



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) **2009**

2 For the Period: From (MM/DD) **0101** To: (MM/DD) **1231**

Part I Employee Information

3 Taxpayer Identification No. **252-871-371**

4 Employee's Name (Last Name, First Name, Middle Name) **GANTUANGCO, MONALIZA, COMETA**

6 Registered Address **91 F. LLAMAS ST. PUNTA PRINCESSA**

6B Local Home Address **LABANGON CEBU**

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **08 26 1986**

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

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. **215-398-626**

16 Employer's Name **DIGTEL MOBILE PHLS., INC.**

17 Registered Address **11/F GALLERIA CORPORATE CTR, EDSA COR ORTIG**

Main Employer Secondary Employer

Part III Employer Information (Previous)

18 Taxpayer Identification No.

19 Employer's Name

20 Registered Address

Part IV-A Summary

21	Gross Compensation Income from Present Employer (Item 41 plus Item 55)	19,079.94
22	Less: Total Non-Taxable/Exempt (Item 41)	725.00
23	Taxable Compensation Income from Present Employer (Item 55)	18,354.94
24	Add: Taxable Compensation Income from Previous Employer	0.00
25	Gross Taxable Compensation Income	18,354.94
26	Less: Total Exemptions	50,000.00
27	Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	0.00
28	Net Taxable Compensation Income	(31,645.06)
29	Tax Due	0.00
30	Amount of Taxes Withheld	
30A	Present Employer	0.00
30B	Previous Employer	0.00
31	Total Amount of Taxes Withheld As adjusted	0.00

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

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	0.00
37	13th Month Pay and Other Benefits	37	0.00
38	De Minimis Benefits	38	0.00
39	SSS, GSIS, PHIC & Pag-Ibig Contributions, & Union Dues (Employee share only)	39	725.00
40	Salaries & Other Forms of Compensation	40	0.00
41	Total Non-Taxable/Exempt Compensation Income	41	725.00

B. TAXABLE COMPENSATION INCOME REGULAR

42	Basic Salary	42	18,354.94
43	Representation	43	0.00
44	Transportation	44	0.00
45	Cost of Living Allowance	45	0.00
46	Fixed Housing Allowance	46	0.00
47	Others (Specify)	47	
47A		47A	
47B		47B	

SUPPLEMENTARY

48	Commission	48	0.00
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	0.00
54	Others (Specify)	54	
54A		54A	
54B		54B	
55	Total Taxable Compensation Income	55	18,354.94

TEL. NO. 433-42 31 10 15

AYO PRODUCTION UNIT, INC.

We declare, under the penalty 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 Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed