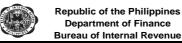
For BIR BCS/ Use Only Item:		{	Depar	of the Phil tment of Fir of Internal R	nance				
BIR Form No. 1700 January 2018 (ENCS) Page 1	Annual IncomeTax Return Individuals Earning Purely Compensation Income (Including Non-Business/Non-Profession Income) Enter all required information in CAPITAL LETTERS using BLACK ink. Mark applicable boxes with an "X". Three(3) copies must be filed: two(2) copies for BIR and one copy for taxpayer. 1700 01/18ENCS F								00 01/18ENCS P1
1 For the Year (YYYY)	2022	2 Amended Return	?	Yes • 1	No 3 A	\lphanumeric \	Tax Code <i>(AT</i>	C)	II011
	PA	ART I - BACKGR	OUND INFOR	MATION (OF TAXP	AYER/FIL	ER		
4 Taxpayer Identification	on Number (TIN) 314 -	- 411 - 290 - 0	00	5 RDO Cod	e <u> </u> 033	6 Taxpaye	er rype	Employee egular Rates)	NRANETB* (25%)
7 Taxpayer's Name (L	ast Name, First Name, M	/liddle Name)]				
-	Indicate complete address. If the RANSPACIFIC PLACE, 2444-A				RDO to update	registered addres	ss by using BIR F	orm No. 1905)	
OMANILA, METRO MANIL	A					8A	ZIP Code		1004
9 Date of Birth (MM/DI	D/YYYY)	10 Email Address							
08/02/1991		OJELLE.ROGER	O@GMAIL.COM						
11 Citizenship		2 Claiming Foreign 1 Yes ● No	ax Credits?		13	Foreign Tax N	Number, if app	olicable	
14 Contact Number (09773826741	(Landline/Cellphone No.)		15 Civil Stat		l Legall	y Separated	Widow/er		
16 If married, spouse	e has income?	Yes	No	17 Filing S		Joint F	Filing Sep	arate Filing	
		PART II - BAC	KGROUND II	NFORMAT	ION ON	SPOUSE			
18 Spouse's TIN			19 RDO	Code	20 Taxp	payer Type	Emplo (Regular R	•	NRANETB* (25%)
21 Spouse's Name (Last Name, First Name, I	Middle Name)							
22 Contact Number ((Landline/Cellphone No.)					23 Citizens	hip J		
24 Claiming Foreign				Foreign Tax N					
		TOTAL TAX PAY	ABLE (Do NOT E				or more round u		
26 Tay Duo (Eithor from	Particulars m Part V.A Item 47A/B O			A. Taxp	payer/Fil	er 59.00		B. Sp	0.00
27 Less: Total Tax Cre	dits/Payments (From Par Overpayment) (Item 26 L	rt V.C Item 58A/B)	t V Item 59		65,0	99.00			0.00
29 October 15 (50% or	R Payable Allowed for 2nd less of Item 26) (application				0.00				0.00
regular IT rates) 30 Amount of Tax paya	able/(Overpayment) (Item	n 28 Less Item 29)			65,960.00				0.00
Add: Penalties 31	Interest				0.00				0.00
32	Surcharge				0.00				0.00
33	Compromise				0.00				0.00
34 Total Penalties (Sur	,				0.00 65,960.00				0.00
-	able/(Overpayment) (Su t Payable/(Overpaymen		nd 35B)		65,8	60.00	65,960.00		0.00
I declare under the petrue and correct, pursua the processing of my inf	enalties of perjury that thi ant to the provisions of the formation as contemplate e TIN and attach authorize	is return, and all its atta e National Internal Rev ed under the **Data Priv	chments, have be	ended, and th	e regulation	s issued under	authority ther	reof. Further,	give my consent to
							37 Num	nber of Attach	ments 00
	Printed Name and S	Signature of Taxpayer/A			/s.e-:-				
Particulars	Drawee Ra	PAR ank/Agency	T IV - DETAI Number	LS OF PA		/DD/YYYY)		Amo	ount
38 Cash/Bank Debit39 Check40 Tax Debit Memo41 Others (specify be	Memo								
Machine Validation/Rev	renue Official Receipt Det	tails (If not filed with an	Authorized Agent			ceiving Office/Aure/Bank Teller		of Receipt	
	ot Engaged in Trade or Bu Policy is in the BIR webs								

