

BIR Form No. January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld

TEST 5 T. TEST 5
Employee Signature Over Printed Name

Fill in all applicable spaces. Mark all appro	priate boxes with an "X"			
1 For the Year (YYYY) 2020		From (MM/DD) 01 01	To (MM/DD) 12 31	
Part I - Employee Information		Part IV-B Details of Compensation Income &	Tax Withheld from Present Employer	
3 TIN 111 - 111 -	115 - 000	A. NON-TAXABLE/EXEMPT		
4 Employee's Name (Last Name, First Name, Middle N TEST 5, TEST 5 TEST 5	5 RDO Code	COMPENSATION INCOME 27 Basic Salary (including the exempt P250,000 & below) Statutory	Amount 0.00	
6 Registered Address IT-BA (POB.), MANITO, ALBAY	6A Zip Code	Minimum Wage Earner (MWE) 28 Holiday Pay (MWE)	0.00	
6B Local Home Address	6C Zip Code	29 Overtime Pay (MWE)	0.00	
		30 Night Shift Differential (MWE)	0.00	
6D Foreign Address		31 Hazard Pay (MWE)	0.00	
7 Date of Birth (MM/DD/YYYY) 8 Contact Number		32 13th Month Pay and Other Benefits	85,800.00	
06 03 2004		(maximum of P90,000) 33 De Minimis Benefits	0.00	
9 Statutory Minimum Wage rate per day	0.00	34 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues	15,012.00	
10 Statutory Minimum Wage rate per month 0.00		(Employee share only)		
Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		35 Salaries & Other Forms of Compensation	0.00	
Part II - Employer Information (Present)		36 Total Non-Taxable/Exempt Comp. Income (Sum of items 27 to 35)	100,812.00	
12 TIN 123 - 456 -	789 - 000	B. TAXABLE COMPENSATION INCOME REG	ULAR	
13 Employer's Name For Demo Only		37 Basic Salary	265,788.00	
14 Registered Address	14A Zip Code	38 Representation		
Kaypian, San Jose Del Month City	3023	39 Transportation		
15 Type of Employer X Main Employer	Secondary Employer	40 Cost of Living Allowance (COLA)		
Part III - Employer Information (Previous)	41 Fixed Housing Allowance		
16 TIN	-	42 Others (Specify)		
17 Employer's Name		42A	2,000.00	
		42B		
18 Registered Address	18A Zip Code	SUPPLEMENTARY 43 Commission		
Part IVA - Summary		44 Profit Sharing		
19 Gross Compensation Income from Present Employer (Sum of items 36 and 50)	368,600.00	45 Fees Including Director's Fees		
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36 21 Taxable Compensation Income from Present	100,812.00	46 Taxable 13th Month Benefits	0.00	
Employer (Item 19 Less item 20) (From item 50)	267,788.00	47 Harvel Day		
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	47 Hazard Pay		
23 Gross Taxable Compensation Income (Sum of items 21 and 22)	267,788.00	48 Overtime Pay		
24 Tax Due Amount of Taxes Withheld	3,557.60	49 Others (Specify) 49A		
25 25A Present Employer	3,557.60	49B		
25B Previous Employer	0.00	50 Total Taxable Compensation Income	267,788.00	
26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B)	3,557.60	Sum of items 37 to 49B	207,788.00	
I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the of my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.				
51 Ruben Corral / Accountin	n Head	Date Signed		
Present Employer/ Authorized Agent Signature CONFORME:		Date Signed		
52 TEST 5 T. TEST 5 CTC/Valid ID No. Employee Signature Over Prin	nted Name	Date Signed	Amount Paid. if CTC	
of Employee Place of Issue		<u> </u>		
	To be accomplished ur		100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
I declare, under the penalties of perjury, that the information under BIR Form No. 1604C which has been filed with the Bureau		I declare under the penalties of perjury that I am Income Tax Returns (BIR Form No. 1700), since I re	ceived purely compensation inco	
A		from only one employer in the Philippines for the have correctly withheld by my employer (tax due eq. No. 1604C filed by my employer to the BIR shall co	uals tax withheld);that the BIR Fo	
53 Ruben Corral / Accounting Head		and that BIR Form No. 2316 shall serve the same p had been filed pursuant to the provisions of RR No.	urpose as if BIR Form No. 1700	

Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name



BIR Form No.

January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld



TEST 6 T. TEST 6
Employee Signature Over Printed Name

Fill in all applicable spaces. Mark all appr	opriate boxes with an "X"			
1 For the Year (YYYY) 2020		From (MM/DD)	To (MM/DD) 12 31	
Part I - Employee Information		Part IV-B Details of Compensation Income &	Tax Withheld from Present Employer	
3 TIN 111 - 111	- 117 - 000	A. NON-TAXABLE/EXEMPT		
4 Employee's Name (Last Name, First Name, Middle TEST 6, TEST 6 TEST 6	Na 5 RDO Code	COMPENSATION INCOME 27 Basic Salary (including the exempt P250,000 & below) Statutory	Amount 0.00	
6 Registered Address	6A Zip Code	Minimum Wage Earner (MWE) 28 Holiday Pay (MWE)	0.00	
LUBAS, LA TRINIDAD, BENGUET 6B Local Home Address	6C Zip Code	29 Overtime Pay (MWE)	0.00	
		30 Night Shift Differential (MWE)	0.00	
6D Foreign Address		31 Hazard Pay (MWE)	0.00	
7 Date of Birth (MM/DD/YYYY) 8 C	ontact Number	32 13th Month Pay and Other Benefits	155,000.00	
07 10 1996		(maximum of P90,000) 33 De Minimis Benefits	0.00	
9 Statutory Minimum Wage rate per day	0.00	34 SSS, GSIS, PHIC & Pag-ibig	17,100.00	
10 Statutory Minimum Wage rate per month 0.00		Contributions, & Union Dues (Employee share only)	17,100.00	
Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		35 Salaries & Other Forms of Compensation	0.00	
Part II - Employer Information (Present)		36 Total Non-Taxable/Exempt Comp. Income (Sum of items 27 to 35)	172,100.00	
12 TIN 123 - 456 -	789 - 000	B. TAXABLE COMPENSATION INCOME REG	ULAR	
13 Employer's Name For Demo Only		37 Basic Salary	402,900.00	
14 Registered Address	14A Zip Code	38 Representation		
Kaypian, San Jose Del Month City	3023	39 Transportation		
15 Type of Employer X Main Employer	Secondary Employer	40 Cost of Living Allowance (COLA)		
Part III - Employer Information	(Previous)	41 Fixed Housing Allowance		
16 TIN	-	42 Others (Specify)		
17 Employer's Name		42A	0.00	
		42B		
18 Registered Address	18A Zip Code	SUPPLEMENTARY		
		43 Commission		
Part IVA - Summary		44 Profit Sharing		
19 Gross Compensation Income from Present Employer (Sum of items 36 and 50)	575,000.00	45 Fees Including Director's Fees		
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36	172,100.00	46 Taxable 13th Month Benefits	0.00	
21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50)	402,900.00	To Taxasia Tour Monar Boriona	0.00	
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	47 Hazard Pay		
23 Gross Taxable Compensation Income (Sum of items 21 and 22)	402,900.00	48 Overtime Pay		
24 Tax Due	30,725.00	49 Others (Specify)		
Amount of Taxes Withheld 25 25A Present Employer	30,725.00	49A 49B		
25B Previous Employer	0.00	50 Total Taxable Compensation Income		
Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B)	30,725.00	Sum of items 37 to 49B	402,900.00	
I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the of my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.				
51 Puban Carrel / Assaurati	ma Uaad	Date Signed		
Ruben Corral / Accounti Present Employer/ Authorized Agent Signatur CONFORME:	e Over Printed Name	Date Signed		
52 TEST 6 T. TEST 0 CTC/Valid ID No. Employee Signature Over P		Date Signed	Amount Paid. if CTC	
of Employee Place of Issu	e	-		
	To be accomplished u		n qualified under substitute definition	
I declare, under the penalties of periury, that the information under BIR Form No. 1604C which has been filed with the Burea		I declare,under the penalties of perjury that I an Income Tax Returns(BIR Form No. 1700), since I re from only one employer in the Philippines for the	eceived purely compensation inco	
A		have correctly withheld by my employer (tax due eq No. 1604C filed by my employer to the BIR shall co	juals tax withheld);that the BIR Fo onstitute as my income tax return	
53 Ruben Corral / Accounting Head		and that BIR Form No. 2316 shall serve the same p had been filed pursuant to the provisions of RR No.		

Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name



BIR Form No.

Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld



TEST 7 T. TEST 7
Employee Signature Over Printed Name

Fill in all applicable spaces. Mark all appropriate boxe	es with an "X"	•	2310 01/10LNG0
1 For the Year		2 For the Period 01 01	To (MM/DD) 12 31
(† † † † † † † † † † † † † † † † † † †		From (MM/DD)	To (MM/DD)
Part I - Employee Information		Part IV-B Details of Compensation Income &	Tax Withheld from Present Employer
3 TIN 356 - 453 - 425 -	000	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
4 Employee's Name (Last Name, First Name, Middle Na TEST 7, TEST 7 TEST 7	5 RDO Code	27 Basic Salary (including the exempt P250,000 & below) Statutory	0.00
6 Registered Address LUBUKAN, HADJI MUHTAMAD, BASILAN	6A Zip Code	Minimum Wage Earner (MWE) 28 Holiday Pay (MWE)	0.00
	00 7in 0 a da	29 Overtime Pay (MWE)	0.00
6B Local Home Address	6C Zip Code		
6D Foreign Address		30 Night Shift Differential (MWE)	0.00
		31 Hazard Pay (MWE)	0.00
7 Date of Birth (MM/DD/YYYY) 8 Contact Number	r	32 13th Month Pay and Other Benefits (maximum of P90,000)	126,000.00
03 09 1994		33 De Minimis Benefits	0.00
9 Statutory Minimum Wage rate per day	0.00	34 SSS, GSIS, PHIC & Pag-ibig	16,200.00
10 Statutory Minimum Wage rate per month 0.00		Contributions, & Union Dues (Employee share only)	10,200.00
Minimum Wage Earner whose compensation is exempt from		35 Salaries & Other Forms of Compensation	0.00
withholding tax and not subject to income tax Part II - Employer Information (Present)		36 Total Non-Taxable/Exempt Comp. Income (Sum of items 27 to 35)	142,200.00
12 TIN 123 - 456 - 789 -	000		
	000	B. TAXABLE COMPENSATION INCOME REGI	ULAR
13 Employer's Name For Demo Only		37 Basic Salary	343,800.00
14 Registered Address	14A Zip Code	38 Representation	
Kaypian, San Jose Del Month City	3023	39 Transportation	
15 Type of Employer X Main Employer Seco	ndary Employer	40 Cost of Living Allowance (COLA)	
Part III - Employer Information (Previous)		41 Fixed Housing Allowance	
16 TIN		42 Others (Specify)	
		42A	0.00
17 Employer's Name 42B			
18 Registered Address	18A Zip Code	SUPPLEMENTARY 43 Commission	
Part IVA - Summary		44 Profit Sharing	
19 Gross Compensation Income from Present Employer (Sum of items 36 and 50)	486,000.00	45 Fees Including Director's Fees	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36	142,200.00	46 Taxable 13th Month Benefits	0.00
21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50)	343,800.00		0.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	47 Hazard Pay	
23 Gross Taxable Compensation Income (Sum of items 21 and 22)	343,800.00	48 Overtime Pay	
24 Tax Due	18,760.00	49 Others (Specify)	
Amount of Taxes Withheld 25 25A Present Employer	18,760.00	49A 49B	
25B Previous Employer	0.00		
26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B)	18,760.00	50 Total Taxable Compensation Income Sum of items 37 to 49B	343,800.00
I/We declare, under the penalties of perjury, that this certificate has been m pursuant to the provisions of the National Internal Revenue Code, as amended, of my/our information as contemplated under the * Data Privacy Act of 2012 (R./	and the regulations iss	sued under authority thereof. Further, I/we give my/our co	
51		Date Signed	
Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed N CONFORME:	lame	Date Signed	
52 TEST 7 T. TEST 7			Amount Paid. if CTC
CTC/Valid ID No. Employee Signature Over Printed Name of Employee Place of Issue		Date Signed	
	accomplished ur	nder substituted filing	
I declare, under the penalties of perjury, that the information herein stated a	are reporte	I declare under the penalties of periury that I am Income Tax Returns(BIR Form No. 1700), since I red	
under BIR Form No. 1604C which has been filed with the Bureau of Internal Rev	venue.	from only one employer in the Philippines for the have correctly withheld by my employer (tax due equ	calendar year; that taxes have uals tax withheld);that the BIR Fo
53 Ruben Corral / Accounting Head		No. 1604C filed by mv employer to the BIR shall co and that BIR Form No. 2316 shall serve the same pu had been filed pursuant to the provisions of RR No.	urpose as if BIR Form No. 1700

Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name



BIR Form No. January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld



TEST 8 T. TEST 8
Employee Signature Over Printed Name

Fill in all applicable spaces. Mark all appropriate boxe	es with an "X"	2 For the Davied		
1 For the Year (YYYY) 2020		From (MM/DD)	To (MM/DD)	
Part I - Employee Information		Part IV-B Details of Compensation Income &	,	
3 TIN 431 - 242 - 133 -	- 000	A. NON-TAXABLE/EXEMPT	A	
4 Employee's Name (Last Name, First Name, Middle Na TEST 8, TEST 8 TEST 8	5 RDO Code	COMPENSATION INCOME 27 Basic Salary (including the exempt P250,000 & below) Statutory	Amount 0.00	
6 Registered Address	6A Zip Code	Minimum Wage Earner (MWE)		
,,		28 Holiday Pay (MWE)	0.00	
6B Local Home Address	6C Zip Code	29 Overtime Pay (MWE)	0.00	
6D Foreign Address		30 Night Shift Differential (MWE)	0.00	
		31 Hazard Pay (MWE)	0.00	
7 Date of Birth (MM/DD/YYYY) 8 Contact Numbe	er	32 13th Month Pay and Other Benefits (maximum of P90,000)	218,964.30	
02 08 1989		33 De Minimis Benefits	0.00	
9 Statutory Minimum Wage rate per day	0.00	34 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues	17,966.10	
10 Statutory Minimum Wage rate per month 0.00		(Employee share only)		
Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		35 Salaries & Other Forms of Compensation	0.00	
Part II - Employer Information (Present)		36 Total Non-Taxable/Exempt Comp. Income (Sum of items 27 to 35)	236,930.40	
12 TIN 123 - 456 - 789 - 000		B. TAXABLE COMPENSATION INCOME REG	ULAR	
13 Employer's Name For Demo Only		37 Basic Salary	459,773.90	
14 Registered Address	14A Zip Code	38 Representation		
Kaypian, San Jose Del Month City	3023	39 Transportation		
15 Type of Employer X Main Employer Seco	ndary Employer	40 Cost of Living Allowance (COLA)		
Part III - Employer Information (Previous)	, , ,	41 Fixed Housing Allowance		
16 TIN		42 Others (Specify)		
17 Employer's Name		42A	5,000.00	
The Employer's Name		42B		
18 Registered Address	18A Zip Code	SUPPLEMENTARY		
- Negativa / Negativa		43 Commission		
Part IVA - Summary		44 Profit Sharing		
19 Gross Compensation Income from Present Employer (Sum of items 36 and 50)	701,704.30	45 Fees Including Director's Fees		
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36	236,930.40	46 Taxable 13th Month Benefits	0.00	
21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50)	464,773.90	10 Taxable Tour World Berleite	0.00	
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	47 Hazard Pay		
23 Gross Taxable Compensation Income (Sum of items 21 and 22)	464,773.90	48 Overtime Pay		
24 Tax Due	46,193.47	49 Others (Specify)		
Amount of Taxes Withheld 25 25A Present Employer	46,193.47	49A		
25B Previous Employer	0.00	49B		
26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B)	46,193.47	50 Total Taxable Compensation Income Sum of items 37 to 49B	464,773.90	
I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the of my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.				
51		Date Signed		
Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed N CONFORME:	lame	Date Signed		
52 TEST 8 T. TEST 8 CTC/Valid ID No. Employee Signature Over Printed Name		Date Signed	Amount Paid. if CTC	
of Employee Place of Issue				
	accomplished	der substituted filing		
. ,	•	der substituted filing I declare under the penalties of periury that I are		
To be	are reporte		eceived purely compensation inco e calendar year; that taxes have	

Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name



BIR Form No. January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld

TEST 9 T. TEST 9
Employee Signature Over Printed Name

	spaces. Mark all app	ropriate boxes	with an "X"		
1 For the Year (YYYY)	2020			2 For the Period From (MM/DD) 01 01	To (MM/DD) 12 31
Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer			
3 TIN	435 - 245	- 252 -	000	A. NON-TAXABLE/EXEMPT	. ,
4 Employee's Name (Last N TEST 9, TEST 9 TE		e Na	5 RDO Code	COMPENSATION INCOME 27 Basic Salary (including the exempt P250,000 & below) Statutory	Amount 0.00
6 Registered Address KAWAYANON, CAIBIRAN,			6A Zip Code	Minimum Wage Earner (MWE) 28 Holiday Pay (MWE)	0.00
6B Local Home Address	DILITORY		6C Zip Code	29 Overtime Pay (MWE)	0.00
				30 Night Shift Differential (MWE)	0.00
6D Foreign Address				31 Hazard Pay (MWE)	0.00
7 Date of Birth (MM/DD/YY		Contact Number		32 13th Month Pay and Other Benefits (maximum of P90,000)	165,000.00
06 15 19	993	_		33 De Minimis Benefits	0.00
9 Statutory Minimum Wage rate per day 0.00		34 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues	18,900.00		
10 Statutory Minimum Wage rate per month 0.00		(Employee share only)	0.00		
Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		35 Salaries & Other Forms of Compensation	0.00		
Part II - Employer Information (Present)		36 Total Non-Taxable/Exempt Comp. Income (Sum of items 27 to 35)	183,900.00		
12 TIN	123 - 456	- 789 -	000	B. TAXABLE COMPENSATION INCOME REG	ULAR
13 Employer's Name For Demo Only				37 Basic Salary	521,100.00
14 Registered Address		1	I4A Zip Code	38 Representation	
Kaypian, San Jose Del Moi	nth City		3023	39 Transportation	
15 Type of Employer	X Main Employer	Seconda	ary Employer	40 Cost of Living Allowance (COLA)	
Part III - Employer Information (Previous)		41 Fixed Housing Allowance			
16 TIN		42 Others (Specify)			
17 Employer's Name				42A	800.00
The Employer of Number				42B	
18 Registered Address		1	18A Zip Code	SUPPLEMENTARY 43 Commission	
	Part IVA - Summar	у		44 Profit Sharing	
Gross Compensation Income Employer (Sum of items 36 a	and 50)		705,800.00	45 Fees Including Director's Fees	
20 Less: Total Non-Taxable/Exe Income from Present Employ 21 Taxable Compensation Incom	ver (From item 36		183,900.00	46 Taxable 13th Month Benefits	0.00
Employer (Item 19 Less item	20) (From item 50)	_	521,900.00	47 Hazard Day	
22 Add: Taxable Compensation Previous Employer, if applica	able		0.00	47 Hazard Pay	
Gross Taxable Compensation (Sum of items 21 and 22)	T INCOME		521,900.00	48 Overtime Pay	
24 Tax Due Amount of Taxes Withheld			60,475.00	49 Others (Specify) 49A	
25 25A Present Employer		-	60,475.00	49B	
25B Previous Employer 26 Total Amount of Taxes Withh	eld as adjusted	-	0.00	50 Total Taxable Compensation Income	521,900.00
(Sum of items 25A and 25B)		ficate has been made	60,475.00	Sum of items 37 to 49B	
I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the of my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.					
51 Rub	en Corral / Account	ing Head		Date Signed	
	ver/ Authorized Agent Signatu	ire Över Printed Nam	e	Date Signed	
52 — CTC/Valid ID <u>No.</u>	TEST 9 T. TEST Employee Signature Over			Date Signed	Amount Paid. if CTC
of Employee	Place of Iss				
I declare, under the penalties	s of periury that the informat		•	nder substituted filing I declare under the penalties of perjury that I am	n qualified under substituted filing o
under BIR Form No. 1604C which				Income Tax Returns(BIR Form No. 1700), since I refrom only one employer in the Philippines for the	ceived purely compensation inco calendar year; that taxes have
	194			have correctly withheld by my employer (tax due equal No. 1604C filed by my employer to the BIR shall countries and that BIR Form No. 2316 shall serve the same processes.	onstitute as my income tax return
53Ruben Corral / Accounting Head			had been filed pursuant to the provisions of RR No.		

Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name



BIR Form No.

Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld

	s with an "X"		
1 For the Year 2020		2 For the Period 01 01	To (MM/DD) 12 31
(YYYY) Part I - Employee Information		From (MM/DD) Part IV-B Details of Compensation Income &	18 (MM/DD)
3 TIN 354 - 323 - 344 -	000	A. NON-TAXABLE/EXEMPT	
4 Employee's Name (Last Name, First Name, Middle Na TEST 10, TEST 10 TEST 10	5 RDO Code	COMPENSATION INCOME 27 Basic Salary (including the exempt P250,000 & below) Statutory	Amount 0.00
6 Registered Address	6A Zip Code	Minimum Wage Earner (MWE) 28 Holiday Pay (MWE)	0.00
BARIW, MALINAO, ALBAY		29 Overtime Pay (MWE)	0.00
6B Local Home Address	6C Zip Code		
6D Foreign Address		30 Night Shift Differential (MWE) 31 Hazard Pay (MWE)	0.00
		32 13th Month Pay and Other Benefits	
7 Date of Birth (MM/DD/YYYY) 8 Contact Number 03 20 1984		(maximum of P90,000) 33 De Minimis Benefits	124,000.00
9 Statutory Minimum Wage rate per day	0.00	34 SSS, GSIS, PHIC & Pag-ibig	18,000.00
10 Statutory Minimum Wage rate per month	0.00	Contributions, & Union Dues (Employee share only)	18,000.00
Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		35 Salaries & Other Forms of Compensation	0.00
Part II - Employer Information (Present)		36 Total Non-Taxable/Exempt Comp. Income (Sum of items 27 to 35)	142,000.00
12 TIN 123 - 456 - 789 -	000	B. TAXABLE COMPENSATION INCOME REG	ULAR
13 Employer's Name For Demo Only		37 Basic Salary	462,000.00
14 Registered Address	14A Zip Code	38 Representation	102,000.00
Kaypian, San Jose Del Month City	3023	39 Transportation	
15 Type of Employer X Main Employer Second	dary Employer	40 Cost of Living Allowance (COLA)	
Part III - Employer Information (Previous)		41 Fixed Housing Allowance	
16 TIN		42 Others (Specify)	
17 Employer's Name		42A	0.00
17 Employer's Name		42A 42B	0.00
17 Employer's Name 18 Registered Address	18A Zip Code		0.00
	18A Zip Code	42B	0.00
	18A Zip Code	42B SUPPLEMENTARY	0.00
18 Registered Address Part IVA - Summary Gross Compensation Income from Present	18A Zip Code 604,000.00	42B SUPPLEMENTARY 43 Commission	0.00
18 Registered Address Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation	604,000.00	SUPPLEMENTARY 43 Commission 44 Profit Sharing	0.00
18 Registered Address Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of items 36 and 50)		SUPPLEMENTARY 43 Commission 44 Profit Sharing	0.00
Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36) 21 Taxable Compensation Income from Present	604,000.00	SUPPLEMENTARY 43 Commission 44 Profit Sharing 45 Fees Including Director's Fees	
Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36) 21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50) 22 Add: Taxable Compensation Income from	604,000.00 142,000.00 462,000.00	SUPPLEMENTARY 43 Commission 44 Profit Sharing 45 Fees Including Director's Fees 46 Taxable 13th Month Benefits	
Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36) 21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50) 22 Add: Taxable Compensation Income from Previous Employer, if applicable 23 Gross Taxable Compensation Income (Sum of items 21 and 22) 24 Tax Due	604,000.00 142,000.00 462,000.00 0.00	SUPPLEMENTARY 43 Commission 44 Profit Sharing 45 Fees Including Director's Fees 46 Taxable 13th Month Benefits 47 Hazard Pay 48 Overtime Pay 49 Others (Specify)	
Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36) 21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50) 22 Add: Taxable Compensation Income from Previous Employer, if applicable 23 Gross Taxable Compensation Income (Sum of items 21 and 22)	604,000.00 142,000.00 462,000.00 0.00 462,000.00	SUPPLEMENTARY 43 Commission 44 Profit Sharing 45 Fees Including Director's Fees 46 Taxable 13th Month Benefits 47 Hazard Pay 48 Overtime Pay 49 Others (Specify) 49A	
Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36) 21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50) 22 Add: Taxable Compensation Income from Previous Employer, if applicable 23 Gross Taxable Compensation Income (Sum of items 21 and 22) 24 Tax Due Amount of Taxes Withheld 25 Previous Employer 25B Previous Employer	604,000.00 142,000.00 462,000.00 0.00 462,000.00 45,500.00	SUPPLEMENTARY 43 Commission 44 Profit Sharing 45 Fees Including Director's Fees 46 Taxable 13th Month Benefits 47 Hazard Pay 48 Overtime Pay 49 Others (Specify) 49A 49B	
Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36) 21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50) 22 Add: Taxable Compensation Income from Previous Employer, if applicable 23 Gross Taxable Compensation Income (Sum of items 21 and 22) 24 Tax Due Amount of Taxes Withheld 25 Present Employer	604,000.00 142,000.00 462,000.00 0.00 462,000.00 45,500.00	SUPPLEMENTARY 43 Commission 44 Profit Sharing 45 Fees Including Director's Fees 46 Taxable 13th Month Benefits 47 Hazard Pay 48 Overtime Pay 49 Others (Specify) 49A	
Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36) 21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50) 22 Add: Taxable Compensation Income from Previous Employer, if applicable 23 Gross Taxable Compensation Income (Sum of items 21 and 22) 24 Tax Due Amount of Taxes Withheld 25 Previous Employer 25B Previous Employer 26 Total Amount of Taxes Withheld as adjusted	604,000.00 142,000.00 462,000.00 45,500.00 45,500.00 45,500.00 45,500.00 de in good faith, verified the regulations is:	SUPPLEMENTARY 43 Commission 44 Profit Sharing 45 Fees Including Director's Fees 46 Taxable 13th Month Benefits 47 Hazard Pay 48 Overtime Pay 49 Others (Specify) 49A 49B 50 Total Taxable Compensation Income Sum of items 37 to 49B ed by me/us, and to the best of my/our knowledge and bused under authority thereof. Further, I/we give my/our or	0.00 462,000.00
Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36) 21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50) 22 Add: Taxable Compensation Income from Previous Employer, if applicable 23 Gross Taxable Compensation Income (Sum of items 21 and 22) 24 Tax Due 25 Amount of Taxes Withheld 25 25A Present Employer 25B Previous Employer 26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B) I/We declare, under the penalties of perjury, that this certificate has been mad pursuant to the provisions of the National Internal Revenue Code, as amended, an of my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. In State S	604,000.00 142,000.00 462,000.00 45,500.00 45,500.00 45,500.00 45,500.00 de in good faith, verified the regulations is:	SUPPLEMENTARY 43 Commission 44 Profit Sharing 45 Fees Including Director's Fees 46 Taxable 13th Month Benefits 47 Hazard Pay 48 Overtime Pay 49 Others (Specify) 49A 49B 50 Total Taxable Compensation Income Sum of items 37 to 49B ed by me/us, and to the best of my/our knowledge and bused under authority thereof. Further, I/we give my/our or	0.00 462,000.00
Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36) 21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50) 22 Add: Taxable Compensation Income from Previous Employer, if applicable 23 Gross Taxable Compensation Income (Sum of items 21 and 22) 24 Tax Due Amount of Taxes Withheld 25 25A Present Employer 25B Previous Employer 26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B) I/We declare, under the penalties of perjury, that this certificate has been mad pursuant to the provisions of the National Internal Revenue Code, as amended, an of my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. In the sum of the provision of the National Internal Revenue Code, as amended, and formy/our information as contemplated under the *Data Privacy Act of 2012 (R.A. In the sum of the provision of the National Internal Revenue Code, as amended, and formy/our information as contemplated under the *Data Privacy Act of 2012 (R.A. In the sum of the provision of the National Internal Revenue Code, as amended, and formy/our information as contemplated under the *Data Privacy Act of 2012 (R.A. In the sum of the provision of the National Internal Revenue Code, as amended, and formy/our information as contemplated under the *Data Privacy Act of 2012 (R.A. In the sum of the provision of the National Internal Revenue Code, as amended, and formy/our information as contemplated under the *Data Privacy Act of 2012 (R.A. In the provision of the National Internal Revenue Code, as amended, and formy/our information as contemplated under the *Data Privacy Act of 2012 (R.A. In the provision of the National Internal Revenue Code, as a mended, and formy of the National Internal Revenue Code, as a mended, and formy of the National Internal Revenue Code, as a mended, and formy of the National Internal Revenue Code, as a mended, and	604,000.00 142,000.00 462,000.00 0.00 45,500.00 45,500.00 0.00 45,500.00 le in good faith, verifind the regulations is No. 10173) for legiting	SUPPLEMENTARY 43 Commission 44 Profit Sharing 45 Fees Including Director's Fees 46 Taxable 13th Month Benefits 47 Hazard Pay 48 Overtime Pay 49 Others (Specify) 49A 49B 50 Total Taxable Compensation Income Sum of items 37 to 49B ed by me/us, and to the best of my/our knowledge and by used under authority thereof. Further, I/we give my/our contact and lawful purposes.	0.00 462,000.00
Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36) 21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50) 22 Add: Taxable Compensation Income from Previous Employer, if applicable 23 Gross Taxable Compensation Income (Sum of items 21 and 22) 24 Tax Due 25 Previous Employer 26 Total Amount of Taxes Withheld 27 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B) 28 I/We declare, under the penalties of perjury, that this certificate has been mad pursuant to the provisions of the National Internal Revenue Code, as amended, and of my/our information as contemplated under the *Data Privacy Act of 2012 (R.A.) 29 Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name CONFORME: TEST 10 T. TEST 10	604,000.00 142,000.00 462,000.00 0.00 45,500.00 45,500.00 0.00 45,500.00 le in good faith, verifind the regulations is No. 10173) for legiting	SUPPLEMENTARY 43 Commission 44 Profit Sharing 45 Fees Including Director's Fees 46 Taxable 13th Month Benefits 47 Hazard Pay 48 Overtime Pay 49 Others (Specify) 49A 49B 50 Total Taxable Compensation Income Sum of items 37 to 49B ed by me/us, and to the best of my/our knowledge and be said under authority thereof. Further, I/we give my/our constead and lawful purposes. Date Signed	0.00 462,000.00
Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36) 21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50) 22 Add: Taxable Compensation Income from Previous Employer, if applicable 23 Gross Taxable Compensation Income (Sum of items 21 and 22) 24 Tax Due 25 Previous Employer 25 Previous Employer 26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B) I/We declare, under the penalties of perjury, that this certificate has been mad pursuant to the provisions of the National Internal Revenue Code, as amended, an of my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. In the component of the National Internal Revenue Code, as amended, and my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. In the component of the National Internal Revenue Code, as amended, and my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. In the component of the National Internal Revenue Code, as amended, and my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. In the component of the National Internal Revenue Code, as amended, and my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. In the component of the National Internal Revenue Code, as amended, and my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. In the component of the National Internal Revenue Code, as amended and my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. In the component of the National Internal Revenue Code, as amended and my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. In the component of the National Internal Revenue Code, as amended and my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. In the Component of the National Internal Revenue Code, as amended	604,000.00 142,000.00 462,000.00 0.00 45,500.00 45,500.00 0.00 45,500.00 le in good faith, verifind the regulations is No. 10173) for legiting	SUPPLEMENTARY 43 Commission 44 Profit Sharing 45 Fees Including Director's Fees 46 Taxable 13th Month Benefits 47 Hazard Pay 48 Overtime Pay 49 Others (Specify) 49A 49B 50 Total Taxable Compensation Income Sum of items 37 to 49B ed by me/us, and to the best of my/our knowledge and be said under authority thereof. Further, I/we give my/our constead and lawful purposes. Date Signed	0.00 462,000.00 Delief, is true and consent to the
Part IVA - Summary 19 Gross Compensation Income from Present Employer (Sum of items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36 21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50) 22 Add: Taxable Compensation Income from Previous Employer, if applicable 23 Gross Taxable Compensation Income (Sum of items 21 and 22) 24 Tax Due 25 Amount of Taxes Withheld 25 25A Present Employer 26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B) I/We declare, under the penalties of perjury, that this certificate has been mad pursuant to the provisions of the National Internal Revenue Code, as amended, and find mylour information as contemplated under the *Data Privacy Act of 2012 (R.A. In the sum of mylour information as contemplated under the *Data Privacy Act of 2012 (R.A. In the sum of mylour information as contemplated under the *Data Privacy Act of 2012 (R.A. In the sum of mylour information as contemplated under the *Data Privacy Act of 2012 (R.A. In the sum of mylour information as contemplated under the *Data Privacy Act of 2012 (R.A. In the sum of mylour information as contemplated under the *Data Privacy Act of 2012 (R.A. In the sum of mylour information as contemplated under the *Data Privacy Act of 2012 (R.A. In the sum of mylour information as contemplated under the *Data Privacy Act of 2012 (R.A. In the sum of mylour information as contemplated under the *Data Privacy Act of 2012 (R.A. In the sum of mylour information as contemplated under the *Data Privacy Act of 2012 (R.A. In the sum of mylour information as contemplated under the *Data Privacy Act of 2012 (R.A. In the sum of mylour information as contemplated under the *Data Privacy Act of 2012 (R.A. In the sum of mylour information as contemplated under the *Data Privacy Act of 2012 (R.A. In the sum of mylour information in the sum of mylou	604,000.00 142,000.00 462,000.00 462,000.00 45,500.00 0.00 45,500.00 de in good faith, verifind the regulations is No. 10173) for legitime	SUPPLEMENTARY 43 Commission 44 Profit Sharing 45 Fees Including Director's Fees 46 Taxable 13th Month Benefits 47 Hazard Pay 48 Overtime Pay 49 Others (Specify) 49A 49B 50 Total Taxable Compensation Income Sum of items 37 to 49B ed by me/us, and to the best of my/our knowledge and but and and lawful purposes. Date Signed Date Signed	0.00 462,000.00 Delief, is true and consent to the



