



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) ▶ 2016	2 For the Period From (MM/DD) 01 01 From (MM/DD) 12 31																
Part I Employee Information																	
3 Taxpayer Identification No. ▶ 111 111 111 000																	
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code ▶ LNAME-1, FNAME-01 MNAME-01																	
6 Registered Address 6A Zip Code ▶ TEST ADDRESS 1																	
6B Local Home Address 6C Zip Code ▶																	
6D Foreign Address 6E Zip Code ▶																	
7 Date of Birth (MM/DD/YYYY) 11 13 1949	8 Telephone Number <input style="width: 100%;" type="text"/> 																
9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																	
12 Statutory Minimum Wage rate per day 12 <input style="width: 100%;" type="text"/>																	
13 Statutory Minimum Wage rate per month 13 <input style="width: 100%;" type="text"/>																	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax																	
Part II Employer Information (Present)																	
15 Taxpayer Identification No. ▶ 000 000 000 000																	
16 Employer's Name ▶ PINOY WEB APPLICATION																	
17 Registered Address 17A Zip Code ▶ SAN JOSE DEL MONTE CITY																	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer																	
Part III Employer Information (Previous)																	
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) 21	241,451.74																
22 Less: Total Non-Taxable/Exempt (Item 41) 22	16,680.64																
23 Taxable Compensation Income from Present Employer (Item 55) 23	224,771.10																
24 Add: Taxable Compensation Income from Previous Employer 24																	
25 Gross Taxable 25	224,771.10																
26 Less: Total Exemptions 26	50,000.00																
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27																	
28 Net Taxable Compensation Income 28	174,771.10																
29 Tax Due 29	31,192.77																
30 Amount of Taxes Withheld <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">30A Present Employer</td> <td style="width: 50%;">30A</td> </tr> <tr> <td>30B Previous Employer</td> <td>30B</td> </tr> </table>	30A Present Employer	30A	30B Previous Employer	30B	31,192.77												
30A Present Employer	30A																
30B Previous Employer	30B																
31 Total Amount of Taxes As Adjusted 31	31,192.77																

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer					
Amount					
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME					
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32	<input style="width: 100%;" type="text"/>				
33 Holiday Pay (MWE) 33	<input style="width: 100%;" type="text"/>				
34 Overtime Pay (MWE) 34	<input style="width: 100%;" type="text"/>				
35 Night Shift Differential (MWE) 35	<input style="width: 100%;" type="text"/>				
36 Hazard Pay (MWE) 36	<input style="width: 100%;" type="text"/>				
37 13th Month Pay and Other Benefits 37	16,680.64				
38 De Minimis Benefits 38	<input style="width: 100%;" type="text"/>				
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39	0.00				
40 Salaries & Other Forms of Compensation 40	0.00				
41 Total Non-Taxable/Exempt Compensation Income 41	16,680.64				
B. TAXABLE COMPENSATION INCOME					
REGULAR					
42 Basic Salary 42	224,771.10				
43 Representation 43	<input style="width: 100%;" type="text"/>				
44 Transportation 44	<input style="width: 100%;" type="text"/>				
45 Cost of Living Allowance 45	<input style="width: 100%;" type="text"/>				
46 Fixed Housing Allowance 46	<input style="width: 100%;" type="text"/>				
47 Others (Specify) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">47A</td> <td style="width: 50%;">47A</td> </tr> <tr> <td>47B</td> <td>47B</td> </tr> </table>	47A	47A	47B	47B	<input style="width: 100%;" type="text"/>
47A	47A				
47B	47B				
SUPPLEMENTARY					
48 Commission 48	<input style="width: 100%;" type="text"/>				
49 Profit Sharing 49	<input style="width: 100%;" type="text"/>				
50 Fees Including Director's Fees 50	<input style="width: 100%;" type="text"/>				
51 Taxable 13th Month Pay and Other Benefits 51	0.00				
52 Hazard Pay 52	<input style="width: 100%;" type="text"/>				
53 Overtime Pay 53	<input style="width: 100%;" type="text"/>				
54 Others (Specify) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">54A</td> <td style="width: 50%;">54A</td> </tr> <tr> <td>54B</td> <td>54B</td> </tr> </table>	54A	54A	54B	54B	<input style="width: 100%;" type="text"/>
54A	54A				
54B	54B				
55 Total Taxable Compensation Income 55	224,771.10				

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 RUBEN B. CORRAL
 Present Employer/ Authorized Agent Signature Over Printed Name

 Date Signed

CONFORME:

57 FNAME-01 M. LNAME-1

 Date Signed

 CTC No. Employee Signature Over Printed Name
 of Employee Place of Issue

 Date of Issue

Amount Paid

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.

58 RUBEN B. CORRAL

 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 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 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 FNAME-01 M. LNAME-1
 Employee Signature Over Printed Name



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) ▶ 2016	2 For the Period From (MM/DD) 01 01 From (MM/DD) 12 31
Part I Employee Information	
3 Taxpayer Identification No. ▶ 111 111 112 000	
4 Employee's Name (Last Name, First Name, Middle Name) ▶ LNAME-2, FNAME-02 MNAME-02 5 RDO Code	
6 Registered Address ▶ TEST ADDRESS 2 6A Zip Code	
6B Local Home Address 6C Zip Code	
6D Foreign Address 6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 06 26 1992	8 Telephone Number
9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)	
12 Statutory Minimum Wage rate per day 12 13 Statutory Minimum Wage rate per month 13	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	
Part II Employer Information (Present)	
15 Taxpayer Identification No. ▶ 000 000 000 000	
16 Employer's Name ▶ PINOY WEB APPLICATION	
17 Registered Address ▶ SAN JOSE DEL MONTE CITY 17A Zip Code	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	
Part III Employer Information (Previous)	
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) 21 326,589.70	22 Less: Total Non-Taxable/Exempt (Item 41) 22 31,387.50
23 Taxable Compensation Income from Present Employer (Item 55) 23 295,202.20	24 Add: Taxable Compensation Income from Previous Employer 24
25 Gross Taxable 25 295,202.20	26 Less: Total Exemptions 26 50,000.00
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27	28 Net Taxable Compensation Income 28 245,202.20
29 Tax Due 29 48,800.55	30 Amount of Taxes Withheld 30
30A Present Employer 30A 48,800.55	30B Previous Employer 30B
31 Total Amount of Taxes As Adjusted 31 48,800.55	

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer		Amount
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32	
33 Holiday Pay (MWE)	33	
34 Overtime Pay (MWE)	34	
35 Night Shift Differential (MWE)	35	
36 Hazard Pay (MWE)	36	
37 13th Month Pay and Other Benefits	37	20,211.90
38 De Minimis Benefits	38	
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	11,175.60
40 Salaries & Other Forms of Compensation	40	0.00
41 Total Non-Taxable/Exempt Compensation Income	41	31,387.50
B. TAXABLE COMPENSATION INCOME		
REGULAR		
42 Basic Salary	42	295,202.20
43 Representation	43	
44 Transportation	44	
45 Cost of Living Allowance	45	
46 Fixed Housing Allowance	46	
47 Others (Specify)		
47A	47A	
47B	47B	
SUPPLEMENTARY		
48 Commission	48	
49 Profit Sharing	49	
50 Fees Including Director's Fees	50	
51 Taxable 13th Month Pay and Other Benefits	51	0.00
52 Hazard Pay	52	
53 Overtime Pay	53	
54 Others (Specify)		
54A	54A	
54B	54B	
55 Total Taxable Compensation Income	55	295,202.20

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 RUBEN B. CORRAL
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

57 FNAME-02 M. LNAME-2
CTC No. Employee Signature Over Printed Name
of Employee Place of Issue

Date Signed

Date of Issue

Amount Paid

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.

58 RUBEN B. CORRAL
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 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 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 FNAME-02 M. LNAME-2
Employee Signature Over Printed Name


**Certificate of Compensation
 Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) ▶ 2016	2 For the Period ▶ From (MM/DD) 01 01 From (MM/DD) 12 31
Part I Employee Information	
3 Taxpayer Identification No. ▶ 111 111 113 000	
4 Employee's Name (Last Name, First Name, Middle Name) ▶ LNAME-3, FNAME-03 MNAME-03	
5 RDO Code	
6 Registered Address ▶ TEST ADDRESS 3	
6A Zip Code	
6B Local Home Address	
6C Zip Code	
6D Foreign Address	
6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 09 11 1974	
8 Telephone Number	
9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10 Name of Qualified Dependent Children	
11 Date of Birth (MM/DD/YYYY)	
12 Statutory Minimum Wage rate per day 12	
13 Statutory Minimum Wage rate per month 13	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	
Part II Employer Information (Present)	
15 Taxpayer Identification No. ▶ 000 000 000 000	
16 Employer's Name ▶ PINOY WEB APPLICATION	
17 Registered Address ▶ SAN JOSE DEL MONTE CITY	
17A Zip Code	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	
Part III Employer Information (Previous)	
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)	21 393,802.23
22 Less: Total Non-Taxable/Exempt (Item 41)	22 36,143.39
23 Taxable Compensation Income from Present Employer (Item 55)	23 357,658.84
24 Add: Taxable Compensation Income from Previous Employer	24
25 Gross Taxable	25 357,658.84
26 Less: Total Exemptions	26 75,000.00
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27
28 Net Taxable Compensation Income	28 282,658.84
29 Tax Due	29 59,797.65
30 Amount of Taxes Withheld	30
30A Present Employer	30A 59,797.65
30B Previous Employer	30B
31 Total Amount of Taxes As Adjusted	31 59,797.65

