



# Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) **2019** 2 For the Period From (MM/DD) **11 04** To (MM/DD) **12 31**

**Part I Employee Information**

3 Taxpayer Identification No. **757 365 754 000**

4 Employee's Name (Last Name, First Name, Middle Name) **BELEGANO, JESUS E** 5 RDO Code **0, 8 0**

6 Registered Address **PRK BOMBHELL BABAG 1, Lapu-Lapu City,** 6A Zip Code

6B Cebu Home Address **Pinamungahan, Cebu** 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) **1, 2 2, 5 1 9 9 8** 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 **P 386.00**

13 Statutory Minimum Wage rate per month 13 **P 10,068.17**

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

**Part II Employer Information (Present)**

15 Taxpayer Identification No. **000 068 493 000**

16 Employer's Name **GLOBALWEAR MFG. INC.**

17 Registered Address **CLIP, LAPULAPU CITY, CEBU, PHILIPPINES** 17A Zip Code **6, 0 1 5**

Main Employer  Secondary Employer

**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) **24,167.87**

22 Less: Total Non-Taxable/Exempt (Item 41) **24,167.87**

23 Taxable Compensation Income from Present Employer (Item 55) **0.00**

24 Add: Taxable Compensation Income from Previous Employer **0.00**

25 Gross Taxable Compensation Income **0.00**

26 Less: Total Exemptions **0.00**

27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable) **0.00**

28 Net Taxable Compensation Income **0.00**

29 Tax Due **0.00**

30 Amount of Taxes Withheld 30A Present Employer **0.00**

30B Previous Employer **0.00**

31 Total Amount of Taxes Withheld As adjusted **0.00**

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

**A. NON-TAXABLE/EXEMPT COMPENSATION INCOME**

Amount

32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) **32 16,341.00**

33 Holiday Pay (MWE) **33 0.00**

34 Overtime Pay (MWE) **34 2,632.04**

35 Night Shift Differential (MWE) **35 0.00**

36 Hazard Pay (MWE) **36 0.00**

37 13th Month Pay and Other Benefits **37 739.83**

38 De Minimis Benefits **38 0.00**

39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) **39 1,415.00**

40 Salaries & Other Forms of Compensation **40 3,040.00**

41 Total Non-Taxable/Exempt Compensation Income **41 24,167.87**

**B. TAXABLE COMPENSATION INCOME**

**REGULAR**

42 Basic Salary **42 0.00**

43 Representation **43 0.00**

44 Transportation **44 0.00**

45 Cost of Living Allowance **45 0.00**

46 Fixed Housing Allowance **46 0.00**

47 Others (Specify) **47A 0.00**

47B **47B 0.00**

**SUPPLEMENTARY**

48 Commission **48 0.00**

49 Profit Sharing **49 0.00**

50 Fees Including Director's Fees **50 0.00**

51 Taxable 13th Month Pay and Other Benefits **51 0.00**

52 Hazard Pay **52 0.00**

53 Overtime Pay **53 0.00**

54 Others (Specify) **54A 0.00**

54B **54B 0.00**

55 Total Taxable Compensation Income **55 0.00**

We declare, under the penalties of perjury, 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 pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

56 **GLOBAL MARY ANNE** Date Signed

CONFORME: 57 **BELEGANO, JESUS E** Date Signed

CTC No. of Employee **BELEGANO, JESUS E** Date of Issue **11 04 2019** Amount Paid

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF 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.