BIR Form No. 1700 January 2018 (ENCS) Page 2	Individua	nnual IncomeTa lls Earning Purely Coi g Non-Business/Non-	mpensatio	1700 01/18ENCS P2						
TIN			xpayer/Filer's L	ast Name						
314 411 290	000	,	GERO							
PART V - Computation of Tax										
If subject to graduated rates, fill in items 42 to 47; if subject to 25%, fill in items 48 to 53 (DO NOT enter Centavos;49 Centavos or Less drop dow;50 or more round up)										
Part V.A - Subject	ct to Graduated	l Rates			A) Ta	axpayer/Filer	B) Spouse			
42 Gross Compensati						988,913.00	0.00			
43 Less: Non-Taxable	e / Exempt Compens	ation				185,384.00	0.00			
44 Gross Taxable Co					803,529.00	0.00				
		Profession Income (specify)				0.00	0.00			
46 Total Taxable Inco						803,529.00	0.00			
47 Tax Due [Item 46	x Applicable Income	Tax Rate (refer to tax table be	low)] <u>(To Part</u>	II Item 26)		131,059.00	0.00			
Part V.B - Subject	ct tp 25% Flat F	Rate for NRANETB								
48 Gross Compensati	ion Income (From Sc	hedule 1 Item 5Ad/5Bd)				0.00	0.00			
49 Less: Non-Taxable					0.00					
50 Gross Taxable Co						0.00	0.00			
51 Add: Other Taxable						0.00	0.00			
52 Total Taxable Inco	me (Sum of Items 50	and 51)				0.00	0.00			
53 Tax Due [Item 52	x 25% Flat Rate] (To	Part III Item 26)				0.00	0.00			
Part V.C - Tax Cr	redits/Payment	S (attach proof)								
		f applicable <u>(from Schedule 1 I</u>	tem 5Ae/5Be)			65,099.00	0.00			
	,	this is an Amended Return				0.00	0.00			
56 Foreign Tax Credit						0.00	0.00			
57 Other Tax Credits/						0.00	0.00			
		ems 54 to 57) (To Part III Item 2				65,099.00	0.00			
59 Net Tax Payable/((Overpayment) (Eith	er Item 47 OR Item 53 Less Ite				65,960.00	0.00			
			PART VI -	Schedule						
Schedule 1 - Gro	oss Compensat	tion Income and Tax V	Vithheld (At	ach Additional Sheet	t/s, if necessary)					
the Taxpayer or the Sp	ouse (should be sepa	thheld (On Item 1,2,3 and 4, e grate item nos. even if both hav DO NOT enter Centavos; 49 (ve the same en	nployer). On Item 5A	, enter the Total Gross					
			a. Name o	f Employer						
1 ☑ Taxpayer	REFINITIV	ASIA PTE. LTD PHILIPPINE BRAN	СН							
☐ Spouse				b. Employer's TI	010 - 132 - 411 - 000					
2 Taxpayer	ACCENTU	RE, INC.								
Spouse				b. Employer's TI	IN 000 - 845 -	543 - 00000				
3 ☐ Taxpayer	,									
Spouse	,			b. Employer's TI	IN					
_				J. Employers						
4 ☐ Taxpayer ☐ Spouse				b. Employer's TI	IN					
(add more)				D. Lilipioyers in						
			1							
Continuation of (Enter the amount of comployer)		corresponding to the above		tion Income Subject Graduated Rates	d. Compensation Inco to 25% Flat R		e. Tax Withheld			
1				371,161.00		0.00	13,134.00			
2				617,752.00		0.00	51,965.00			
3						0.00	0.00			
4						0.00	0.00			
Gross Compensation Income and Total Tax Withheld for										
TAXPATER (TO Part V Items 42A/46A and 54A)										
5B Gross Compensation Income and Total Tax Withheld for SPOUSE 0.00 0.00 0.00										
TABLE 1 -		nuary 1, 2018 to December 31, 2022) Tax Due is:			ABLE 2 - Tax Rates (effecti le Income is:		d onwards) Tax Due is:			
Not over F	250,000	0%		Not ove	er P250,000		0%			
Over P250,000 but Over P400,000 but		20% of the excess over P2 P30,000 + 25% of the excess ov			but not over P400,000 but not over P800,000		% of the excess over P250,000 + 20% of the excess over P400,000			
Over P800,000 but n	Over P800,000 but not over P2,000,000 P130,000 + 30% of the excess over P800,				ut not over P2,000,000	,000 102,500 + 25% of the excess over P800,000				
Over P2,000,000 but Over P8,		P490,000 + 32% of the excess over P2,000,000 P2,410,000 + 35% of the excess over P8,000,000			but not over P8,000,000 P8,000,000	402,500 + 30% of the excess over P2,000,000 P2,202,500 + 35% of the excess over P8,000,000				