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
Amount	
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32
33 Holiday Pay (MWE)	33
34 Overtime Pay (MWE)	34
35 Night Shift Differential (MWE)	35
36 Hazard Pay (MWE)	36
37 13th Month Pay and Other Benefits	37 24,330.29
38 De Minimis Benefits	38
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 11,813.10
40 Salaries & Other Forms of Compensation	40 0.00
41 Total Non-Taxable/Exempt Compensation Income	41 36,143.39
B. TAXABLE COMPENSATION INCOME	
REGULAR	
42 Basic Salary	42 357,658.84
43 Representation	43
44 Transportation	44
45 Cost of Living Allowance	45
46 Fixed Housing Allowance	46
47 Others (Specify)	47
47A	47A
47B	47B
SUPPLEMENTARY	
48 Commission	48
49 Profit Sharing	49
50 Fees Including Director's Fees	50
51 Taxable 13th Month Pay and Other Benefits	51 0.00
52 Hazard Pay	52
53 Overtime Pay	53
54 Others (Specify)	54
54A	54A
54B	54B
55 Total Taxable Compensation Income	55 357,658.84

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 RUBEN B. CORRAL
 Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

57 FNAME-03 M. LNAME-3
 CTC No. Employee Signature Over Printed Name
 of Employee Place of Issue

Date Signed

Date of Issue

Amount Paid

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.

58 RUBEN B. CORRAL
 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 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 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 FNAME-03 M. LNAME-3
 Employee Signature Over Printed Name



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) ▶ 2016	2 For the Period From (MM/DD) 01 01 From (MM/DD) 12 31
Part I Employee Information	
3 Taxpayer Identification No. ▶ 111 111 114 000	
4 Employee's Name (Last Name, First Name, Middle Name) ▶ LNAME-4, FNAME-04 MNAME-04	
5 RDO Code	
6 Registered Address ▶ TEST ADDRESS 4	
6A Zip Code	
6B Local Home Address	
6C Zip Code	
6D Foreign Address	
6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 12 04 1992	8 Telephone Number
9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10 Name of Qualified Dependent Children	
11 Date of Birth (MM/DD/YYYY)	
12 Statutory Minimum Wage rate per day 12	
13 Statutory Minimum Wage rate per month 13	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	
Part II Employer Information (Present)	
15 Taxpayer Identification No. ▶ 000 000 000 000	
16 Employer's Name ▶ PINOY WEB APPLICATION	
17 Registered Address ▶ SAN JOSE DEL MONTE CITY	
17A Zip Code	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	
Part III Employer Information (Previous)	
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)	21 204,226.03
22 Less: Total Non-Taxable/Exempt (Item 41)	22 24,342.08
23 Taxable Compensation Income from Present Employer (Item 55)	23 179,883.95
24 Add: Taxable Compensation Income from Previous Employer	24
25 Gross Taxable	25 179,883.95
26 Less: Total Exemptions	26 50,000.00
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27
28 Net Taxable Compensation Income	28 129,883.95
29 Tax Due	29 20,476.79
30 Amount of Taxes Withheld	30
30A Present Employer	30A 20,476.79
30B Previous Employer	30B
31 Total Amount of Taxes As Adjusted	31 20,476.79

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer		Amount
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32	
33 Holiday Pay (MWE)	33	
34 Overtime Pay (MWE)	34	
35 Night Shift Differential (MWE)	35	
36 Hazard Pay (MWE)	36	
37 13th Month Pay and Other Benefits	37	14,761.88
38 De Minimis Benefits	38	
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	9,580.20
40 Salaries & Other Forms of Compensation	40	0.00
41 Total Non-Taxable/Exempt Compensation Income	41	24,342.08
B. TAXABLE COMPENSATION INCOME		
REGULAR		
42 Basic Salary	42	179,883.95
43 Representation	43	
44 Transportation	44	
45 Cost of Living Allowance	45	
46 Fixed Housing Allowance	46	
47 Others (Specify)		
47A	47A	
47B	47B	
SUPPLEMENTARY		
48 Commission	48	
49 Profit Sharing	49	
50 Fees Including Director's Fees	50	
51 Taxable 13th Month Pay and Other Benefits	51	0.00
52 Hazard Pay	52	
53 Overtime Pay	53	
54 Others (Specify)		
54A	54A	
54B	54B	
55 Total Taxable Compensation Income	55	179,883.95

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 RUBEN B. CORRAL
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

57 FNAME-04 M. LNAME-4

Date Signed

CTC No. Employee Signature Over Printed Name
of Employee Place of Issue

Date of Issue

Amount Paid

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.

58 RUBEN B. CORRAL

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 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 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 FNAME-04 M. LNAME-4
Employee Signature Over Printed Name


**Certificate of Compensation
 Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) ▶ 2016	2 For the Period From (MM/DD) 01 01 From (MM/DD) 12 31
Part I Employee Information	
3 Taxpayer Identification No. ▶ 111 111 115 000	
4 Employee's Name (Last Name, First Name, Middle Name) ▶ LNAME-5, FNAME-05 MNAME-05	
5 RDO Code	
6 Registered Address ▶ TEST ADDRESS 5	
6A Zip Code	
6B Local Home Address	
6C Zip Code	
6D Foreign Address	
6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 03 21 1993	
8 Telephone Number	
9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10 Name of Qualified Dependent Children	
11 Date of Birth (MM/DD/YYYY)	
12 Statutory Minimum Wage rate per day 12	
13 Statutory Minimum Wage rate per month 13	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	
Part II Employer Information (Present)	
15 Taxpayer Identification No. ▶ 000 000 000 000	
16 Employer's Name ▶ PINOY WEB APPLICATION	
17 Registered Address ▶ SAN JOSE DEL MONTE CITY	
17A Zip Code	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	
Part III Employer Information (Previous)	
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)	21 85,738.35
22 Less: Total Non-Taxable/Exempt (Item 41)	22 8,350.44
23 Taxable Compensation Income from Present Employer (Item 55)	23 77,387.91
24 Add: Taxable Compensation Income from Previous Employer	24
25 Gross Taxable	25 77,387.91
26 Less: Total Exemptions	26 50,000.00
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27
28 Net Taxable Compensation Income	28 27,387.91
29 Tax Due	29 2,238.79
30 Amount of Taxes Withheld	30
30A Present Employer	30A 2,238.79
30B Previous Employer	30B
31 Total Amount of Taxes As Adjusted	31 2,238.79

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
Amount	
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32
33 Holiday Pay (MWE)	33
34 Overtime Pay (MWE)	34
35 Night Shift Differential (MWE)	35
36 Hazard Pay (MWE)	36
37 13th Month Pay and Other Benefits	37 4,752.24
38 De Minimis Benefits	38
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 3,598.20
40 Salaries & Other Forms of Compensation	40 0.00
41 Total Non-Taxable/Exempt Compensation Income	41 8,350.44
B. TAXABLE COMPENSATION INCOME	
REGULAR	
42 Basic Salary	42 77,387.91
43 Representation	43
44 Transportation	44
45 Cost of Living Allowance	45
46 Fixed Housing Allowance	46
47 Others (Specify)	47
47A	47A
47B	47B
SUPPLEMENTARY	
48 Commission	48
49 Profit Sharing	49
50 Fees Including Director's Fees	50
51 Taxable 13th Month Pay and Other Benefits	51 0.00
52 Hazard Pay	52
53 Overtime Pay	53
54 Others (Specify)	54
54A	54A
54B	54B
55 Total Taxable Compensation Income	55 77,387.91

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 RUBEN B. CORRAL
 Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

57 FNAME-05 M. LNAME-5
 CTC No. Employee Signature Over Printed Name

Date Signed

of Employee Place of Issue

Date of Issue

Amount Paid

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.