Ruben Corral / Accounting Head

Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative) from only one employer in the Philippines for the calendar year; that taxes have have correctly withheld by my employer (tax due equals tax withheld); that the BIR Fo No. 1604C 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.

TEST 10 T. TEST 10
Employee Signature Over Printed Name



BIR Form No.

Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld

TEST 11 T. TEST 11
Employee Signature Over Printed Name

January 2018 (ENCS)

Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name

Fill in all applicable spaces. Mark all appropriate b	ooxes with an "X"	2 For the Period		
1 For the Year (YYYY)		From (MM/DD)	To (MM/DD) 12 15	
Part I - Employee Information		Part IV-B Details of Compensation Income &	,	
3 TIN 341 - 424 - 233	- 000	A. NON-TAXABLE/EXEMPT	A	
4 Employee's Name (Last Name, First Name, Middle Na TEST 11, TEST 11 TEST 11	5 RDO Code	COMPENSATION INCOME 27 Basic Salary (including the exempt P250,000 & below) Statutory	Amount 0.00	
6 Registered Address	6A Zip Code	Minimum Wage Earner (MWE) 28 Holiday Pay (MWE)	0.00	
POBLACION, AGONCILLO, BATANGAS	_	, ,		
6B Local Home Address	6C Zip Code	29 Overtime Pay (MWE) 30 Night Shift Differential (MWE)	0.00	
6D Foreign Address		31 Hazard Pay (MWE)	0.00	
7 Date of Birth (MM/DD/VVVV)	make a	32 13th Month Pay and Other Benefits		
7 Date of Birth (MM/DD/YYYY) 8 Contact Null 06 13 1979	inber	(maximum of P90,000)	354,583.33	
9 Statutory Minimum Wage rate per day	0.00	33 De Minimis Benefits	0.00	
10 Statutory Minimum Wage rate per month	0.00	34 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	19,800.00	
Minimum Wage Earner whose compensation is exempt from		35 Salaries & Other Forms of Compensation	0.00	
withholding tax and not subject to income tax Part II - Employer Information (Present)		36 Total Non-Taxable/Exempt Comp. Income (Sum of items 27 to 35)	374,383.33	
12 TIN 123 - 456 - 789 - 000		B. TAXABLE COMPENSATION INCOME REG	SUI AR	
13 Employer's Name		B. TAABLE COM ENGATION INCOME NEC		
For Demo Only		37 Basic Salary	785,200.00	
14 Registered Address Kaypian, San Jose Del Month City	14A Zip Code 3023	38 Representation		
15 Type of Employer V	_	39 Transportation		
15 Type of Employer X Main Employer Secondary Employer		40 Cost of Living Allowance (COLA)		
Part III - Employer Information (Previous)		41 Fixed Housing Allowance		
16 TIN		42 Others (Specify)	0.00	
17 Employer's Name		42B	0.00	
18 Registered Address	18A Zip Code	SUPPLEMENTARY		
To registered Address	TOA ZIP GOGC	43 Commission		
Part IVA - Summary		44 Profit Sharing		
19 Gross Compensation Income from Present Employer (Sum of items 36 and 50)	1,159,583.33	45 Fees Including Director's Fees		
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36	374,383.33	46 Taxable 13th Month Benefits	0.00	
21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50)	785,200.00			
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	47 Hazard Pay		
23 Gross Taxable Compensation Income (Sum of items 21 and 22)	785,200.00	48 Overtime Pay		
24 Tax Due	126,300.00	49 Others (Specify) 49A		
Amount of Taxes Withheld 25 25A Present Employer	126,300.00	49B		
25B Previous Employer	0.00	50 Total Taxable Compensation Income		
26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B)	126,300.00	Sum of items 37 to 49B	785,200.00	
I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the of my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.				
51 Pulsan Coursel / Accounting Hood	•	Date Signed		
Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Print CONFORME:	ed Name	Date Signed		
52 TEST 11 T. TEST 11 CTC/Valid ID No. Employee Signature Over Printed Name	-	Date Signed	Amount Paid. if CTC	
of Employee Place of Issue				
To I declare, under the penalties of periury, that the information herein sta	•	I declare, under the penalties of perjury that I a	m qualified under substituted filing o	
under BIR Form No. 1604C which has been filed with the Bureau of Interna		Income Tax Returns(BIR Form No. 1700), since I re from only one employer in the Philippines for th	eceived purely compensation inco e calendar year; that taxes have	
Buhan Carrel / Associating Uses	d	have correctly withheld by my employer (tax due ed No. 1604C filed by my employer to the BIR shall of and that BIR Form No. 2316 shall serve the same i	constitute as my income tax return purpose as if BIR Form No. 1700	
53 Ruben Corral / Accounting Head		had been filed pursuant to the provisions of RR No		



