



2024  
September 2021 (ENC-5)

**Certificate of Compensation Payment/Tax Withheld**  
For Compensation Payment With or Without Tax Withheld



2024-09-21 ENC-5

1 For the Year (YYYY) <b>2024</b>		2 For the Period From (MMDD) <b>01 01</b> To (MMDD) <b>12 31</b>	
Part I - Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 TIN <b>777 173 785 6000</b>		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employer's Name (Last Name, First Name, Middle Name) <b>MEDALLO, KIRSTIE CLAIRE</b>		5 RDO Code <b>123</b>	
6 Registered Address		29 Basic Salary (including the exempt P230,000.00 or the Statutory Minimum Wage of the MWE)	
7A Zip Code		30 Holiday Pay (MWE)	
8 Local Home Address		31 Overtime Pay (MWE)	
9C Zip Code		32 Night Shift Differential (MWE)	
10 Foreign Address		33 Hazard Pay (MWE)	
6E Zip Code		34 13th Month Pay and Other Benefits (maximum of P90,000)	
7 Date of Birth (MM/DD/YYYY)		35 De Minimis Benefits	
8 Telephone Number		36 SSS, GSIS, PhilC & PAG-IBIG Contributors and Union Dues (Employee share only)	
9 Statutory Minimum Wage rate per day <b>0.00</b>		37 Salaries and Other Forms of Compensation	
10 Statutory Minimum Wage rate per month <b>0.00</b>		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) <b>48,407.00</b>	
11 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		B. TAXABLE COMPENSATION INCOME REGULAR	
Part II - Employer Information (Present)		39 Basic Salary <b>171,754.59</b>	
12 Taxpayer <b>000 561 427 0000</b>		40 Representation	
13 Employer's Name <b>PERPETUAL SUCCOUR HOSPITAL OF CEBU INC.</b>		41 Transportation	
14 Registered Address <b>GORDO AVENUE CAMPUTHAW CEBU CITY</b>		42 Cost of Living Allowance (COLA)	
15A Zip Code <b>6000</b>		43 Fixed Housing Allowance	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		44 Others (Specify)	
16 TIN		44A <b>108,000.00</b>	
17 Employer's Name		44B	
18 Registered Address		18A Zip Code	
18B Zip Code		SUPPLEMENTARY	
Part IVA - Summary		45 Commission	
19 Gross Compensation Income from Present Employer (Sum of Items 28 and 52) <b>328,161.68</b>		46 Profit Sharing	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <b>48,407.00</b>		47 Fees including Director's Fees	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 53) <b>279,754.59</b>		48 Taxable 13th Month Pay Benefits <b>0.00</b>	
22 Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b>		49 Hazard Pay	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>279,754.59</b>		50 Overtime Pay	
24 Tax Due <b>4,463.19</b>		51 Others (Specify)	
25 Amount of Taxes Withheld		51A	
25A Present Employer <b>4,463.19</b>		51B	
25B Previous Employer <b>0.00</b>		52 Total Taxable Compensation Income (Sum of Items 23 to 51B) <b>279,754.59</b>	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <b>4,463.19</b>			
27 5% Tax Credit (PFRA Act of 2008) <b>0.00</b>			
28 Total Taxes Withheld (sum of items 26 and 27) <b>4,463.19</b>			
<p><small>Withholding taxes are the responsibility of the employer and the employee. The employer is responsible for withholding taxes and remitting them to the Bureau of Internal Revenue. The employee is responsible for reporting the taxes withheld on their income tax return. The Bureau of Internal Revenue is responsible for assessing and collecting taxes. The Bureau of Internal Revenue is not responsible for the accuracy of the information provided on this form. The Bureau of Internal Revenue is not responsible for the accuracy of the information provided on this form.</small></p>			
51 Present Employer's Authorized Agent Signature Over Printed Name <b>SR. BRENDA C. MONDARES, SPC</b>		Date Signed	
CONFORME: <b>KIRSTIE CLAIRE MEDALLO</b>		Date Signed <b>09/20/2024</b>	
Employee Signature Over Printed Name		Date of Issue	
CFC/Valid ID No. of Employee		Amount Paid, if CTC	
<b>To be accomplished under substituted filing</b>			
53 Present Employer's Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative) <b>SR. BRENDA C. MONDARES, SPC</b>		54 <b>KIRSTIE CLAIRE MEDALLO</b>	
I declare under the penalties of perjury that the information herein stated are reported under BIR Form No. 1054-C, which has 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. 1706) which I received during compensation income from only one employer in the Philippines for the calendar year that has been been properly withheld by my employer (as shown on my withholding certificate) that the BIR Form No. 1054-C filed by my employer is correct and true as my income tax return, and that BIR Form No. 2319 shall serve as my proof of payment of BIR Form No. 1706, and has been filed pursuant to the procedure in Revenue Memorandum Order (RMO) No. 3-2002, as amended.	