58 RUBEN B. CORRAL
 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 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 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 FNAME-05 M. LNAME-5
 Employee Signature Over Printed Name



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) ▶ 2016	2 For the Period From (MM/DD) 01 01 From (MM/DD) 12 31																
Part I Employee Information																	
3 Taxpayer Identification No. ▶ 111 111 116 000																	
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code ▶ LNAME-6, FNAME-06 MNAME-06																	
6 Registered Address 6A Zip Code ▶ TEST ADDRESS 6																	
6B Local Home Address 6C Zip Code ▶																	
6D Foreign Address 6E Zip Code ▶																	
7 Date of Birth (MM/DD/YYYY) 04 11 1967	8 Telephone Number <input style="width: 100%;" type="text"/> 																
9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																	
12 Statutory Minimum Wage rate per day 12 <input style="width: 100%;" type="text"/>																	
13 Statutory Minimum Wage rate per month 13 <input style="width: 100%;" type="text"/>																	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax																	
Part II Employer Information (Present)																	
15 Taxpayer Identification No. ▶ 000 000 000 000																	
16 Employer's Name ▶ PINOY WEB APPLICATION																	
17 Registered Address 17A Zip Code ▶ SAN JOSE DEL MONTE CITY																	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer																	
Part III Employer Information (Previous)																	
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) 21	197,815.12																
22 Less: Total Non-Taxable/Exempt (Item 41) 22	17,095.64																
23 Taxable Compensation Income from Present Employer (Item 55) 23	180,719.48																
24 Add: Taxable Compensation Income from Previous Employer 24																	
25 Gross Taxable 25	180,719.48																
26 Less: Total Exemptions 26	50,000.00																
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27																	
28 Net Taxable Compensation Income 28	130,719.48																
29 Tax Due 29	20,643.89																
30 Amount of Taxes Withheld <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">30A Present Employer</td> <td style="width: 50%;">30A</td> </tr> <tr> <td>30B Previous Employer</td> <td>30B</td> </tr> </table>	30A Present Employer	30A	30B Previous Employer	30B	20,643.89												
30A Present Employer	30A																
30B Previous Employer	30B																
31 Total Amount of Taxes As Adjusted 31	20,643.89																

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer					
Amount					
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME					
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32	<input style="width: 100%;" type="text"/>				
33 Holiday Pay (MWE) 33	<input style="width: 100%;" type="text"/>				
34 Overtime Pay (MWE) 34	<input style="width: 100%;" type="text"/>				
35 Night Shift Differential (MWE) 35	<input style="width: 100%;" type="text"/>				
36 Hazard Pay (MWE) 36	<input style="width: 100%;" type="text"/>				
37 13th Month Pay and Other Benefits 37	10,224.14				
38 De Minimis Benefits 38	<input style="width: 100%;" type="text"/>				
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39	6,871.50				
40 Salaries & Other Forms of Compensation 40	0.00				
41 Total Non-Taxable/Exempt Compensation Income 41	17,095.64				
B. TAXABLE COMPENSATION INCOME					
REGULAR					
42 Basic Salary 42	180,719.48				
43 Representation 43	<input style="width: 100%;" type="text"/>				
44 Transportation 44	<input style="width: 100%;" type="text"/>				
45 Cost of Living Allowance 45	<input style="width: 100%;" type="text"/>				
46 Fixed Housing Allowance 46	<input style="width: 100%;" type="text"/>				
47 Others (Specify) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">47A</td> <td style="width: 50%;">47A</td> </tr> <tr> <td>47B</td> <td>47B</td> </tr> </table>	47A	47A	47B	47B	<input style="width: 100%;" type="text"/>
47A	47A				
47B	47B				
SUPPLEMENTARY					
48 Commission 48	<input style="width: 100%;" type="text"/>				
49 Profit Sharing 49	<input style="width: 100%;" type="text"/>				
50 Fees Including Director's Fees 50	<input style="width: 100%;" type="text"/>				
51 Taxable 13th Month Pay and Other Benefits 51	0.00				
52 Hazard Pay 52	<input style="width: 100%;" type="text"/>				
53 Overtime Pay 53	<input style="width: 100%;" type="text"/>				
54 Others (Specify) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">54A</td> <td style="width: 50%;">54A</td> </tr> <tr> <td>54B</td> <td>54B</td> </tr> </table>	54A	54A	54B	54B	<input style="width: 100%;" type="text"/>
54A	54A				
54B	54B				
55 Total Taxable Compensation Income 55	180,719.48				

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 RUBEN B. CORRAL
 Present Employer/ Authorized Agent Signature Over Printed Name

 Date Signed

CONFORME:

57 FNAME-06 M. LNAME-6

 Date Signed

 CTC No. Employee Signature Over Printed Name
 of Employee Place of Issue

 Date of Issue Amount Paid

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.

58 RUBEN B. CORRAL

 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 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 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 FNAME-06 M. LNAME-6
 Employee Signature Over Printed Name



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) ▶ 2016	2 For the Period From (MM/DD) 01 01 From (MM/DD) 12 31				
Part I Employee Information					
3 Taxpayer Identification No. ▶ 111 111 117 000					
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code ▶ LNAME-7, FNAME-07 MNAME-07					
6 Registered Address 6A Zip Code ▶ TEST ADDRESS 7					
6B Local Home Address 6C Zip Code ▶					
6D Foreign Address 6E Zip Code ▶					
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number 02 20 1994					
9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No					
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)					
12 Statutory Minimum Wage rate per day 12					
13 Statutory Minimum Wage rate per month 13					
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax					
Part II Employer Information (Present)					
15 Taxpayer Identification No. ▶ 000 000 000 000					
16 Employer's Name ▶ PINOY WEB APPLICATION					
17 Registered Address 17A Zip Code ▶ SAN JOSE DEL MONTE CITY					
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer					
Part III Employer Information (Previous)					
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) 21 187,557.53					
22 Less: Total Non-Taxable/Exempt (Item 41) 22 20,111.40					
23 Taxable Compensation Income from Present Employer (Item 55) 23 167,446.13					
24 Add: Taxable Compensation Income from Previous Employer 24					
25 Gross Taxable 25 167,446.13					
26 Less: Total Exemptions 26 50,000.00					
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27					
28 Net Taxable Compensation Income 28 117,446.13					
29 Tax Due 29 17,989.22					
30 Amount of Taxes Withheld <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">30A Present Employer</td> <td style="width: 50%;">30A 17,989.22</td> </tr> <tr> <td>30B Previous Employer</td> <td>30B</td> </tr> </table>		30A Present Employer	30A 17,989.22	30B Previous Employer	30B
30A Present Employer	30A 17,989.22				
30B Previous Employer	30B				
31 Total Amount of Taxes As Adjusted 31 17,989.22					

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
Amount	
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32 32
33 Holiday Pay (MWE)	33 33
34 Overtime Pay (MWE)	34 34
35 Night Shift Differential (MWE)	35 35
36 Hazard Pay (MWE)	36 36
37 13th Month Pay and Other Benefits	37 12,924.50
38 De Minimis Benefits	38 38
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 7,186.90
40 Salaries & Other Forms of Compensation	40 0.00
41 Total Non-Taxable/Exempt Compensation Income	41 20,111.40
B. TAXABLE COMPENSATION INCOME	
REGULAR	
42 Basic Salary	42 167,446.13
43 Representation	43 43
44 Transportation	44 44
45 Cost of Living Allowance	45 45
46 Fixed Housing Allowance	46 46
47 Others (Specify)	47 47
47A	47A 47A
47B	47B 47B
SUPPLEMENTARY	
48 Commission	48 48
49 Profit Sharing	49 49
50 Fees Including Director's Fees	50 50
51 Taxable 13th Month Pay and Other Benefits	51 0.00
52 Hazard Pay	52 52
53 Overtime Pay	53 53
54 Others (Specify)	54 54
54A	54A 54A
54B	54B 54B
55 Total Taxable Compensation Income	55 167,446.13

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 RUBEN B. CORRAL
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

57 FNAME-07 M. LNAME-7
Employee Signature Over Printed Name

Date Signed

CTC No. Place of Issue

Date of Issue

Amount Paid

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.

58 RUBEN B. CORRAL
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 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 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 FNAME-07 M. LNAME-7
Employee Signature Over Printed Name


 Certificate of Compensation
 Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) ▶ 2016	2 For the Period From (MM/DD) 01 01 From (MM/DD) 12 31
Part I Employee Information	
3 Taxpayer Identification No. ▶ 111 111 118 000	
4 Employee's Name (Last Name, First Name, Middle Name) ▶ LNAME-8, FNAME-08 MNAME-08	
5 RDO Code	
6 Registered Address ▶ TEST ADDRESS 8	
6A Zip Code	
6B Local Home Address	
6C Zip Code	
6D Foreign Address	
6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 06 14 1982	
8 Telephone Number	
9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10 Name of Qualified Dependent Children	
11 Date of Birth (MM/DD/YYYY)	
12 Statutory Minimum Wage rate per day 12	
13 Statutory Minimum Wage rate per month 13	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	
Part II Employer Information (Present)	
15 Taxpayer Identification No. ▶ 000 000 000 000	
16 Employer's Name ▶ PINOY WEB APPLICATION	
17 Registered Address ▶ SAN JOSE DEL MONTE CITY	
17A Zip Code	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	
Part III Employer Information (Previous)	
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) 21 129,787.12	
22 Less: Total Non-Taxable/Exempt (Item 41) 22 10,595.74	
23 Taxable Compensation Income from Present Employer (Item 55) 23 119,191.38	
24 Add: Taxable Compensation Income from Previous Employer 24	
25 Gross Taxable 25 119,191.38	
26 Less: Total Exemptions 26 50,000.00	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27	
28 Net Taxable Compensation Income 28 69,191.38	
29 Tax Due 29 8,378.70	
30 Amount of Taxes Withheld	
30A Present Employer 30A 8,378.70	
30B Previous Employer 30B	
31 Total Amount of Taxes As Adjusted 31 8,378.70	
Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
Amount	
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32	
33 Holiday Pay (MWE) 33	
34 Overtime Pay (MWE) 34	
35 Night Shift Differential (MWE) 35	
36 Hazard Pay (MWE) 36	
37 13th Month Pay and Other Benefits 37 6,517.24	
38 De Minimis Benefits 38	
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 4,078.50	
40 Salaries & Other Forms of Compensation 40 0.00	
41 Total Non-Taxable/Exempt Compensation Income 41 10,595.74	
B. TAXABLE COMPENSATION INCOME	
REGULAR	
42 Basic Salary 42 119,191.38	
43 Representation 43	
44 Transportation 44	
45 Cost of Living Allowance 45	
46 Fixed Housing Allowance 46	
47 Others (Specify)	
47A 47A	
47B 47B	
SUPPLEMENTARY	
48 Commission 48	
49 Profit Sharing 49	
50 Fees Including Director's Fees 50	
51 Taxable 13th Month Pay and Other Benefits 51 0.00	
52 Hazard Pay 52	
53 Overtime Pay 53	
54 Others (Specify)	
54A 54A	
54B 54B	
55 Total Taxable Compensation Income 55 119,191.38	

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 RUBEN B. CORRAL
 Present Employer/ Authorized Agent Signature Over Printed Name
Date Signed

CONFORME:

57 FNAME-08 M. LNAME-8
 CTC No. Employee Signature Over Printed Name
Date Signed of Employee Place of Issue Date of Issue

Amount Paid

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.

