



Application for Registration

For Individuals Earning Purely Compensation Income, and Non-Resident Citizens / Resident Alien Employee

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New TIN to be issued, if applicable (to be filled up by BIR)

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

1 Taxpayer Type <input checked="" type="checkbox"/> Local Employee <input type="checkbox"/> Resident Alien Employee	2 Date of Registration 12/10/2018	3 RDO Code 047
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Part I Taxpayer / Employee Information

4 TIN (For Taxpayer w/ existing TIN)	5 Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	6 Citizenship FILIPINO
7 Taxpayer's Name CALLENO, EMMARIE JOY VASQUEZ	8 Date of Birth 04/02/1998	
9 Local Residence Address INAYAWAN CEBU CITY, CEBU	10 Telephone No.	11 Zip Code 9000
12 Municipality Code		
13 Foreign Residence Address		
14 Tax Type Income Tax	Form Type <input checked="" type="checkbox"/> BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee)	ATC 1011

Part II Personal Exemptions

15 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Legally separated <input checked="" type="checkbox"/> with qualified dependent child/ren	<input type="checkbox"/> Widow/Widower <input type="checkbox"/> Married <input type="checkbox"/> without qualified dependent child/ren	16 Employment Status of Spouse: <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Locally <input type="checkbox"/> Employed Abroad <input type="checkbox"/> Engaged in Business/Practice of Profession
17 Claims for Additional Exemptions/Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000 per annum <input type="checkbox"/> Husband claims additional exemption and any premium deduction <input type="checkbox"/> Wife claims additional exemption and any premium deduction		
18 Spouse Information (Attach Waiver of Husband)		
18A Spouse Taxpayer Identification Number	18B Spouse Name	
18C Spouse Employer's Taxpayer Identification Number	18D Spouse Employer's Name	

Part III Additional Exemptions

19 Names of Qualified Dependent Child/ren (refers to a legitimate, illegitimate, or legally adopted child chiefly dependent upon & living with the taxpayer; not more than 21 years of age, unmarried, and not gainfully employed; or regardless of age, is incapable of self-support due to mental or physical defect).

Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Mark if Mentally / Physically Incapacitated
19A Calleno	19B Ace Leal	19C NA	19D 02/11/2018	19E <input type="checkbox"/>
20A	20B	20C	20D	20E <input type="checkbox"/>
21A	21B	21C	21D	21E <input type="checkbox"/>
22A	22B	22C	22D	22E <input type="checkbox"/>

Part IV For Employee With Two or More Employers (Multiple Employments) Within the Calendar Year

23 Type of multiple employments
 Successive employments (With previous employer(s) within the calendar year)
 Concurrent employments (With two or more employers at the same time within the calendar year)
[If successive, enter previous employer(s); if concurrent, enter secondary employer(s)]

Previous and Concurrent Employments During the Calendar Year

TIN	Name of Employer/s

24 Declaration

I declare, under the penalties of perjury, that this form has been made in good faith, verified by me and to the best of my 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.

TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT
(Signature over printed name)

Part V Employer Information

25 Type of Registered Office <input checked="" type="checkbox"/> HEAD OFFICE <input type="checkbox"/> BRANCH OFFICE	26 Taxpayer Identification Number 205394448	27 RDO Code (To be filled up by BIR) 126
28 Employer's Name (Last Name, First Name, Middle Name, if Individual/ Registered Name, if Non-Individual) TPPH-FHCS, INC.		
29 Employer's Business Address PEOPLESUPPORT CTR AYALA AVE CO SAN LORENZO NCR, FOURTH DISTRICT CITY OF MAKATI		
30 Zip Code 1223	31 Municipality Code (To be filled up by the BIR)	33 Effectivity Date (Date when Exemption Information is applied) 12/10/2018
32 Telephone Number 8858000	34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information) 12/10/2018	

35 Declaration

I declare, under the penalties of perjury, that this form has been made in good faith, verified by me and to the best of my 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.

