



**Certificate of Compensation  
Payment/Tax Withheld**

1 For the Year (YYYY) 2018

2 For the Period From 0101 (MM/DD) To 0201 (MM/DD)

**Part I Employee Information**

3 Taxpayer Identification No. 317624282000

4 Employee's Name (Last Name, First Name, Middle Name) Tabla, Karen Delegado 5 RDO Code

6 Registered Address Brgy. Pasil, Cebu City, PH, 6000 6A Zip Code

6B Local Home Address Brgy. Pasil, Cebu City, PH, 6000 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 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. 205394448000

16 Employer's Name TPPH FHCS, Inc.

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

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	32,272.40
22 Less: Total Non-Taxable / Exempt (Item 41)	22	6,631.93
23 Taxable Compensation Income From Present Employer (Item 55)	23	25,640.47
24 Add: Taxable Compensation Income From Previous Employer	24	
25 Gross Taxable Compensation Income	25	25,640.47
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	-24,359.53
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
<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 0.00
37 13th Month Pay and Other Benefits	37 2,125.00
38 De Minimis Benefits	38 1,100.00
39 SSS, GSIS, PHIC & Pag-Ibig Contributions & Union Dues (Employee Share Only)	39 1,031.93
40 Salaries & Other Forms of Compensation	40 2,375.00
41 Total Non -Taxable / Exempt Compensation Income	41 6,631.93
<b>B. Taxable Compensation Income Regular</b>	
42 Basic Salary	42 24,468.07
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)	
47A Allowances and Adjustmen	47A 0.00
47B	47B 0.00
<b>SUPPLEMENTARY</b>	
48 Commission	48 0.00
49 Profit Sharing	49 0.00
50 Fees Incl. 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 1,172.40
54 Others (Specify)	
54A Leaves	54A 0.00
54B Night Differential	54B 0.00
55 Total Taxable Compensation Income	55 25,640.47

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  
Tabla, Karen Delegado  
CONFORME:

CTC No. \_\_\_\_\_ Employee Signature Over Printed Name \_\_\_\_\_  
of Employee \_\_\_\_\_ Place of Issue \_\_\_\_\_

Date Signed \_\_\_\_\_  
Date Signed \_\_\_\_\_  
Date of Issue \_\_\_\_\_ Amount Paid \_\_\_\_\_

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.

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 Philippines for the calendar year that report hereon.