58 RUBEN B. CORRAL
 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 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 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 FNAME-08 M. LNAME-8
 Employee Signature Over Printed Name



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) ▶ 2016	2 For the Period From (MM/DD) 01 01 From (MM/DD) 12 31																																																																																																			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)</td> <td style="width: 5%; text-align: center;">21</td> <td style="width: 15%;"></td> <td style="width: 15%; text-align: right;">69,273.88</td> </tr> <tr> <td>22 Less: Total Non-Taxable/Exempt (Item 41)</td> <td style="text-align: center;">22</td> <td></td> <td style="text-align: right;">8,505.42</td> </tr> <tr> <td>23 Taxable Compensation Income from Present Employer (Item 55)</td> <td style="text-align: center;">23</td> <td></td> <td style="text-align: right;">60,768.46</td> </tr> <tr> <td>24 Add: Taxable Compensation Income from Previous Employer</td> <td style="text-align: center;">24</td> <td></td> <td></td> </tr> <tr> <td>25 Gross Taxable</td> <td style="text-align: center;">25</td> <td></td> <td style="text-align: right;">60,768.46</td> </tr> <tr> <td>26 Less: Total Exemptions</td> <td style="text-align: center;">26</td> <td></td> <td style="text-align: right;">50,000.00</td> </tr> <tr> <td>27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)</td> <td style="text-align: center;">27</td> <td></td> <td></td> </tr> <tr> <td>28 Net Taxable Compensation Income</td> <td style="text-align: center;">28</td> <td></td> <td style="text-align: right;">10,768.46</td> </tr> <tr> <td>29 Tax Due</td> <td style="text-align: center;">29</td> <td></td> <td style="text-align: right;">576.84</td> </tr> <tr> <td>30 Amount of Taxes Withheld</td> <td></td> <td></td> <td></td> </tr> <tr> <td>30A Present Employer</td> <td style="text-align: center;">30A</td> <td></td> <td style="text-align: right;">576.84</td> </tr> <tr> <td>30B Previous Employer</td> <td style="text-align: center;">30B</td> <td></td> <td></td> </tr> <tr> <td>31 Total Amount of Taxes As Adjusted</td> <td style="text-align: center;">31</td> <td></td> <td style="text-align: right;">576.84</td> </tr> </table>		21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21		69,273.88	22 Less: Total Non-Taxable/Exempt (Item 41)	22		8,505.42	23 Taxable Compensation Income from Present Employer (Item 55)	23		60,768.46	24 Add: Taxable Compensation Income from Previous Employer	24			25 Gross Taxable	25		60,768.46	26 Less: Total Exemptions	26		50,000.00	27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27			28 Net Taxable Compensation Income	28		10,768.46	29 Tax Due	29		576.84	30 Amount of Taxes Withheld				30A Present Employer	30A		576.84	30B Previous Employer	30B			31 Total Amount of Taxes As Adjusted	31		576.84																																															
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31 Total Amount of Taxes As Adjusted	31		576.84																																																																																																	
Part IV-B Details of Compensation Income and Tax Withheld from Present Employer																																																																																																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%;"></th> <th style="width: 15%; text-align: right;">Amount</th> </tr> </thead> <tbody> <tr> <td colspan="3">A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</td> </tr> <tr> <td>32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)</td> <td style="text-align: center;">32</td> <td></td> </tr> <tr> <td>33 Holiday Pay (MWE)</td> <td style="text-align: center;">33</td> <td></td> </tr> <tr> <td>34 Overtime Pay (MWE)</td> <td style="text-align: center;">34</td> <td></td> </tr> <tr> <td>35 Night Shift Differential (MWE)</td> <td style="text-align: center;">35</td> <td></td> </tr> <tr> <td>36 Hazard Pay (MWE)</td> <td style="text-align: center;">36</td> <td></td> </tr> <tr> <td>37 13th Month Pay and Other Benefits</td> <td style="text-align: center;">37</td> <td style="text-align: right;">5,228.72</td> </tr> <tr> <td>38 De Minimis Benefits</td> <td style="text-align: center;">38</td> <td></td> </tr> <tr> <td>39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)</td> <td style="text-align: center;">39</td> <td style="text-align: right;">3,276.70</td> </tr> <tr> <td>40 Salaries & Other Forms of Compensation</td> <td style="text-align: center;">40</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>41 Total Non-Taxable/Exempt Compensation Income</td> <td style="text-align: center;">41</td> <td style="text-align: right;">8,505.42</td> </tr> <tr> <td colspan="3">B. TAXABLE COMPENSATION INCOME</td> </tr> <tr> <td colspan="3">REGULAR</td> </tr> <tr> <td>42 Basic Salary</td> <td style="text-align: center;">42</td> <td style="text-align: right;">60,768.46</td> </tr> <tr> <td>43 Representation</td> <td style="text-align: center;">43</td> <td></td> </tr> <tr> <td>44 Transportation</td> <td style="text-align: center;">44</td> <td></td> </tr> <tr> <td>45 Cost of Living Allowance</td> <td style="text-align: center;">45</td> <td></td> </tr> <tr> <td>46 Fixed Housing Allowance</td> <td style="text-align: center;">46</td> <td></td> </tr> <tr> <td>47 Others (Specify)</td> <td></td> <td></td> </tr> <tr> <td>47A</td> <td style="text-align: center;">47A</td> <td></td> </tr> <tr> <td>47B</td> <td style="text-align: center;">47B</td> <td></td> </tr> <tr> <td colspan="3">SUPPLEMENTARY</td> </tr> <tr> <td>48 Commission</td> <td style="text-align: center;">48</td> <td></td> </tr> <tr> <td>49 Profit Sharing</td> <td style="text-align: center;">49</td> <td></td> </tr> <tr> <td>50 Fees Including Director's Fees</td> <td style="text-align: center;">50</td> <td></td> </tr> <tr> <td>51 Taxable 13th Month Pay and Other Benefits</td> <td style="text-align: center;">51</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>52 Hazard Pay</td> <td style="text-align: center;">52</td> <td></td> </tr> <tr> <td>53 Overtime Pay</td> <td style="text-align: center;">53</td> <td></td> </tr> <tr> <td>54 Others (Specify)</td> <td></td> <td></td> </tr> <tr> <td>54A</td> <td style="text-align: center;">54A</td> <td></td> </tr> <tr> <td>54B</td> <td style="text-align: center;">54B</td> <td></td> </tr> <tr> <td>55 Total Taxable Compensation Income</td> <td style="text-align: center;">55</td> <td style="text-align: right;">60,768.46</td> </tr> </tbody> </table>				Amount	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32		33 Holiday Pay (MWE)	33		34 Overtime Pay (MWE)	34		35 Night Shift Differential (MWE)	35		36 Hazard Pay (MWE)	36		37 13th Month Pay and Other Benefits	37	5,228.72	38 De Minimis Benefits	38		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	3,276.70	40 Salaries & Other Forms of Compensation	40	0.00	41 Total Non-Taxable/Exempt Compensation Income	41	8,505.42	B. TAXABLE COMPENSATION INCOME			REGULAR			42 Basic Salary	42	60,768.46	43 Representation	43		44 Transportation	44		45 Cost of Living Allowance	45		46 Fixed Housing Allowance	46		47 Others (Specify)			47A	47A		47B	47B		SUPPLEMENTARY			48 Commission	48		49 Profit Sharing	49		50 Fees Including Director's Fees	50		51 Taxable 13th Month Pay and Other Benefits	51	0.00	52 Hazard Pay	52		53 Overtime Pay	53		54 Others (Specify)			54A	54A		54B	54B		55 Total Taxable Compensation Income	55	60,768.46
		Amount																																																																																																		
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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 RUBEN B. CORRAL
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

57 FNAME-09 M. LNAME-9
CTC No. Employee Signature Over Printed Name
of Employee Place of Issue

Date Signed

Date of Issue

Amount Paid

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.