BIR Form No. January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld



Fill in all applicable spaces. Mark all appr	opriate boxes with an "X"		
1 For the Year (YYYY)		From (MM/DD) 2 For the Period 61 01	To (MM/DD) 12 15
Part I - Employee Inforn	nation	Part IV-B Details of Compensation Income &	,
3 TIN 453 - 546	- 546 - 000	A. NON-TAXABLE/EXEMPT	
4 Employee's Name (Last Name, First Name, Middle	Na 5 RDO Code	COMPENSATION INCOME 27 Basic Salary (including the exempt	Amount
TEST 12, TEST 12 TEST 12	0.7.0	P250,000 & below) Statutory Minimum Wage Earner (MWE)	0.00
6 Registered Address NEW CULAYLAYAN, LINAPACAN, PALAWAN	6A Zip Code	28 Holiday Pay (MWE)	0.00
6B Local Home Address	6C Zip Code	29 Overtime Pay (MWE)	0.00
		30 Night Shift Differential (MWE)	0.00
6D Foreign Address		31 Hazard Pay (MWE)	0.00
7 Date of Birth (MM/DD/YYYY) 8 C	ontact Number	32 13th Month Pay and Other Benefits	287,500.00
06 16 1970		(maximum of P90,000) 33 De Minimis Benefits	0.00
9 Statutory Minimum Wage rate per day	0.00		
10 Statutory Minimum Wage rate per month	0.00	Contributions, & Union Dues	19,800.00
Minimum Wage Earner whose compensation is exempt from		35 Salaries & Other Forms of Compensation	0.00
withholding tax and not subject to income tax		36 Total Non-Taxable/Exempt Comp. Income (Sum of items 27 to 35)	307,300.00
Part II - Employer Information (Present)		moomo (oum or nomo Er to oo)	237,000.00
12 TIN 123 - 456 - 13 Employer's Name	789 - 000	B. TAXABLE COMPENSATION INCOME REG	GULAR
For Demo Only		37 Basic Salary	670,200.00
14 Registered Address	14A Zip Code	38 Representation	
Kaypian, San Jose Del Month City	3023	39 Transportation	
15 Type of Employer X Main Employer	Secondary Employer	40 Cost of Living Allowance (COLA)	
Part III - Employer Information	(Previous)	41 Fixed Housing Allowance	
16 TIN	Ĺ	42 Others (Specify)	
17 Employer's Name		42A	3,500.00
		42B	
18 Registered Address	18A Zip Code	SUPPLEMENTARY	
		43 Commission	
Part IVA - Summary		44 Profit Sharing	
19 Gross Compensation Income from Present	981,000.00	45 Fees Including Director's Fees	
Employer (Sum of items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation	307,300.00		
Income from Present Employer (From item 36 21 Taxable Compensation Income from Present	673,700.00	46 Taxable 13th Month Benefits	0.00
Employer (Item 19 Less item 20) (From item 50) Add: Taxable Compensation Income from	0.00	47 Hamand Day	
Previous Employer, if applicable Gross Tayable Compensation Income			
(Sum of items 21 and 22)	673,700.00	10.011(0	
24 Tax Due Amount of Taxes Withheld	98,425.00	49A	
25 25A Present Employer	98,425.00	49B	
25B Previous Employer 26 Total Amount of Taxes Withheld as adjusted	0.00	50 Total Taxable Compensation Income	673,700.00
(Sum of items 25A and 25B)	98,425.00	Cam of items of to 40B	
I/We declare, under the penalties of perjury, that this certification of the National Internal Revenue County of my/our information as contemplated under the * Data Privacy	de, as amended, and the regulations is	sued under authority thereof. Further, I/we give my/our of	
51		Date Signed	
Ruben Corral / Accounti Present Employer/ Authorized Agent Signatur	ng Head e Over Printed Name	Date Signed	
CONFORME: TEST 12 T. TEST 7		,	Amount Paid. if CTC
CTC/Valid ID No. Employee Signature Over P of Employee Place of Issu		Date Signed	
	To be accomplished u		
I declare, under the penalties of periury, that the information under BIR Form No. 1604C which has been filed with the Burea		I declare, under the penalties of periury that I ar Income Tax Returns (BIR Form No. 1700), since I re from only one employer in the Philippines for th	eceived purely compensation inco

Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative) have correctly withheld by my employer (tax due equals tax withheld);that the BIR Fo No. 1604C 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.

TEST 12 T. TEST 12
Employee Signature Over Printed Name



BIR Form No.

