax Due  23 Total Amount of Taxes Withheld  24 Tax Due  25 Tax Due  26 Tax Due  27 Tax Due  28 Tax Due  29 Tax Due  29 Tax Due  20 Tax Due  21 Total Amount of Taxes Withheld  21 Total Amount of Taxes Withheld  22 Tax Due  23 Total Amount of Taxes Withheld  24 Tax Due  25 Tax Due  26 Tax Due  27 Tax Due  28 Tax Due  29 Tax Due  29 Tax Due  20 Tax Due  20 Tax Due  20 Tax Due  21 Tax Due  22 Tax Due  23 Tax Due  24 Tax Due  25 Tax Due  26 Tax Due  27 Tax Due  28 Tax Due  29 Tax Due  20 Tax Due  20 Tax Due  20 Tax Due  21 Tax Due  22 Tax Due  23 Tax Due  24 Tax Due  25 Tax Due  26 Tax Due  27 Tax Due  28 Tax Due  29 Tax Due  20 Tax Due  21 Tax Due  22 Tax Due  23 Tax Due  24 Tax Due  25 Tax Due  26 Tax Due  27 Tax Due  28 Tax Due	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 od faith, verified by us, and to the best of egulations issued under authority thereof. Date Signed	46     0.00       47A     0.00       47B     0.00       48     0.00       49     0.00       50     0.00       51     75,357.17       52     0.00       53     4,220.00       54A     0.00       54B     0.00       55     374,180.27       our knowledge and belief, is true and correct
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  24 Gross Taxable Compensation Income from Previous Employer  25 Gross Taxable Compensation 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 G4,754.08  30 Amount of Taxes Withheld 30 A Present Employer  30 Amount of Taxes Withheld 31 G4,754.08  31 Total Amount of Taxes Withheld 31 G-6,457.20  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 CACANINDIN, JENELYN ANGELES  CTC No. 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 degulations issued under authority thereof Date Signed	46     0.00       47A     0.00       47B     0.00       48     0.00       49     0.00       50     0.00       51     75,357.17       52     0.00       53     4,220.00       54A     0.00       54B     0.00       55     374,180.27       our knowledge and belief, is true and correct
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 Income from Previous Employer  25 Gross Taxable Compensation Previous Employer  26 Less: Total Exemptions  27 Less: Total Exemptions  28 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  29 Net Taxable Compensation Income  29 Tax Due  29 GA Zip Code  1 1 1 2 1 30,001.00  20 1 2 1 2 1 30,001.00  21 2 2 1 30,001.00  22 2 2 1 30,001.00  23 374,180.27  24 0.00  25 374,180.27  26 75,000.00  27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  29 Registered Address  20 A Zip Code  1 1 30,001.00  20 374,180.27  21 0.00  22 0.00  23 374,180.27  24 0.00  25 0.00  26 0.00  27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  28 Net Taxable Compensation Income  29 Tax Due  29 64,754.08  30 Amount of Taxes Withheld 30 A Present Employer  30 A 71,211.28  30 B Previous Employer  30 A 71,211.28  30 B Previous Employer  30 A 71,211.28  30 B Previous Employer  30 A 71,211.28  30 A 71,211.28  30 A Present Employer Authorized Agent Signature Over Printed Name  CONFORME:  50 CACANINDIN, JENELYN ANGELES  CTC No. Employee Signature Over Printed Name  of Employee	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 od faith, verified by us, and to the best of degulations issued under authority thereof Date Signed Date of Issue	46 0.00  47A 0.00  47B 0.00  48 0.00  49 0.00  50 0.00  51 75,357.17  52 0.00  53 4,220.00  54A 0.00  54B 0.00  55 374,180.27  our knowledge and belief, is true and correct
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  24 Gross Taxable Compensation Income from Previous Employer  25 Gross Taxable Compensation 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 G4,754.08  30 Amount of Taxes Withheld 30 A Present Employer  30 Amount of Taxes Withheld 31 G4,754.08  31 Total Amount of Taxes Withheld 31 G-6,457.20  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 CACANINDIN, JENELYN ANGELES  CTC No. 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 cegulations issued under authority thereof Date Signed Date of Issue  Date of Issue  Ger substituted filing	46 0.00  47A 0.00  47B 0.00  48 0.00  49 0.00  50 0.00  51 75,357.17  52 0.00  53 4,220.00  54A 0.00  54B 0.00  55 374,180.27  our knowledge and belief, is true and correct
18 Taxpayer Identification No.  19 Employer's Name  20 Registered Address  21	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 od faith, verified by us, and to the best of cegulations issued under authority thereof. Date Signed Date Signed Date of Issue  I declare, under the penalties of perjury Income Tax Returns (BIR Form No. 1700)	47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 75,357.17 52 0.00 53 4,220.00 54A 0.00 555 374,180.27 our knowledge and belief, is true and correct that I am qualified under substituted filing of D), since I 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/ 23 Taxable Compensation Income from Present Employer (Item 45)  24 Add: Taxable Compensation Income from Present Employer (Item 55)  25 Add: Taxable Compensation Income 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  33 A adjusted  34 As adjusted  35 And Internal Revenue Code, as amended, and the JOSEPHINE NAGA  36 Present Employer Authorized Agent Signature Over Printed Name  37 CACANINDIN, JENELYN ANGELES  38 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 55 Income 56 Income 57 Income 58 Including Director's Fees 59 Including Director's Fees 50 Income Pay 51 Income Pay 52 Income Pay 53 Overtime Pay 54 Others (Specify) 55 Income Pay 56 Income Pay 57 Income Pay 58 Income Pay 59 Income Pay 50 Income Pay 50 Income Pay 51 Income Tax Returns(BIR Form No. 1700 From Only one employer in the Phils. Correctly withheld by my employer (tax described Payer)	47A 0.00 47B 0.00 48 0.00 49 0.00 50 0.00 51 75,357.17 52 0.00 53 4,220.00 54A 0.00 54B 0.00 55 374,180.27 our knowledge and belief, is true and correct that I am qualified under substituted filing of 0), since I received purely compensation income for the calendar year; that taxes have been like equals tax withheld); that the BIR Form
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 Income  26 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  28 Net Taxable Compensation Income  29 Tax Due  20 A Zip Code  21 Summary  22 130,001.00  23 374,180.27  374,180.27  4 0.00  25 374,180.27  75,000.00  27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  28 Net Taxable Compensation Income  29 Tax Due  29 64,754.08  30 Amount of Taxes Withheld 30A Present Employer  30B Previous Employer  30B O.00  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 Present Employer/ Authorized Agent Signature Over Printed Name  CONFORME:  57 CACANINDIN, JENELYN ANGELES  CTC No. Employee Signature Over Printed Name  I declare, under the penalties of perjury, that the information herein stated are reported	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) 554A 55 Total Taxable Compensation Income od faith, verified by us, and to the best of cegulations issued under authority thereof. Date Signed Date of Issue Oder substituted filing I declare, under the penalties of perjury Income Tax Returns (BIR Form No. 1700 from only one employer in the Phils. correctly withheld by my employer (tax d. No. 1604CF filed by my employer to the No. 1604CF filed by my employer to the Phils.	47A 0.00 47B 0.00 48 0.00 48 0.00 50 0.00 51 75,357.17 52 0.00 53 4,220.00 54A 0.00 554B 0.00 555 374,180.27 our knowledge and belief, is true and correct cour knowledge and belief, is true and correct course by that the BIR Form by that the BIR Form by the same purpose as if BIR Form No. 1700 the same purpose as if BIR Form No. 1700