



# 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)

2 For the Period From (MM/DD)  To (MM/DD)

### 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 Childrer  11 Date of Birth (MM/DD/YYYY)

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

Amount	
<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
32 Basic Salary/ Statutory Minimum Wage Minimum Wage 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
37 13th Month Pay and Other Benefits	37 0.00
38 De Minimis Benefits	38 0.00
39 SSS, GSIS, Phil-IC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 675.93
40 Salaries & Other Forms of Compensation	40 0.00
41 Total Non-Taxable/Exempt Compensation Income	41 675.93

### Part II Employer Information (Present)

15 Taxpayer Identification No.

16 Employer's Name

17 Registered Address  17A Zip Code

Main Employer  Secondary Employer

### B. TAXABLE COMPENSATION INCOME REGULAR

42 Basic Salary	42 9,158.59
43 Representation	43
44 Transportation	44 0.00
45 Cost of Living Allowance	45
46 Fixed Housing Allowance	46 0.00
47 Others (Specify)	47
47A Other Taxable	47A 0.00
47B	47B

### Part III Employer Information (Previous)

18 Taxpayer Identification No.

19 Employer's Name

20 Registered Address  20A Zip Code

### SUPPLEMENTARY

48 Commission	48
49 Profit Sharing	49 0.00
50 Fees Including Director's Fees	50 0.00
51 Taxable 13th Month Pay and Other Benefits	51 0.00
52 Hazard Pay	52 0.00
53 Overtime Pay	53 1,544.51
54 Others (Specify)	54
54A	54A
54B	54B
55 Total Taxable Compensation Income	55 10,703.10

### Part IV-A Summary

21 Gross Compensation Income from Present Employer (Item 41 plus item 55)	21 11,379.03
22 Less: Total Non-Taxable/Exempt (Item 41)	22 675.93
23 Taxable Compensation Income from Present Employer (Item 55)	23 10,703.10
24 Add: Taxable Compensation Income from Previous Employer	24 0.00
25 Gross Taxable Compensation Income	25 10,703.10
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 0.00
29 Tax Due	29 0.00
30 Amount of Taxes Withheld	30
30A Present Employer	30A 0.00
30B Previous Employer	30B
31 Total Amount of Taxes As adjusted	31 0.00

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.