



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

July 2008 (ENCS)

In all applicable spaces, Mark all appropriate boxes with an "X"

2017 To (MM/DD)

Part I Employee Information

313 029 201 0000

5 HDO Code
CIANO, GIMELYN VALLEZER 081

6A 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) 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 IV-B Details of Compensation Income and Tax Withheld from Present Employer

	Amount
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 47,741.64
38 De Minimis Benefits	38 26,280.00
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 10,580.40
40 Salaries & Other Forms of Compensation	40 0.00
41 Total Non-Taxable/Exempt Compensation Income	41 84,602.04
B. TAXABLE COMPENSATION INCOME REGULAR	
42 Basic Salary	42 198,804.18
43 Representation	43
44 Transportation	44
45 Cost of Living Allowance	45
46 Fixed Housing Allowance	46
47 Others (Specify)	47
47A	47A 18,168.76
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 0.00
52 Hazard Pay	52
53 Overtime Pay	53
54 Others (Specify)	54
54A	54A
54B	54B
55 Total Taxable Compensation Income	55 216,972.94

Part II Employer Information (Present)

15 Taxpayer Identification No. 484 634 961 0000

16 Employer's Name
IPLOY INC

17 Registered Address 17A Zip Code
UNIT A&F 11/F MSY TOWER CEBU BUSINESS 6000

18 Taxpayer Identification No. 19 Employer's Name

20 Registered Address 20A Zip Code

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)	21 301,574.98
22 Less: Total Non-Taxable/Exempt (Item 41)	22 84,602.04
23 Taxable Compensation Income from Present Employer (Item 55)	23 216,972.94
24 Add: Taxable Compensation Income from Previous Employer	24
25 Gross Taxable Compensation Income	25 216,972.94
26 Less: Total Exemptions	26 75,000.00
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27 0.00
28 Net Taxable Compensation Income	28 141,972.94
29 Tax Due	29 22,993.24
30 Amount of Taxes Withheld	30
30A Present Employer	30A 22,993.24
30B Previous Employer	30B
31 Total Amount of Taxes Withheld As adjusted	31 22,993.24

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

42 Basic Salary	42 198,804.18
43 Representation	43
44 Transportation	44
45 Cost of Living Allowance	45
46 Fixed Housing Allowance	46
47 Others (Specify)	47
47A	47A 18,168.76
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 0.00
52 Hazard Pay	52
53 Overtime Pay	53
54 Others (Specify)	54
54A	54A
54B	54B
55 Total Taxable Compensation Income	55 216,972.94

We declare, under the penalties provided in the National Internal Revenue Code, as amended, and the regulations issued under authority thereof, 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.

[Signature]
JO HARRY M. MUELICIO

Date Signed 31 JAN 2018