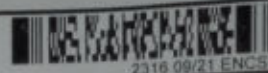


Certificate of Compensation Payment/Tax Withheld



For Compensation Payment With or Without Tax Withheld

1 For the Year (YYYY) **2025** 2 For the Period From (MM/DD) **01 01** To (MM/DD) **04 18**

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

3 TIN: 636 281 488 0000

4 Employee's Name (Last Name, First Name, Middle Name): **DE LOAG, RUBY LYN ALMORADO** 5 RDO Code: 081

6 Registered Address: 6A Zip Code: 6000

6B Local Home Address: 6C Zip Code: 6000
Juana Osmeña Extension San Isidro Cebu City

6D Foreign Address: 6E Zip Code:

7 Date of Birth (MM/DD/YYYY): 01 19 2000 8 Telephone Number:

9 Statutory Minimum Wage rate per day: 0.00

10 Statutory Minimum Wage rate per month: 0.00

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

Part II - Employer Information (Present)

12 Taxpayer: 466 491 968 0000

13 Employer's Name: **AZIPIRED INC**

14 Registered Address: 14A Zip Code: 6000
11TH FLOOR CEBU EXCHANGE BUILDING SALINAS

15 Type of Employer: Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN:

17 Employer's Name:

18 Registered Address: 18A Zip Code:

Part IV-A - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	96,383.44
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	36,655.64
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	59,727.80
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	59,727.80
24 Tax Due	0.00
25 Amount of Taxes Withheld	
25A Present Employer	0.00
25B Previous Employer	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00
27 5% Tax Credit (PERA Act of 2008)	0.00
28 Total Taxes Withheld (sum of items 26 and 27)	0.00

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

	Amount
29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	0.00
30 Holiday Pay (MWE)	0.00
31 Overtime Pay (MWE)	0.00
32 Night Shift Differential (MWE)	0.00
33 Hazard Pay (MWE)	0.00
34 13th Month Pay and Other Benefits (maximum of P90,000)	31,640.12
35 De Minimis Benefits	1,040.52
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	3,975.00
37 Salaries and Other Forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	36,655.64

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary	48,739.48
40 Representation	
41 Transportation	
42 Cost of Living Allowance (COLA)	
43 Fixed Housing Allowance	
44 Others (Specify)	
44A	
44B	

SUPPLEMENTARY

45 Commission	
46 Profit Sharing	
47 Fees including Director's Fees	
48 Taxable 13th Month Pay Benefits	
49 Hazard Pay	
50 Overtime Pay	4,207.60
51 Others (Specify)	
51A NIGHT DIFFERENTIAL	4,308.97
51B HOLIDAY PAY	2,471.75
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	59,727.80

I/we declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and to the best of my/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. Further, I/we give my/our consent to the processing of my/our information as contemplated under the Data Privacy Act of 2012 (RA No. 10173) for legitimate and lawful purposes.

51 **ALMIRA S. ABSIN**
Present Employer's Authorized Agent Signature Over Printed Name
Date Signed: 05 22 2025

CONFORME:

52 **RUBY LYN ALMORADO DE LOAG**
Employee Signature Over Printed Name
Date Signed: 05 27 2025

CTC/Vaid ID No. of Employee: 01284733
Place of Issue: Consolacion, Cebu
Date of Issue: 01 03 2025
Amount Paid, if CTC: 100.00

To be accomplished under substituted filing

53 **ALMIRA S. ABSIN**
Present Employer's Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

54 **RUBY LYN ALMORADO DE LOAG**
Employee Signature Over Printed Name