BIR Form No. 2316

Certificate of Compensation Payment/Tax Withheld

III ME KYRIAKENER MEH IIII

January 2018 (ENCS) Fill in all applicable spaces. M	Aark all appropriate boyo	For Compensation Payment V	Vith or Without Tax With	held			2316 0	01/18ENCS		
1 For the Year (YYYY)	2022	s with an A.	2 For the Period From (MM/DD)	01	17	To (MM/DD)	05	25		
,	art I - Employee Inform	ation	Part IV-B Details of C	Compensation	Income &		om Present	Employer		
3 TIN 314 .	_ 411 _ 29	Q - ροο, , ,	A. NON-TAXABLE/EXEMP	T COMPENSAT	ION INCO	ME	Amount			
4 Employee's Name (Last Na			27 Basic Salary (including or the Statutory Minimum	•		low)		0.00		
Rogero, Ojelle M	/lorada	044	28 Holiday Pay (MWE)	· ·	VIVVL			0.00		
Unit 913 Burgundy Transpacific F Manila	Place, Brgy 727 Taft Ave, Mal		29 Overtime Pay (MW	'E)				0.00		
6B Local Home Address		6C ZIP Code	30 Night Shift Differen	tial (MWF)						
6D Foreign Address			31 Hazard Pay (MWE)	` '				0.00		
			31 Hazard Pay (MWC)		0.00					
7 Date of Birth (MM/DD/YYY) 08 02 1,991	8 Contact Nu	nber	(maximum of P90,000)				22,510.96			
9 Statutory Minimum Wage	rate per day		33 De Minimis Benefits34 SSS, GSIS, PHIC 8	ons	24,565.51					
10 Statutory Minimum Wage	rate per month		and Union Dues (E		8,414.88					
	rner (MWE) whose comp not subject to income to	pensation is exempt from	35 Salaries and Other36 Total Non-Taxable/		0.00					
Part II	- Employer Information	(Present)	Income (Sum of Iter		55,491.35					
910	- 132 - 411	- 000	B. TAXABLE COMPENSAT	ION INCOME R	EGULAR					
13 Employer's Name Refinitiv Asia Pte. Ltd Phil	ippine Branch		37 Basic Salary				26	5,010.41		
14 Registered Address Ground Floor, 18/20 Building Upper Mc	skinley Road McKinley Hill CyberPar	t McKinley Hill, Fort	38 Representation					0.00		
Bonifacio Taguig City, NCR, 4th District 15 Type of Employer	Main Employer	Secondary Employer	39 Transportation					0.00		
Part III	- Employer Information		40 Cost of Living Allow	vance (COLA))			0.00		
16 TIN	- , , - , ,		41 Fixed Housing Allov	wance				0.00		
17 Employer's Name			42 Others (specify) 42A Other Inco					0.650.40		
18 Registered Address		18A ZIP Code	42A Other Inco	ome		$\dashv\vdash$		0.00		
			SUPPLEMENTARY	Y				0.00		
19 Gross Compensation Inc	Part IVA - Summary		43 Commission					0.00		
Employer (Sum of Items 36 20 Less: Total Non-Taxable/Exem	6 and 50)	371,160.95	44 Profit Sharing					0.00		