58 RUBEN B. CORRAL
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 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 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 FNAME-09 M. LNAME-9
Employee Signature Over Printed Name


**Certificate of Compensation
 Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) <input type="text" value="2016"/>	2 For the Period From (MM/DD) <input type="text" value="01"/> <input type="text" value="01"/> From (MM/DD) <input type="text" value="12"/> <input type="text" value="31"/>																				
Part I Employee Information																					
3 Taxpayer Identification No. <input type="text" value="111"/> <input type="text" value="111"/> <input type="text" value="120"/> <input type="text" value="000"/>																					
4 Employee's Name (Last Name, First Name, Middle Name) <input type="text" value="LNAME-10, FNAME-10 MNAME-10"/> 5 RDO Code <input type="text"/>																					
6 Registered Address <input type="text" value="TEST ADDRESS 10"/> 6A Zip Code <input type="text"/>																					
6B Local Home Address <input type="text"/> 6C Zip Code <input type="text"/>																					
6D Foreign Address <input type="text"/> 6E Zip Code <input type="text"/>																					
7 Date of Birth (MM/DD/YYYY) <input type="text" value="09"/> <input type="text" value="08"/> <input type="text" value="1984"/>	8 Telephone Number <input type="text"/>																				
9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY) <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																					
12 Statutory Minimum Wage rate per day <input type="text" value="12"/> 13 Statutory Minimum Wage rate per month <input type="text" value="13"/>																					
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax																					
Part II Employer Information (Present)																					
15 Taxpayer Identification No. <input type="text" value="000"/> <input type="text" value="000"/> <input type="text" value="000"/> <input type="text" value="000"/>																					
16 Employer's Name <input type="text" value="PINOY WEB APPLICATION"/>																					
17 Registered Address <input type="text" value="SAN JOSE DEL MONTE CITY"/> 17A Zip Code <input type="text"/>																					
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer																					
Part III Employer Information (Previous)																					
18 Taxpayer Identification No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																					
19 Employer's Name <input type="text"/>																					
20 Registered Address <input type="text"/> 20A Zip Code <input type="text"/>																					
Part IV-A Summary																					
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 <input type="text" value="58,949.80"/>	22 Less: Total Non-Taxable/Exempt (Item 41) 22 <input type="text" value="6,964.12"/>																				
23 Taxable Compensation Income from Present Employer (Item 55) 23 <input type="text" value="51,985.68"/>	24 Add: Taxable Compensation Income from Previous Employer 24 <input type="text"/>																				
25 Gross Taxable 25 <input type="text" value="51,985.68"/>	26 Less: Total Exemptions 26 <input type="text" value="50,000.00"/>																				
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 <input type="text"/>	28 Net Taxable Compensation Income 28 <input type="text" value="1,985.68"/>																				
29 Tax Due 29 <input type="text" value="99.28"/>	30 Amount of Taxes Withheld 30 <input type="text"/>																				
30A Present Employer 30A <input type="text" value="99.28"/>	30B Previous Employer 30B <input type="text"/>																				
31 Total Amount of Taxes As Adjusted 31 <input type="text" value="99.28"/>																					

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
Amount	
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 <input type="text"/>	33 Holiday Pay (MWE) 33 <input type="text"/>
34 Overtime Pay (MWE) 34 <input type="text"/>	35 Night Shift Differential (MWE) 35 <input type="text"/>
36 Hazard Pay (MWE) 36 <input type="text"/>	37 13th Month Pay and Other Benefits 37 <input type="text" value="4,391.62"/>
38 De Minimis Benefits 38 <input type="text"/>	39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 <input type="text" value="2,572.50"/>
40 Salaries & Other Forms of Compensation 40 <input type="text" value="0.00"/>	41 Total Non-Taxable/Exempt Compensation Income 41 <input type="text" value="6,964.12"/>
B. TAXABLE COMPENSATION INCOME	
REGULAR	
42 Basic Salary 42 <input type="text" value="51,985.68"/>	43 Representation 43 <input type="text"/>
44 Transportation 44 <input type="text"/>	45 Cost of Living Allowance 45 <input type="text"/>
46 Fixed Housing Allowance 46 <input type="text"/>	47 Others (Specify) 47 <input type="text"/>
47A <input type="text"/> 47A <input type="text"/>	47B <input type="text"/> 47B <input type="text"/>
SUPPLEMENTARY	
48 Commission 48 <input type="text"/>	49 Profit Sharing 49 <input type="text"/>
50 Fees Including Director's Fees 50 <input type="text"/>	51 Taxable 13th Month Pay and Other Benefits 51 <input type="text" value="0.00"/>
52 Hazard Pay 52 <input type="text"/>	53 Overtime Pay 53 <input type="text"/>
54 Others (Specify) 54 <input type="text"/>	54A <input type="text"/> 54A <input type="text"/>
54B <input type="text"/> 54B <input type="text"/>	55 Total Taxable Compensation Income 55 <input type="text" value="51,985.68"/>

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 RUBEN B. CORRAL
 Present Employer/ Authorized Agent Signature Over Printed Name
Date Signed

CONFORME:

57 FNAME-10 M. LNAME-10
 CTC No. Employee Signature Over Printed Name
Date Signed of Employee Place of Issue Date of Issue Amount Paid

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.

58 RUBEN B. CORRAL
 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 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 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 FNAME-10 M. LNAME-10
 Employee Signature Over Printed Name



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) ▶ 2016	2 For the Period From (MM/DD) 01 01 From (MM/DD) 12 31																
Part I Employee Information																	
3 Taxpayer Identification No. ▶ 111 111 121 000																	
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code ▶ LNAME-10, FNAME-11 MNAME-11																	
6 Registered Address 6A Zip Code ▶ TEST ADDRESS 11																	
6B Local Home Address 6C Zip Code ▶																	
6D Foreign Address 6E Zip Code ▶																	
7 Date of Birth (MM/DD/YYYY) 10 12 1977	8 Telephone Number <input style="width: 100%;" type="text"/> 																
9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																	
12 Statutory Minimum Wage rate per day 12 <input style="width: 100%;" type="text"/>																	
13 Statutory Minimum Wage rate per month 13 <input style="width: 100%;" type="text"/>																	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax																	
Part II Employer Information (Present)																	
15 Taxpayer Identification No. ▶ 000 000 000 000																	
16 Employer's Name ▶ PINOY WEB APPLICATION																	
17 Registered Address 17A Zip Code ▶ SAN JOSE DEL MONTE CITY																	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer																	
Part III Employer Information (Previous)																	
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) 21	506,604.16																
22 Less: Total Non-Taxable/Exempt (Item 41) 22	42,104.76																
23 Taxable Compensation Income from Present Employer (Item 55) 23	464,499.40																
24 Add: Taxable Compensation Income from Previous Employer 24																	
25 Gross Taxable 25	464,499.40																
26 Less: Total Exemptions 26	50,000.00																
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27																	
28 Net Taxable Compensation Income 28	414,499.40																
29 Tax Due 29	99,349.82																
30 Amount of Taxes Withheld <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">30A Present Employer</td> <td style="width: 50%;">30A 99,349.82</td> </tr> <tr> <td>30B Previous Employer</td> <td>30B </td> </tr> </table>	30A Present Employer	30A 99,349.82	30B Previous Employer	30B 													
30A Present Employer	30A 99,349.82																
30B Previous Employer	30B 																
31 Total Amount of Taxes As Adjusted 31	99,349.82																

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer		Amount
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32	<input style="width: 100%;" type="text"/>
33 Holiday Pay (MWE)	33	<input style="width: 100%;" type="text"/>
34 Overtime Pay (MWE)	34	<input style="width: 100%;" type="text"/>
35 Night Shift Differential (MWE)	35	<input style="width: 100%;" type="text"/>
36 Hazard Pay (MWE)	36	<input style="width: 100%;" type="text"/>
37 13th Month Pay and Other Benefits	37	29,604.16
38 De Minimis Benefits	38	<input style="width: 100%;" type="text"/>
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	12,500.60
40 Salaries & Other Forms of Compensation	40	0.00
41 Total Non-Taxable/Exempt Compensation Income	41	42,104.76
B. TAXABLE COMPENSATION INCOME		
REGULAR		
42 Basic Salary	42	464,499.40
43 Representation	43	<input style="width: 100%;" type="text"/>
44 Transportation	44	<input style="width: 100%;" type="text"/>
45 Cost of Living Allowance	45	<input style="width: 100%;" type="text"/>
46 Fixed Housing Allowance	46	<input style="width: 100%;" type="text"/>
47 Others (Specify)		
47A <input style="width: 100%;" type="text"/>	47A	<input style="width: 100%;" type="text"/>
47B <input style="width: 100%;" type="text"/>	47B	<input style="width: 100%;" type="text"/>
SUPPLEMENTARY		
48 Commission	48	<input style="width: 100%;" type="text"/>
49 Profit Sharing	49	<input style="width: 100%;" type="text"/>
50 Fees Including Director's Fees	50	<input style="width: 100%;" type="text"/>
51 Taxable 13th Month Pay and Other Benefits	51	0.00
52 Hazard Pay	52	<input style="width: 100%;" type="text"/>
53 Overtime Pay	53	<input style="width: 100%;" type="text"/>
54 Others (Specify)		
54A <input style="width: 100%;" type="text"/>	54A	<input style="width: 100%;" type="text"/>
54B <input style="width: 100%;" type="text"/>	54B	<input style="width: 100%;" type="text"/>
55 Total Taxable Compensation Income	55	464,499.40

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 RUBEN B. CORRAL
 Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

57 FNAME-11 M. LNAME-10
 CTC No. Employee Signature Over Printed Name
 of Employee Place of Issue

Date Signed

Date of Issue

Amount Paid

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.

