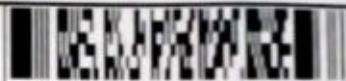




Certificate of Compensation Payment/Tax Withheld



2316

September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

2018 823/ENCS

1 For the Year (YYYY) **2 0 2 3**

2 For the Period From (MMDD) **1 2 0 4** To (MMDD) **1 2 3 1**

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

4 Employee's Name (Last Name, First Name, Middle Name) **RENIVA, ALBERT CLIMACOSA**

5 BDO Code

6 Registered Address **IBABAO SUN-OK LAPU-LAPU CEBU**

6A ZIP Code **6 0 1 5**

6B Local Phone Address

6C ZIP Code

6D Foreign Address

7 Date of Birth (MMDD/YYYY) **0 9 2 9 2 0 0 2**

8 Contact Number **0 9 9 9 9 1 6 8 1 9 2 5**

9 Statutory Minimum Wage rate per day ²

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

12 TIN **2 4 4 - 9 6 3 - 8 7 6 - 0 0 0**

13 Employer's Name **QUALFON PHILIPPINES, INC.**

14 Registered Address **Skyrte 3, Qualfon Bldg., IT Park, Apas, Cebu City**

14A ZIP Code **6 0 0 0**

15 Type of Employer Main Employer Secondary Employer

16 TIN

17 Employer's Name

18 Registered Address

18A ZIP Code

19 Gross Compensation Income from Present Employer (Sum of Items 29 and 52) **15,878.69**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) **1,780.61**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) **14,098.08**

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

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **14,098.08**

24 Tax Due **-**

25 Amount of Taxes Withheld

25A Present Employer **-**

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

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

27 5% Tax Credit (PERA Act of 2008) **-**

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

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

Item	Description	Amount
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 P90,000)	
35	De Minimis Benefits	868.11
36	SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	912.50
37	Salaries and Other Forms of Compensation	
38	Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	1,780.61

B. TAXABLE COMPENSATION INCOME REGULAR

Item	Description	Amount
39	Basic Salary	10,848.74
40	Representation	
41	Transportation	
42	Cost of Living Allowance (COLA)	
43	Fixed Housing Allowance	
44	Others (specify)	
44A		
44B		

SUPPLEMENTARY

Item	Description	Amount
45	Commissison	
46	Profit Sharing	
47	Fees Including Director's Fees	
48	Taxable 13th Month Benefits	
49	Hazard Pay	
50	Overtime Pay	
51	Others (specify)	
51A		3,249.34
51B		
52	Total Taxable Compensation Income (Sum of Items 39 to 51B)	14,098.08

I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/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" (R.A. No. 10173) for legitimate and lawful purposes.

53 Present Employer/Authorized Agent Signature over Printed Name **METHYL O. TAER** Date Signed **0 2 0 5 2 0 2 4**

54 Employee Signature over Printed Name **RENIVA ALBERT C.** Date Signed _____ Amount paid, if CTC _____

CTC/Valid ID No. of Employee _____ Place of Issue _____ Date Issued _____

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

55 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative) **METHYL O. TAER**

I declare, under the penalties of perjury that I am qualified under substituted items of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year, that taxes have been correctly withheld by my employer (as due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 7315 shall serve the same purpose as if I filed Form No. 1700 (not have filed number in the iterations of Revenue Regulations (RR) No. 3-2002, as amended).

56 Employee Signature over Printed Name **RENIVA ALBERT C.**

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