

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"

For the Year
(YYYY)

2018

1/1

Part I Employee Information

3 Taxpayer Identification No. **319-303-302**

4 Employee's Name (Last Name, First Name, Middle Name) **Mamac, Joan Acero** **1 2 3**

5 Date of Birth (MM/DD/YYYY) **02/20/1996**

6 Address **Bldg. 8 Lot 28 Vel Pal Phase 1 Pakigne, Minglanilla, Cebu**

7 Telephone Number

8 Marital Status
 Single
 Married
 Widowed
 Divorced
 Other

9 Name of Dependent Children

10 Date of Birth (MM/DD/YYYY)

11 Statutory Minimum Wage rate per day

12 Statutory Minimum Wage rate per month

13 Minimum Wage Earned (Compensation exempt from credit withholding and regular wage income tax)

Part II Employer Information (Present)

14 Taxpayer Identification No. **006-648-340-000**

15 Name **EPERFORMAX CONTACT CENTERS (CEBU) CORP.**

16 Address **JY SQUARE IT CENTER 1 & 3 SALINAS DRIVE, LAHUG, CEBU CITY**

17 Zip Code **6000**

18

Part III Employer Information (Previous)

19 Taxpayer Identification No.

20 Employer Name

21 Address

22 Zip Code

Part IV-A Summary

23 Compensation	5,646.44
24 Taxable Compensation	2,245.11
25 Total Compensation	3,401.33
26	-
27	3,401.33
28	-
29	-
30	3,401.33
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