Income from Present Em	ployer (From Item 36)	55,491.35	45 Fees Including Dire			0.00				
21 Taxable Compensation In Employer (Item 19 Less Ite	em 20) (From Item 50)	315,669.60	46 Taxable 13th Month		0.00					
22 Add: Taxable Compensa Previous Employer, if app	plicable	0.00	47 Hazard Pay					0.00		
23 Gross Taxable Compens (Sum of Items 21 and 22)	ation income	315,669.60	48 Overtime Pay					0.00		
24 Tax Due		13,133.92	49 Others (specify)					0.00		
25 Amount of Taxes Withhe25A Present Employer	ld	13,133.92	49A					0.00		
25B Previous Employer,	25B Previous Employer, if applicable 0.00						0.00			
26 Total Amount of Taxes W (Sum of Items 25A and 25B)		13,133.92	50 Total Taxable Com (Sum of Items 37 to 4)	•	ome		31	5,669.60		
the provisions of the National I	nternal Revenue Code, as a	rtificate has been made in good faith, amended, and the regulations issued	under authority thereof. Furt							
as contemplated under the *Da	ata Privacy Act of 2012 (R.A	No. 10173) for legitimate and lawful	purposes.							
51 Maria Ellen Le	ilani Buendia r/Aphaxized Agent Signa	ature over Printed Name	Date S	Signed (06/10/20	22				
CONFORME:	pjelje klorada		-	Si	6 6 4		\Box			
Emp	oyee Signature over Pri		Date S	oigned [U]	0 2 1	1 2 0 1 2 12		unt paid, if CTC		
CTC/Valid ID No. of Employee		Place of Issue	Date o	of Issue						
declare under the pena	alties of periury that the inf	To be accomplished u ormation herein stated are	Inder substituted filing	enalties of norium #	hat I am aud	lified under substitute	d filing of Incom	ne Tay Return		
		en filed with the Bureau of	I declare, under the pe (BIR Form No. 1700), since I r for the calendar year, that taxe	received purely con	npensation in	ncome from only one	employer in the	e Philippines		
Minimore) KNYMPH				for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employed to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose All YRIR Form No. 1700 has been filed pursuant to the provisions					
53 Maria Ellen Le Present Employe	the BIR Form No. 1604-C filed by myemployel to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose of it bills Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, a same had.									
	ng/Human Resource or A	54	Rogero/Que	Mora	ıda					

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)



Republic of the Philippines Department of Finance **Bureau of Internal Revenue**

Certificate of Compensation

BIR Form No.