January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld



TEST 14 T. TEST 14
Employee Signature Over Printed Name

Fill in all applicable spaces. Mark all approp	oriate boxes with an "X"	Lo Fully Build	
1 For the Year (YYYY)		From (MM/DD) 01 01	To (MM/DD) 12 15
Part I - Employee Information		Part IV-B Details of Compensation Income &	Tax Withheld from Present Employer
3 TIN 343 - 243 -	242 - 000	A. NON-TAXABLE/EXEMPT	Amount
4 Employee's Name (Last Name, First Name, Middle Na	5 RDO Code	COMPENSATION INCOME 27 Basic Salary (including the exempt	
TEST 14, TEST 14 TEST 14		P250,000 & below) Statutory Minimum Wage Earner (MWE)	0.00
6 Registered Address SALVACION, LINGIG, SURIGAO DEL SUR	6A Zip Code	28 Holiday Pay (MWE)	0.00
6B Local Home Address	6C Zip Code	29 Overtime Pay (MWE)	0.00
		30 Night Shift Differential (MWE)	0.00
6D Foreign Address		31 Hazard Pay (MWE)	0.00
7 Date of Birth (MM/DD/YYYY) 8 Con	tact Number	32 13th Month Pay and Other Benefits	474,375.00
02 01 2000		(maximum of P90,000)	
9 Statutory Minimum Wage rate per day	0.00	- 33 De Minimis Benefits	0.00
		34 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues	19,800.00
10 Statutory Minimum Wage rate per month	0.00	(Employee share only) 35 Salaries & Other Forms of	0.00
Minimum Wage Earner whose compensation is exempt from		Compensation	0.00
withholding tax and not subject to income tax Part II - Employer Information (36 Total Non-Taxable/Exempt Comp. Income (Sum of items 27 to 35)	494,175.00
12 TIN 123 - 456 - 789 - 000			
13 Employer's Name		B. TAXABLE COMPENSATION INCOME REG	ULAR
For Demo Only		37 Basic Salary	842,700.00
14 Registered Address	14A Zip Code	38 Representation	
Kaypian, San Jose Del Month City	3023	39 Transportation	
15 Type of Employer X Main Employer	Secondary Employer	40 Cost of Living Allowance (COLA)	
Part III - Employer Information (F	Previous)	41 Fixed Housing Allowance	
16 TIN		42 Others (Specify)	
17 Employer's Name		42A	0.00
		42B	
18 Registered Address	18A Zip Code	SUPPLEMENTARY	
		43 Commission	
Part IVA - Summary		44 Profit Sharing	
19 Gross Compensation Income from Present	1,336,875.00	45 Fees Including Director's Fees	
Employer (Sum of items 36 and 50) Less: Total Non-Taxable/Exempt Compensation	494,175.00		
Income from Present Employer (From item 36 1 Taxable Compensation Income from Present	842,700.00	46 Taxable 13th Month Benefits	0.00
Employer (Item 19 Less item 20) (From item 50) Add: Taxable Compensation Income from		47 Hazard Pay	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 23 Gross Taxable Compensation Income	0.00	ŕ	
(Sum of items 21 and 22)	842,700.00	48 Overtime Pay	
24 Tax Due Amount of Taxes Withheld	142,810.00	49 Others (Specify) 49A	
25 25A Present Employer	142,810.00	49B	
25B Previous Employer	0.00	50 Total Taxable Compensation Income	
Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B)	142,810.00	· ·	842,700.00
	142,610.00	Sum of items 37 to 49B	
I/We declare, under the penalties of perjury, that this certificate pursuant to the provisions of the National Internal Revenue Code, of my/our information as contemplated under the * Data Privacy Art	e has been made in good faith, verif as amended, and the regulations is:	ied by me/us, and to the best of my/our knowledge and but the best of my/our knowledge and but the sued under authority thereof. Further, I/we give my/our c	
	e has been made in good faith, verif as amended, and the regulations is:	ied by me/us, and to the best of my/our knowledge and but the best of my/our knowledge and but the sued under authority thereof. Further, I/we give my/our c	
pursuant to the provisions of the National Internal Revenue Code, of my/our information as contemplated under the *Data Privacy Ac 51 Ruben Corral / Accounting	e has been made in good faith, verif as amended, and the regulations is: tt of 2012 (R.A. No. 10173) for legitii	ied by me/us, and to the best of my/our knowledge and is sued under authority thereof. Further, I/we give my/our comate and lawful purposes. Date Signed	
pursuant to the provisions of the National Internal Revenue Code, of my/our information as contemplated under the *Data Privacy Act Ruben Corral / Accounting Present Employer/ Authorized Agent Signature Conforme:	e has been made in good faith, verif as amended, and the regulations is: at of 2012 (R.A. No. 10173) for legiting the Head	ied by me/us, and to the best of my/our knowledge and bested under authority thereof. Further, I/we give my/our content and lawful purposes.	
pursuant to the provisions of the National Internal Revenue Code, of my/our information as contemplated under the *Data Privacy Act Ruben Corral / Accounting	e has been made in good faith, verif as amended, and the regulations is at of 2012 (R.A. No. 10173) for legitin the the thick of the th	ied by me/us, and to the best of my/our knowledge and is sued under authority thereof. Further, I/we give my/our comate and lawful purposes. Date Signed	onsent to the
pursuant to the provisions of the National Internal Revenue Code, of my/our information as contemplated under the *Data Privacy Act Ruben Corral / Accounting	e has been made in good faith, verif as amended, and the regulations iss et of 2012 (R.A. No. 10173) for legiting I Head Over Printed Name	ied by me/us, and to the best of my/our knowledge and I sued under authority thereof. Further, I/we give my/our comate and lawful purposes. Date Signed Date Signed Date Signed	onsent to the
pursuant to the provisions of the National Internal Revenue Code, of my/our information as contemplated under the *Data Privacy Act The state of the National Internal Revenue Code, of my/our information as contemplated under the *Data Privacy Act Ruben Corral / Accounting Present Employer/ Authorized Agent Signature Construction TEST 14 T. TEST 14 CTC/Valid ID No. Employee Signature Over Print of Employee Place of Issue	e has been made in good faith, verif as amended, and the regulations iss et of 2012 (R.A. No. 10173) for legiting I Head Over Printed Name To be accomplished underein stated are reporte	ied by me/us, and to the best of my/our knowledge and I sued under authority thereof. Further, I/we give my/our conate and lawful purposes. Date Signed Date Signed Date Signed Date Signed I declare under the penalties of periury that I and the substituted filing	Amount Paid. if CTC
pursuant to the provisions of the National Internal Revenue Code, of my/our information as contemplated under the *Data Privacy Action of Employee Ruben Corral / Accounting Ruben Corral / Accounting	e has been made in good faith, verif as amended, and the regulations iss et of 2012 (R.A. No. 10173) for legiting I Head Over Printed Name To be accomplished underein stated are reporte	ied by me/us, and to the best of my/our knowledge and I sued under authority thereof. Further, I/we give my/our content and lawful purposes. Date Signed Date Signed Date Signed Date Signed I declare, under the penalties of periury that I an Income Tax Returns (BIR Form No. 1700), since I refrom only one employer in the Philippines for the have correctly withheld by my employer (tax due equal to the penalties of the have correctly withheld by my employer (tax due equal to the penalties of the have correctly withheld by my employer (tax due equal to the penalties of the have correctly withheld by my employer (tax due equal to the penalties of the have correctly withheld by my employer (tax due equal to the penalties of the p	Amount Paid. if CTC In qualified under substituted filing o ceived purely compensation inco calendar year; that taxes have uals tax withheld);that the BIR Fo
pursuant to the provisions of the National Internal Revenue Code, of my/our information as contemplated under the *Data Privacy Act Ruben Corral / Accounting	e has been made in good faith, verif as amended, and the regulations is at of 2012 (R.A. No. 10173) for legiting the factor of 2012 (R.A. No. 10173) for legiting the factor of 2012 (R.A. No. 10173) for legiting the factor of 10173 (R.A. No. 10173	Date Signed	Amount Paid. if CTC In qualified under substituted filing o ceived purely compensation inco e calendar year; that taxes have uals tax withheld);that the BIR Fo constitute as my income tax return purpose as if BIR Form No. 1700

Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name