



Certificate of Compensation Payment/Tax Withheld



For Compensation Payment With or Without Tax Withheld
2018 021819C3

1 For the Year (YYYY) **2 0 2 4** 2 For the Period From (YYYY) **0 3 1 8** To (YYYY) **0 8 3 0**

Part I - Employee Information

3 TIN **6 0 1 - 3 6 8 - 7 2 4 - 0 0 0 0**

4 Employer's Name (Last Name, First Name, Middle Name) **Nunez, Trisha Kriselle, Erosa** 5 RDO Code **0 0 0**

6 Registered Address (Street, City, State, Zip Code) **30-B Tomas Abella St. 6 0 0 0**

7 Date of Birth (MM/DD/YYYY) **0 9 2 5 2 0 0 2** 8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

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

4. NON-TAXABLE/EXEMPT COMPENSATION INCOME

29 Basic Salary (including the exempt P250,000 below or the Statutory Minimum Wage of the MWE)

30 Holiday Pay (MWE)

31 Overtime Pay (MWE)

32 Night Shift Differential (MWE)

33 Hazard Pay (MWE)

34 13th Month Pay and Other Benefits (Maximum of 100%)

35 De Minimis Benefits

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)

37 Salaries and Other Forms of Compensation

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)

6. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary

40 Representation

41 Transportation

42 Cost of Living Allowance (COLA)

43 Fixed Housing Allowance

44 Other (Specify)

44A

44B

SUPPLEMENTARY

45 Commission

46 Profit Sharing

47 Fees Including Director's Fees

48 Taxable 13th Month Benefits

49 Hazard Pay

50 Overtime Pay

51 Other (Specify)

51A **OTHER TAXABLE INCOME**

51B

52 Total Taxable Compensation Income (Sum of Items 39 to 51B)

Part II - Employer Information (Present)

12 TIN **2 0 5 - 3 6 6 - 9 2 1 - 0 0 0 0**

13 Employer's Name **CONCENTRIX CVG PHILIPPINES, INC.**

14 Registered Address (Street, City, State, Zip Code) **GF 14th to 25th Flr 6798 Ayal 1 2 2 6**

15 Type of Employer Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address (Street, City, State, Zip Code) **GF 14th to 25th Flr 6798 Ayal**

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 39 and 41) **143,373.75**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (Sum Item 38) **29,639.83**

21 Taxable Compensation Income from Present Employer (Item 19 less Item 20) (Sum Item 52) **113,733.93**

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **113,733.93**

24 Tax Due **0.00**

25 Amount of Taxes Withheld

25A Present Employer **0.00**

25B Previous Employer, if applicable **0.00**

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **0.00**

27 5% Tax Credit (PARRA Act of 2008)

28 Total Taxes Withheld (Sum of Items 26 and 27) **0.00**

53 **EDENREY RAMOS** Present Employer/Authorized Agent Signature over Printed Name Date Signed

54 **Nunez Trisha Kriselle Erosa** Employee Signature over Printed Name Date Signed

CIC/Valid ID No. of Employee _____ Date Issued _____

I declare, under the penalties of perjury that this certificate has been made in good faith, verified by means, and to the best of my/her knowledge and belief, true and correct, and will be the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/We give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (D.A. No. 10173) for legitimate and lawful purposes.

To be accomplished under substituted filing

I declare, under the penalties of perjury that I am a qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only a single employer in the Philippines. For the calendar year if my name has been correctly withheld by my employer (See also section on withholding) that the BIR Form No. 1000 of mine for the employer to the BIR should be filed. I am filing this income tax return, and this BIR Form No. 1000 of mine for the same purpose as BIR Form No. 1000, in accordance with the provisions of Section 260 of the Tax Code of 1961, as amended.

55 **EDENREY RAMOS** Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

56 **Nunez Trisha Kriselle Erosa** Employee Signature over Printed Name

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)