

1 For the Year (YYYY) **2024**

Part I - Employee Information

3 TIN **324 592 695 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **Sarona, Joe Marie** 5 RDO Code **081**

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)

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

2 For the Period From (MM/DD) **01 01** To (MM/DD) **12 31**

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

Part II - Employer Information (Present)

12 Taxpayer **436 717 653 0000**

13 Employer's Name **SOUND CONNECTION PHILS INC**

14 Registered Address **HIPODROMO CEBU BUSINESS PARK CEBU CITY** 14A Zip Code **6000**

15 Type of Employer Main Employer Secondary Employer

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) | 16,780.36 |
| 35 De Minimis Benefits | 0.00 |
| 36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) | 16,331.13 |
| 37 Salaries and Other Forms of Compensation | 0.00 |
| 38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) | 33,111.49 |

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address 18A Zip Code

B. TAXABLE COMPENSATION INCOME REGULAR

| | |
|------------------------------------|------------|
| 39 Basic Salary | 263,183.73 |
| 40 Representation | |
| 41 Transportation | |
| 42 Cost of Living Allowance (COLA) | |
| 43 Fixed Housing Allowance | |
| 44 Others (Specify) | |
| 44A | 0.00 |
| 44B | |

Part IVA - Summary

| | |
|--|------------|
| 19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) | 296,295.22 |
| 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) | 33,111.49 |
| 21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) | 263,183.73 |
| 22 Add: Taxable Compensation Income from Previous Employer, if applicable | 0.00 |
| 23 Gross Taxable Compensation Income (Sum of Items 21 and 22) | 263,183.73 |
| 24 Tax Due | 1,978.00 |
| 25 Amount of Taxes Withheld | |
| 25A Present Employer | 1,978.00 |
| 25B Previous Employer | 0.00 |
| 26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) | 1,978.00 |
| 27 5% Tax Credit (PERA Act of 2008) | 0.00 |
| 28 Total Taxes Withheld (sum of items 26 and 27) | 1,978.00 |

SUPPLEMENTARY

| | |
|---|------------|
| 45 Commission | |
| 46 Profit Sharing | |
| 47 Fees Including Director's Fees | |
| 48 Taxable 13th Month Pay Benefits | 0.00 |
| 49 Hazard Pay | |
| 50 Overtime Pay | |
| 51 Others (Specify) | |
| 51A | |
| 51B | |
| 52 Total Taxable Compensation Income (Sum of Items 39 to 51B) | 263,183.73 |

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 (R.A. No. 10173) for legitimate and lawful purposes.

51 **JAMES ANTHONY AMORES**
 Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME:

52 **Joe Marie Sarona**
 Employee Signature Over Printed Name

CTC/Valid ID No. of Employee **12-250915945-7** Place of Issue

Date Signed **0 2 1 1 2 0 2 5**

Date Signed **0 2 1 1 2 0 2 5**

Date of Issue **0 2 1 1 2 0 2 5**

Amount Paid, if CTC

To be accomplished under substituted filing

53 **JAMES ANTHONY AMORES**
 Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C 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. 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 (tax 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. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

54 **Joe Marie Sarona**
 Employee Signature Over Printed Name