58 RUBEN B. CORRAL
 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 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 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 FNAME-11 M. LNAME-10
 Employee Signature Over Printed Name



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) <input type="text" value="2016"/>	2 For the Period From (MM/DD) <input type="text" value="01"/> <input type="text" value="01"/> From (MM/DD) <input type="text" value="12"/> <input type="text" value="31"/>
--	--

Part I Employee Information

3 Taxpayer
Identification No.

4 Employee's Name (Last Name, First Name, Middle Name) **5 RDO Code**

6 Registered Address **6A Zip Code**

6B Local Home Address **6C Zip Code**

6D Foreign Address **6E Zip Code**

7 Date of Birth (MM/DD/YYYY) **8 Telephone Number**

9 Exemption Status
 Single Married
 9A Is the wife claiming the additional exemption for qualified dependent children?
 Yes No

10 Name of Qualified Dependent Children **11 Date of Birth (MM/DD/YYYY)**

12 Statutory Minimum Wage rate per day **13 Statutory Minimum Wage rate per month**

14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

Part II Employer Information (Present)

15 Taxpayer
Identification No.

16 Employer's Name

17 Registered Address **17A Zip Code**

Main Employer Secondary Employer

Part III Employer Information (Previous)

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)	21	<input type="text" value="378,520.15"/>
22 Less: Total Non-Taxable/Exempt (Item 41)	22	<input type="text" value="36,276.09"/>
23 Taxable Compensation Income from Present Employer (Item 55)	23	<input type="text" value="342,244.06"/>
24 Add: Taxable Compensation Income from Previous Employer	24	<input type="text"/>
25 Gross Taxable	25	<input type="text" value="342,244.06"/>
26 Less: Total Exemptions	26	<input type="text" value="50,000.00"/>
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27	<input type="text"/>
28 Net Taxable Compensation Income	28	<input type="text" value="292,244.06"/>
29 Tax Due	29	<input type="text" value="62,673.21"/>
30 Amount of Taxes Withheld		
30A Present Employer	30A	<input type="text" value="62,673.21"/>
30B Previous Employer	30B	<input type="text"/>
31 Total Amount of Taxes As Adjusted	31	<input type="text" value="62,673.21"/>

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer

		Amount
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32	<input type="text"/>
33 Holiday Pay (MWE)	33	<input type="text"/>
34 Overtime Pay (MWE)	34	<input type="text"/>
35 Night Shift Differential (MWE)	35	<input type="text"/>
36 Hazard Pay (MWE)	36	<input type="text"/>
37 13th Month Pay and Other Benefits	37	<input type="text" value="24,437.99"/>
38 De Minimis Benefits	38	<input type="text"/>
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	<input type="text" value="11,838.10"/>
40 Salaries & Other Forms of Compensation	40	<input type="text" value="0.00"/>
41 Total Non-Taxable/Exempt Compensation Income	41	<input type="text" value="36,276.09"/>
B. TAXABLE COMPENSATION INCOME		
REGULAR		
42 Basic Salary	42	<input type="text" value="342,244.06"/>
43 Representation	43	<input type="text"/>
44 Transportation	44	<input type="text"/>
45 Cost of Living Allowance	45	<input type="text"/>
46 Fixed Housing Allowance	46	<input type="text"/>
47 Others (Specify)		
47A <input type="text"/>	47A	<input type="text"/>
47B <input type="text"/>	47B	<input type="text"/>
SUPPLEMENTARY		
48 Commission	48	<input type="text"/>
49 Profit Sharing	49	<input type="text"/>
50 Fees Including Director's Fees	50	<input type="text"/>
51 Taxable 13th Month Pay and Other Benefits	51	<input type="text" value="0.00"/>
52 Hazard Pay	52	<input type="text"/>
53 Overtime Pay	53	<input type="text"/>
54 Others (Specify)		
54A <input type="text"/>	54A	<input type="text"/>
54B <input type="text"/>	54B	<input type="text"/>
55 Total Taxable Compensation Income	55	<input type="text" value="342,244.06"/>

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 RUBEN B. CORRAL
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

57 FNAME-12 M. LNAME-12
Employee Signature Over Printed Name

Date Signed

CTC No. of Employee Place of Issue

Date of Issue

Amount Paid

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.

58 RUBEN B. CORRAL
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 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 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 FNAME-12 M. LNAME-12
Employee Signature Over Printed Name



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) ▶ 2016	2 For the Period ▶ From (MM/DD) 01 01 From (MM/DD) 12 31
Part I Employee Information	
3 Taxpayer Identification No. ▶ 111 111 124 000	
4 Employee's Name (Last Name, First Name, Middle Name) ▶ LNAME-13, FNAME-13 MNAME-13	
5 RDO Code	
6 Registered Address ▶ TEST ADDRESS 13	
6A Zip Code	
6B Local Home Address	
6C Zip Code	
6D Foreign Address	
6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 06 08 1979	8 Telephone Number
9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10 Name of Qualified Dependent Children	
11 Date of Birth (MM/DD/YYYY)	
12 Statutory Minimum Wage rate per day 12	
13 Statutory Minimum Wage rate per month 13	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	
Part II Employer Information (Present)	
15 Taxpayer Identification No. ▶ 000 000 000 000	
16 Employer's Name ▶ PINOY WEB APPLICATION	
17 Registered Address ▶ SAN JOSE DEL MONTE CITY	
17A Zip Code	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	
Part III Employer Information (Previous)	
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)	21 347,262.74
22 Less: Total Non-Taxable/Exempt (Item 41)	22 32,188.13
23 Taxable Compensation Income from Present Employer (Item 55)	23 315,074.61
24 Add: Taxable Compensation Income from Previous Employer	24
25 Gross Taxable	25 315,074.61
26 Less: Total Exemptions	26 125,000.00
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27
28 Net Taxable Compensation Income	28 190,074.61
29 Tax Due	29 35,018.65
30 Amount of Taxes Withheld	30
30A Present Employer	30A 35,018.65
30B Previous Employer	30B
31 Total Amount of Taxes As Adjusted	31 35,018.65

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer		Amount
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32	
33 Holiday Pay (MWE)	33	
34 Overtime Pay (MWE)	34	
35 Night Shift Differential (MWE)	35	
36 Hazard Pay (MWE)	36	
37 13th Month Pay and Other Benefits	37	20,975.03
38 De Minimis Benefits	38	
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	11,213.10
40 Salaries & Other Forms of Compensation	40	0.00
41 Total Non-Taxable/Exempt Compensation Income	41	32,188.13
B. TAXABLE COMPENSATION INCOME		
REGULAR		
42 Basic Salary	42	315,074.61
43 Representation	43	
44 Transportation	44	
45 Cost of Living Allowance	45	
46 Fixed Housing Allowance	46	
47 Others (Specify)		
47A	47A	
47B	47B	
SUPPLEMENTARY		
48 Commission	48	
49 Profit Sharing	49	
50 Fees Including Director's Fees	50	
51 Taxable 13th Month Pay and Other Benefits	51	0.00
52 Hazard Pay	52	
53 Overtime Pay	53	
54 Others (Specify)		
54A	54A	
54B	54B	
55 Total Taxable Compensation Income	55	315,074.61

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 RUBEN B. CORRAL
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

57 FNAME-13 M. LNAME-13
CTC No. Employee Signature Over Printed Name
of Employee Place of Issue

Date Signed

Date of Issue

Amount Paid

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.

58 RUBEN B. CORRAL
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 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 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 FNAME-13 M. LNAME-13
Employee Signature Over Printed Name


 Certificate of Compensation
 Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) ▶ 2016	2 For the Period ▶ From (MM/DD) 01 01 From (MM/DD) 12 31
Part I Employee Information	
3 Taxpayer Identification No. ▶ 111 111 125 000	
4 Employee's Name (Last Name, First Name, Middle Name) ▶ LNAME-14, FNAME-14 MNAME-14	
5 RDO Code	
6 Registered Address ▶ TEST ADDRESS 14	
6A Zip Code	
6B Local Home Address	
6C Zip Code	
6D Foreign Address	
6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 04 13 1984	8 Telephone Number
9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10 Name of Qualified Dependent Children	
11 Date of Birth (MM/DD/YYYY)	
12 Statutory Minimum Wage rate per day 12	
13 Statutory Minimum Wage rate per month 13	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	
Part II Employer Information (Present)	
15 Taxpayer Identification No. ▶ 000 000 000 000	
16 Employer's Name ▶ PINOY WEB APPLICATION	
17 Registered Address ▶ SAN JOSE DEL MONTE CITY	
17A Zip Code	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	
Part III Employer Information (Previous)	
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)	21 385,000.00
22 Less: Total Non-Taxable/Exempt (Item 41)	22 36,925.60
23 Taxable Compensation Income from Present Employer (Item 55)	23 348,074.40
24 Add: Taxable Compensation Income from Previous Employer	24
25 Gross Taxable	25 348,074.40
26 Less: Total Exemptions	26 50,000.00
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27
28 Net Taxable Compensation Income	28 298,074.40
29 Tax Due	29 64,422.32
30 Amount of Taxes Withheld	30
30A Present Employer	30A 64,422.32
30B Previous Employer	30B
31 Total Amount of Taxes As Adjusted	31 64,422.32

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
Amount	
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32
33 Holiday Pay (MWE)	33
34 Overtime Pay (MWE)	34
35 Night Shift Differential (MWE)	35
36 Hazard Pay (MWE)	36
37 13th Month Pay and Other Benefits	37 25,000.00
38 De Minimis Benefits	38
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 11,925.60
40 Salaries & Other Forms of Compensation	40 0.00
41 Total Non-Taxable/Exempt Compensation Income	41 36,925.60
B. TAXABLE COMPENSATION INCOME	
REGULAR	
42 Basic Salary	42 348,074.40
43 Representation	43
44 Transportation	44
45 Cost of Living Allowance	45
46 Fixed Housing Allowance	46
47 Others (Specify)	47
47A	47A
47B	47B
SUPPLEMENTARY	
48 Commission	48
49 Profit Sharing	49
50 Fees Including Director's Fees	50
51 Taxable 13th Month Pay and Other Benefits	51 0.00
52 Hazard Pay	52
53 Overtime Pay	53
54 Others (Specify)	54
54A	54A
54B	54B
55 Total Taxable Compensation Income	55 348,074.40

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 RUBEN B. CORRAL
 Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

57 FNAME-14 M. LNAME-14
 CTC No. Employee Signature Over Printed Name
 of Employee Place of Issue

Date Signed

Date of Issue

Amount Paid

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.