EMPLOYER / AUTHORIZED AGENT (Signature over printed Name)	Title / Position of Signatory	Stamp of BIR Receiving Office and Date of Receipt
		Attachments Complete? (To be filled up by BIR) <input type="checkbox"/> Yes <input type="checkbox"/> No



1 For the Year (YYYY) **2 0 1 8** 2 For the Period From **1 2 1 1** (MM/DD) To **1 2 3 1** (MM/DD)

Part I Employee Information

3 Taxpayer Identification No. **3 5 3 0 4 5 6 6 3 0 0 0**

4 Employee's Name (Last Name, First Name, Middle Name) **Calleno, Emmarie Joy Vasquez.** 5 RDO Code

6 Registered Address 6A Zip Code

6B Local Home Address 6C Zip Code
Sitio Lower Sto. Niño, Inayawan, Cebu, Cebu

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) **0 4 0 2** 8 Telephone Number **1 9 9 8**

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

12 Statutory Minimum Wage Rate Per Day 12
13 Statutory Minimum Wage Rate Per Month 13

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. **2 0 5 3 9 4 4 4 8 0 0 0**

16 Employer's Name **TPPH FHCS, Inc.**

17 Registered Address 17A Zip Code
Teleperformance Bldg. Ayala cor. Sen. Gil Puyat Ave. Makati

main employer secondary employer

Part III Employer Information (Previous)-1

18 Taxpayer Identification No.

19 Employer's Name

20 Registered Address 20A Zip Code

Part IV-A Summary

21 Taxable Compensation Income from Present Employer (Item 41 + Item 55) 21 **15,019.91**

22 Less: Total Non-Taxable / Exempt (Item 41) 22 **1,588.37**

23 Taxable Compensation Income From Present Employer (Item 55) 23 **13,431.54**

24 Add: Taxable Compensation Income From Previous Employer 24

25 Gross Taxable Compensation Income 25 **13,431.54**

26 Less: Total Exemptions 26 **0.00**

27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable) 27

28 Net Taxable Compensation Income 28 **13,431.54**

29 Tax Due 29 **0.00**

30 Amount of Taxes Withheld

30A Present Employer 30A **0.00**

30B Previous Employer 30B **0.00**

31 Total Amount of Taxes Withheld As Adjusted 31 **0.00**

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 Minimumwage Earner (MWE)	32 0.00
33 Holiday Pay (MWE)	33 0.00
34 Overtime Pay (MWE)	34 0.00
35 Night Shift Differential (MWE)	35 0.00
36 Hazard Pay (MWE)	36 0.00
37 13th Month Pay and Other Benefits	37 0.00
38 De Minimis Benefits	38 802.87
39 SSS, GSIS, PHIC & Pag-Ibig Contributions & Union Dues (Employee Share Only)	39 785.50
40 Salaries & Other Forms of Compensation	40 0.00
41 Total Non -Taxable / Exempt Compensation Income	41 1,588.37
B. Taxable Compensation Income Regular	
42 Basic Salary	42 9,432.89
43 Representation	43 0.00
44 Transportation	44 0.00
45 Cost of Living Allowance	45 0.00
46 Fixed Housing Allowance	0.00
47 Others (Specify)	
47A Allowances and Adjustmen	47A 1,021.84
47B	47B 0.00

SUPPLEMENTARY

48 Commission **0.00**

49 Profit Sharing **0.00**

50 Fees Incl. Director's Fees **0.00**

51 Taxable 13th Month Pay and Other Benefits **0.00**

52 Hazard Pay **0.00**

53 Overtime Pay **1,287.36**

54 Others (Specify)

54A Leaves **0.00**

54B Night Differential **1,689.45**

55 Total Taxable Compensation Income **13,431.54**

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.

Present Employer/ Authorized Agent Signature Over Printed Name **Emmarie M. Aragon** Date Signed

CONFORME: **EJ.** Calleno, Emmarie Joy Vasquez. Date Signed

CTC No. of Employee **EJ.** Employee Signature Over Printed Name Date of Issue Amount Paid

To be accomplished under substitute filing

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

Present Employer/ Authorized Agent Signature Over Printed Name

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 in the Phils for the calendar year; that taxes have been correctly withheld by my employer (tax due 1700 had been filed pursuant to the provisions of RR 3-2002, as amended.

Calleno, Emmarie Joy Vasquez.