2316 September 2021(ENCS)		Payment/Ta				2316 9/21ENCS		
III in all applicable spaces. M	Mark all appropriate boxes							
1 For the Year (YYYY)	2 0 2 2 Part I - Employee Informa	ation	Fro	the Period m (MM/DD) t IV-B Details o	0 7 1		(MM/DD) 1 2 Withheld from Present E	3 1 1
3 1 4		0 - 0 0 0 0 0			MPT COMPENSATI		Amount	р.оус.
4 Employee's Name (Last Na Rogero, Ojelle Morada	ame, First Name, Middle Nam	ne) 5 RDO Code			ng the exempt P250, mum Wage of the MV			0.00
6 Registered Address		6A ZIP Code	30 Hol	day Pay (MW	E)			0.00
c/o Accenture Inc. B Local Home Address		1 5 5 4	31 Ove	ertime Pay (M	WE)			0.00
7th Floor Robinsons Cyb Mandaluyong City, Metro		6C ZIP Code	32 Nig	nt Shift Differe	ential (MWE)			0.00
6D Foreign Address			33 Haz	ard Pay (MW	E)			0.00
Date of Birth (MM/DD/YYY	y) 8 Contact Nur	mber		n Month Pay a	and Other Benefit	S		90,000.00
0 8 0 2 1 9 9	9 1		35 De	Minimis Bene	fits			23,692.31
9 Statutory Minimum Wage		00.00		., ,	C & PAG-IBIG Co			16,200.00
Statutory Minimum Wage Minimum Wage Fa	rate per month	ensation is exempt from			er Forms of Com	• •		0.00
withholding tax and	d not subject to income tax I - Employer Information	x ·		al Non-Taxabl ome <i>(Sum of I</i> i	e/Exempt Competerns 29 to 37)	ensation	1	29,892.31
2 TIN 0 0 0	_ 8 4 5 - 5 4	3 - 0 0 0 0 0 0	B. TAXA	BLE COMPENS	ATION INCOME RE	GULAR		
ACCENTURE, INC.			39 Bas	ic Salary			4	51,300.00
4 Registered Address 7th Floor Robinsons Cyb	ergate 1 Pioneer Street	14A ZIP Code	40 Rep	resentation				0.00
Mandaluvong City, Metro	Manila	1 5 5 4	41 Tra	nsportation				0.00
,, , , , , , , , , , , , , , , , , , ,	Main Employer - Employer Information	Secondary Employer (Previous)	42 Cos	t of Living Alle	owance (COLA)			0.00
6 TIN	- , , - ,		43 Fixe	ed Housing Al	lowance			0.00
7 Employer's Name			44 Oth 44A	ers (specify) Other Incor	ne			0.00
8 Registered Address		18A ZIP Code	44B					0.00
	Part IVA - Summary			PPLEMENTA	RY			
9 Gross Compensation Inc		617,752.26	45 Cor	nmission				0.00
Employer (Sum of Items 3 10 Less: Total Non-Taxable/Exer	mpt Compensation	129,892.31	46 Pro	fit Sharing				0.00
Income from Present Em 1 Taxable Compensation I		487,859.95	47 Fee	s Including Di	rector's Fees			0.00
Employer (Item 19 Less Ite 2 Add: Taxable Compensa		0.00	48 Tax	able 13th Moi	nth Benefits			29,341.44
Previous Employer, if ap 3 Gross Taxable Compens		487,859.95	49 Haz	ard Pay				0.00
(Sum of Items 21 and 22) 4 Tax Due		51,964.98	50 Ove	ertime Pay				0.00
5 Amount of Taxes Withhe	eld			Other Incor	200			7,218.51
25A Present Employer25B Previous Employer,	if applicable	51,964.98	51A 51B					
26 Total Amount of Taxes V		0.00			mpensation Inco	me		0.00
(Sum of Items 25A and 25B 7 5% Tax Credit (PERA A	,	51,964.98	(Sui	m of Items 39 to	51B)		4	21,009.80
	·	0.00						
8 Total Taxes Withheld (Single I/We declare, under the period of the state of the s	enalties of perjury that this cer	51,964.98 trifficate has been made in good faith,	verified by	me/us, and to	the best of my/our l	knowledge and	belief, is true and correct.	pursuant to
the provisions of the National	Internal Revenue Code, as ar	mended, and the regulations issued u . No. 10173) for legitimate and lawful	nder author	ority thereof. Fu	rther, I/we give my/	our consent to	the processing of my/our in	nformation
53	Jennifer Pr Agcaoi er/Authorized Agent Signa			Date	e Signed 0 1	3 1 2	0 2 3	
ONFORME:	er/Authorized Agent Signa			5.	a:			

Rogero, Ojelle Morada
Employee Signature over Printed Name Date Signed CTC/Valid ID No. Place of Date Issued of Employee Issue

Amount paid, if CTC

To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.

Jennifer P. Agcaoili

Present Employer/Authorized Agent Signature over Printed Name
(Head of Accounting/Human Resource or Authorized Representative)

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C 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 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

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