58 RUBEN B. CORRAL
 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 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 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 FNAME-14 M. LNAME-14
 Employee Signature Over Printed Name



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) ▶ 2016	2 For the Period ▶ From (MM/DD) 01 01 From (MM/DD) 12 31																																																																																																																																										
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NON-TAXABLE/EXEMPT COMPENSATION INCOME</td></tr> <tr><td>32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)</td><td style="text-align:right">32</td><td></td></tr> <tr><td>33 Holiday Pay (MWE)</td><td style="text-align:right">33</td><td></td></tr> <tr><td>34 Overtime Pay (MWE)</td><td style="text-align:right">34</td><td></td></tr> <tr><td>35 Night Shift Differential (MWE)</td><td style="text-align:right">35</td><td></td></tr> <tr><td>36 Hazard Pay (MWE)</td><td style="text-align:right">36</td><td></td></tr> <tr><td>37 13th Month Pay and Other Benefits</td><td style="text-align:right">37</td><td style="text-align:right">16,013.29</td></tr> <tr><td>38 De Minimis Benefits</td><td style="text-align:right">38</td><td></td></tr> <tr><td>39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)</td><td style="text-align:right">39</td><td style="text-align:right">10,009.30</td></tr> <tr><td>40 Salaries & Other Forms of Compensation</td><td style="text-align:right">40</td><td style="text-align:right">0.00</td></tr> <tr><td>41 Total Non-Taxable/Exempt Compensation Income</td><td style="text-align:right">41</td><td style="text-align:right">26,022.59</td></tr> <tr><td colspan="3">B. TAXABLE COMPENSATION INCOME</td></tr> <tr><td colspan="3">REGULAR</td></tr> <tr><td>42 Basic Salary</td><td style="text-align:right">42</td><td style="text-align:right">241,717.90</td></tr> <tr><td>43 Representation</td><td style="text-align:right">43</td><td></td></tr> <tr><td>44 Transportation</td><td style="text-align:right">44</td><td></td></tr> <tr><td>45 Cost of Living Allowance</td><td style="text-align:right">45</td><td></td></tr> <tr><td>46 Fixed Housing Allowance</td><td style="text-align:right">46</td><td></td></tr> <tr><td>47 Others (Specify)</td><td></td><td></td></tr> <tr><td>47A</td><td style="text-align:right">47A</td><td></td></tr> <tr><td>47B</td><td style="text-align:right">47B</td><td></td></tr> <tr><td colspan="3">SUPPLEMENTARY</td></tr> <tr><td>48 Commission</td><td style="text-align:right">48</td><td></td></tr> <tr><td>49 Profit Sharing</td><td style="text-align:right">49</td><td></td></tr> <tr><td>50 Fees Including Director's Fees</td><td style="text-align:right">50</td><td></td></tr> <tr><td>51 Taxable 13th Month Pay and Other Benefits</td><td style="text-align:right">51</td><td style="text-align:right">0.00</td></tr> <tr><td>52 Hazard Pay</td><td style="text-align:right">52</td><td></td></tr> <tr><td>53 Overtime Pay</td><td style="text-align:right">53</td><td></td></tr> <tr><td>54 Others (Specify)</td><td></td><td></td></tr> <tr><td>54A</td><td style="text-align:right">54A</td><td></td></tr> <tr><td>54B</td><td style="text-align:right">54B</td><td></td></tr> <tr><td>55 Total Taxable Compensation Income</td><td style="text-align:right">55</td><td style="text-align:right">241,717.90</td></tr> </tbody> </table>			Amount	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32		33 Holiday Pay (MWE)	33		34 Overtime Pay (MWE)	34		35 Night Shift Differential (MWE)	35		36 Hazard Pay (MWE)	36		37 13th Month Pay and Other Benefits	37	16,013.29	38 De Minimis Benefits	38		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	10,009.30	40 Salaries & Other Forms of Compensation	40	0.00	41 Total Non-Taxable/Exempt Compensation Income	41	26,022.59	B. TAXABLE COMPENSATION INCOME			REGULAR			42 Basic Salary	42	241,717.90	43 Representation	43		44 Transportation	44		45 Cost of Living Allowance	45		46 Fixed Housing Allowance	46		47 Others (Specify)			47A	47A		47B	47B		SUPPLEMENTARY			48 Commission	48		49 Profit Sharing	49		50 Fees Including Director's Fees	50		51 Taxable 13th Month Pay and Other Benefits	51	0.00	52 Hazard Pay	52		53 Overtime Pay	53		54 Others (Specify)			54A	54A		54B	54B		55 Total Taxable Compensation Income	55	241,717.90
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B. TAXABLE COMPENSATION INCOME																																																																																																																																											
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42 Basic Salary	42	241,717.90																																																																																																																																									
43 Representation	43																																																																																																																																										
44 Transportation	44																																																																																																																																										
45 Cost of Living Allowance	45																																																																																																																																										
46 Fixed Housing Allowance	46																																																																																																																																										
47 Others (Specify)																																																																																																																																											
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47B	47B																																																																																																																																										
SUPPLEMENTARY																																																																																																																																											
48 Commission	48																																																																																																																																										
49 Profit Sharing	49																																																																																																																																										
50 Fees Including Director's Fees	50																																																																																																																																										
51 Taxable 13th Month Pay and Other Benefits	51	0.00																																																																																																																																									
52 Hazard Pay	52																																																																																																																																										
53 Overtime Pay	53																																																																																																																																										
54 Others (Specify)																																																																																																																																											
54A	54A																																																																																																																																										
54B	54B																																																																																																																																										
55 Total Taxable Compensation Income	55	241,717.90																																																																																																																																									

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 RUBEN B. CORRAL
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

57 FNAME-15 M. LNAME-15
CTC No. Employee Signature Over Printed Name
of Employee Place of Issue

Date Signed

Date of Issue

Amount Paid

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.

58 RUBEN B. CORRAL
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 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 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 FNAME-15 M. LNAME-15
Employee Signature Over Printed Name


 Certificate of Compensation
 Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) ▶ 2016	2 For the Period ▶ From (MM/DD) 01 01 From (MM/DD) 12 31
Part I Employee Information	
3 Taxpayer Identification No. ▶ 111 111 127 000	
4 Employee's Name (Last Name, First Name, Middle Name) ▶ LNAME-16, FNAME-16 MNAME-16	
5 RDO Code	
6 Registered Address ▶ TEST ADDRESS 16	
6A Zip Code	
6B Local Home Address	
6C Zip Code	
6D Foreign Address	
6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 09 12 1980	8 Telephone Number
9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10 Name of Qualified Dependent Children	
11 Date of Birth (MM/DD/YYYY)	
12 Statutory Minimum Wage rate per day 12	
13 Statutory Minimum Wage rate per month 13	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	
Part II Employer Information (Present)	
15 Taxpayer Identification No. ▶ 000 000 000 000	
16 Employer's Name ▶ PINOY WEB APPLICATION	
17 Registered Address ▶ SAN JOSE DEL MONTE CITY	
17A Zip Code	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	
Part III Employer Information (Previous)	
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)	21 316,650.16
22 Less: Total Non-Taxable/Exempt (Item 41)	22 32,514.92
23 Taxable Compensation Income from Present Employer (Item 55)	23 284,135.24
24 Add: Taxable Compensation Income from Previous Employer	24
25 Gross Taxable	25 284,135.24
26 Less: Total Exemptions	26 100,000.00
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27
28 Net Taxable Compensation Income	28 184,135.24
29 Tax Due	29 33,533.81
30 Amount of Taxes Withheld	30
30A Present Employer	30A 33,533.81
30B Previous Employer	30B
31 Total Amount of Taxes As Adjusted	31 33,533.81

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
Amount	
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32
33 Holiday Pay (MWE)	33
34 Overtime Pay (MWE)	34
35 Night Shift Differential (MWE)	35
36 Hazard Pay (MWE)	36
37 13th Month Pay and Other Benefits	37 21,214.32
38 De Minimis Benefits	38
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 11,300.60
40 Salaries & Other Forms of Compensation	40 0.00
41 Total Non-Taxable/Exempt Compensation Income	41 32,514.92
B. TAXABLE COMPENSATION INCOME	
REGULAR	
42 Basic Salary	42 284,135.24
43 Representation	43
44 Transportation	44
45 Cost of Living Allowance	45
46 Fixed Housing Allowance	46
47 Others (Specify)	47
47A	47A
47B	47B
SUPPLEMENTARY	
48 Commission	48
49 Profit Sharing	49
50 Fees Including Director's Fees	50
51 Taxable 13th Month Pay and Other Benefits	51 0.00
52 Hazard Pay	52
53 Overtime Pay	53
54 Others (Specify)	54
54A	54A
54B	54B
55 Total Taxable Compensation Income	55 284,135.24

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 RUBEN B. CORRAL
 Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

57 FNAME-16 M. LNAME-16
 CTC No. Employee Signature Over Printed Name

Date Signed

of Employee Place of Issue

Date of Issue

Amount Paid

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.

