



Certificate of Compensation Payment/Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) 2017 2 For the Period From (MM/DD) 9/18 To (MM/DD) 12/31

Part I Employee Information **Part IV-B Details of Compensation Income and Tax Withheld from Present Employer**

3 Taxpayer Identification No. 101 - 234 - 256

4 Employee's Name (Last Name, First Name, Middle Name) Alcedera, Eunice Amor 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) 10/1/1994 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 (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 II Employer Information (Present)

15 Taxpayer Identification No. 205366-921-000

16 Employer's Name CONVERGYS PHILIPPINES INC.

17 Registered Address Basement, Ground, 4th to 9th Floors SLC Building, 6797 Ayal 17A Zip Code

Main Employer Secondary Employer

Part III Employer Information (Previous)

18 Taxpayer Identification No.

19 Employer's Name

20 Registered Address 20A Zip Code

Part IV-A Summary

21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21	<u>63,037.90</u>
22 Less: Total Non-Taxable/ Exempt (Item 4)	22	<u>14,499.75</u>
23 Taxable Compensation Income from Present Employer (Item 55)	23	<u>48,538.15</u>
24 Add: Taxable Compensation Income from Previous Employer	24	<u>0.00</u>
25 Gross Taxable Compensation Income	25	<u>48,538.15</u>
26 Less: Total Exemptions	26	<u>50,000.00</u>
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27	
28 Net Taxable Compensation Income	28	<u>0.00</u>
29 Tax Due	29	<u>0.00</u>
30 Amount of Taxes Withheld		
30A Present Employer	30A	<u>0.00</u>
30B Previous Employer	30B	<u>0.00</u>
31 Total Amount of Taxes Withheld As adjusted	31	<u>0.00</u>

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32	
33 Holiday Pay (MWE)	33	
34 Overtime Pay (MWE)	34	
35 Night Shift Differential (MWE)	35	
36 Hazard Pay (MWE)	36	
37 13th Month Pay and Other Benefits	37	<u>3,785.81</u>
38 De Minimis Benefits	38	<u>3,218.39</u>
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	<u>2,736.90</u>
40 Salaries & Other Forms of Compensation	40	<u>4,758.65</u>
41 Total Non-Taxable/Exempt Compensation Income	41	<u>14,499.75</u>

B. TAXABLE COMPENSATION INCOME REGULAR

42 Basic Salary	42	<u>37,785.24</u>
43 Representation	43	
44 Transportation	44	
45 Cost of Living Allowance	45	
46 Fixed Housing Allowance	46	
47 Others (Specify)		
47A	47A	
47B	47B	

SUPPLEMENTARY

48 Commission	48	
49 Profit Sharing	49	
50 Fees Including Director's Fees	50	
51 Taxable 13th Month Pay and Other Benefits	51	<u>10,752.91</u>
52 Hazard Pay	52	
53 Overtime Pay	53	
54 Others (Specify)		
54A	54A	<u>0.00</u>
54B	54B	
55 Total Taxable Compensation Income	55	<u>48,538.15</u>

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

56 Maricar Coronel
Present Employer/Authorized Agent Signature Over Printed Name Date Signed _____

CONFORME 57 Alcedera, Eunice Amor
Employee Signature Over Printed Name Date Signed _____

CTC No _____ of Employee Place of Issue _____ Date of issue _____ Amount Paid _____

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue

58 Maricar Coronel
Present Employer/Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

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 Phils for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld), that the BIR Form No. 1604CF filed by my employer to the BIR shall constitute as my income tax return and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 Alcedera, Eunice Amor
Employee Signature Over Printed Name