58 RUBEN B. CORRAL
 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 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 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 FNAME-16 M. LNAME-16
 Employee Signature Over Printed Name



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) ▶ 2016	2 For the Period ▶ From (MM/DD) 01 01 From (MM/DD) 12 31
Part I Employee Information	
3 Taxpayer Identification No. ▶ 111 111 128 000	
4 Employee's Name (Last Name, First Name, Middle Name) ▶ LNAME-17, FNAME-17 MNAME-17	
5 RDO Code	
6 Registered Address ▶ TEST ADDRESS 17	
6A Zip Code	
6B Local Home Address	
6C Zip Code	
6D Foreign Address	
6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 05 19 1992	8 Telephone Number
9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10 Name of Qualified Dependent Children	
11 Date of Birth (MM/DD/YYYY)	
12 Statutory Minimum Wage rate per day 12	
13 Statutory Minimum Wage rate per month 13	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	
Part II Employer Information (Present)	
15 Taxpayer Identification No. ▶ 000 000 000 000	
16 Employer's Name ▶ PINOY WEB APPLICATION	
17 Registered Address ▶ SAN JOSE DEL MONTE CITY	
17A Zip Code	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	
Part III Employer Information (Previous)	
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)	21 234,059.79
22 Less: Total Non-Taxable/Exempt (Item 41)	22 28,085.45
23 Taxable Compensation Income from Present Employer (Item 55)	23 205,974.34
24 Add: Taxable Compensation Income from Previous Employer	24
25 Gross Taxable	25 205,974.34
26 Less: Total Exemptions	26 50,000.00
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27
28 Net Taxable Compensation Income	28 155,974.34
29 Tax Due	29 26,493.58
30 Amount of Taxes Withheld	30
30A Present Employer	30A 26,493.58
30B Previous Employer	30B
31 Total Amount of Taxes As Adjusted	31 26,493.58

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer		Amount
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32	
33 Holiday Pay (MWE)	33	
34 Overtime Pay (MWE)	34	
35 Night Shift Differential (MWE)	35	
36 Hazard Pay (MWE)	36	
37 13th Month Pay and Other Benefits	37	17,451.85
38 De Minimis Benefits	38	
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	10,633.60
40 Salaries & Other Forms of Compensation	40	0.00
41 Total Non-Taxable/Exempt Compensation Income	41	28,085.45
B. TAXABLE COMPENSATION INCOME		
REGULAR		
42 Basic Salary	42	205,974.34
43 Representation	43	
44 Transportation	44	
45 Cost of Living Allowance	45	
46 Fixed Housing Allowance	46	
47 Others (Specify)	47	
47A	47A	
47B	47B	
SUPPLEMENTARY		
48 Commission	48	
49 Profit Sharing	49	
50 Fees Including Director's Fees	50	
51 Taxable 13th Month Pay and Other Benefits	51	0.00
52 Hazard Pay	52	
53 Overtime Pay	53	
54 Others (Specify)	54	
54A	54A	
54B	54B	
55 Total Taxable Compensation Income	55	205,974.34

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 RUBEN B. CORRAL
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:

57 FNAME-17 M. LNAME-17
CTC No. Employee Signature Over Printed Name

Date Signed

of Employee Place of Issue

Date of Issue

Amount Paid

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.

58 RUBEN B. CORRAL
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 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 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 FNAME-17 M. LNAME-17
Employee Signature Over Printed Name


**Certificate of Compensation
 Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) <input type="text" value="2016"/>	2 For the Period From (MM/DD) <input type="text" value="01"/> <input type="text" value="01"/> From (MM/DD) <input type="text" value="12"/> <input type="text" value="31"/>																				
Part I Employee Information																					
3 Taxpayer Identification No. <input type="text" value="111"/> <input type="text" value="111"/> <input type="text" value="129"/> <input type="text" value="000"/>																					
4 Employee's Name (Last Name, First Name, Middle Name) <input type="text" value="LNAME-18, FNAME-18 MNAME-18"/> 5 RDO Code <input type="text"/>																					
6 Registered Address <input type="text" value="TEST ADDRESS 18"/> 6A Zip Code <input type="text"/>																					
6B Local Home Address <input type="text"/> 6C Zip Code <input type="text"/>																					
6D Foreign Address <input type="text"/> 6E Zip Code <input type="text"/>																					
7 Date of Birth (MM/DD/YYYY) <input type="text" value="12"/> <input type="text" value="27"/> <input type="text" value="1989"/>	8 Telephone Number <input type="text"/>																				
9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY) <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																					
12 Statutory Minimum Wage rate per day <input type="text" value="12"/> 13 Statutory Minimum Wage rate per month <input type="text" value="13"/>																					
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax																					
Part II Employer Information (Present)																					
15 Taxpayer Identification No. <input type="text" value="000"/> <input type="text" value="000"/> <input type="text" value="000"/> <input type="text" value="000"/>																					
16 Employer's Name <input type="text" value="PINOY WEB APPLICATION"/>																					
17 Registered Address <input type="text" value="SAN JOSE DEL MONTE CITY"/> 17A Zip Code <input type="text"/>																					
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer																					
Part III Employer Information (Previous)																					
18 Taxpayer Identification No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																					
19 Employer's Name <input type="text"/>																					
20 Registered Address <input type="text"/> 20A Zip Code <input type="text"/>																					
Part IV-A Summary																					
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 <input type="text" value="245,261.47"/>	22 Less: Total Non-Taxable/Exempt (Item 41) 22 <input type="text" value="27,185.04"/>																				
23 Taxable Compensation Income from Present Employer (Item 55) 23 <input type="text" value="218,076.43"/>	24 Add: Taxable Compensation Income from Previous Employer 24 <input type="text"/>																				
25 Gross Taxable 25 <input type="text" value="218,076.43"/>	26 Less: Total Exemptions 26 <input type="text" value="50,000.00"/>																				
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 <input type="text"/>	28 Net Taxable Compensation Income 28 <input type="text" value="168,076.43"/>																				
29 Tax Due 29 <input type="text" value="29,519.10"/>	30 Amount of Taxes Withheld 30 <input type="text"/>																				
30A Present Employer 30A <input type="text" value="29,519.10"/>	30B Previous Employer 30B <input type="text"/>																				
31 Total Amount of Taxes As Adjusted 31 <input type="text" value="29,519.10"/>																					

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
Amount	
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 <input type="text"/>	33 Holiday Pay (MWE) 33 <input type="text"/>
34 Overtime Pay (MWE) 34 <input type="text"/>	35 Night Shift Differential (MWE) 35 <input type="text"/>
36 Hazard Pay (MWE) 36 <input type="text"/>	37 13th Month Pay and Other Benefits 37 <input type="text" value="16,692.24"/>
38 De Minimis Benefits 38 <input type="text"/>	39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 <input type="text" value="10,492.80"/>
40 Salaries & Other Forms of Compensation 40 <input type="text" value="0.00"/>	41 Total Non-Taxable/Exempt Compensation Income 41 <input type="text" value="27,185.04"/>
B. TAXABLE COMPENSATION INCOME	
REGULAR	
42 Basic Salary 42 <input type="text" value="218,076.43"/>	43 Representation 43 <input type="text"/>
44 Transportation 44 <input type="text"/>	45 Cost of Living Allowance 45 <input type="text"/>
46 Fixed Housing Allowance 46 <input type="text"/>	47 Others (Specify) 47 <input type="text"/>
47A <input type="text"/> 47A <input type="text"/>	47B <input type="text"/> 47B <input type="text"/>
SUPPLEMENTARY	
48 Commission 48 <input type="text"/>	49 Profit Sharing 49 <input type="text"/>
50 Fees Including Director's Fees 50 <input type="text"/>	51 Taxable 13th Month Pay and Other Benefits 51 <input type="text" value="0.00"/>
52 Hazard Pay 52 <input type="text"/>	53 Overtime Pay 53 <input type="text"/>
54 Others (Specify) 54 <input type="text"/>	54A <input type="text"/> 54A <input type="text"/>
54B <input type="text"/> 54B <input type="text"/>	55 Total Taxable Compensation Income 55 <input type="text" value="218,076.43"/>

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 RUBEN B. CORRAL
 Present Employer/ Authorized Agent Signature Over Printed Name
Date Signed

CONFORME:

57 FNAME-18 M. LNAME-18
 CTC No. Employee Signature Over Printed Name
 of Employee Place of Issue
Date Signed Date of Issue

Amount Paid

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.

58 RUBEN B. CORRAL
 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 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 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 FNAME-18 M. LNAME-18
 Employee Signature Over Printed Name