



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

| <p>1 For the Year (YYYY) 1 <input type="text" value="2016"/></p> | <p>2 For the Period From (MM/DD) <input type="text" value="01"/> <input type="text" value="01"/> <input type="text" value="12"/> <input type="text" value="31"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------------|--|-----------|---|----------------------|---|----------------------|---|----------------------|--|----------------------|--|----------------------|---|-----------|------------------------------|-----------|---|-----------|--|-----------|--|-----------|--|-----------|----------------|--|------------------------|------------|--------------------------|----------------------|--------------------------|----------------------|------------------------------------|----------------------|-----------------------------------|----------------------|----------------------------|----------------------|------------|----------------------|------------|----------------------|----------------------|--|----------------------|----------------------|--------------------------|----------------------|--|----------------------|---|------|----------------------|----------------------|------------------------|----------------------|----------------------------|----------------------|------------|-----------|------------|----------------------|---|------------|
| <p>Part I Employee Information</p> <p>3 Taxpayer Identification No. <input type="text" value="310"/> <input type="text" value="769"/> <input type="text" value="319"/> <input type="text" value="000"/></p> <p>4 Employee's Name (Last Name, First Name, Middle Name) <input type="text" value="Pidlaan, Lea Aba-a"/> 5 RDO Code <input type="text"/></p> <p>6 Registered Address <input type="text" value="Zone 3 Sitio Halang San Isidro, Antipolo City"/> 6A Zip Code <input type="text" value="1900"/></p> <p>6B Local Home Address <input type="text"/> 6C Zip Code <input type="text"/></p> <p>6D Foreign Address <input type="text"/> 6E Zip Code <input type="text"/></p> <p>7 Date of Birth (MM/DD/YYYY) <input type="text" value="06"/> <input type="text" value="21"/> <input type="text" value="1977"/> 8 Telephone Number <input type="text"/></p> <p>9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married</p> <p>9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/></p> <p>10 Name of Qualified Dependent Children <input type="text" value="Pidlaan, Cedric Vhon"/> <input type="text" value="Pidlaan, Christian"/> <input type="text" value="Pidlaan, Carl Danielle"/> 11 Date of Birth (MM/DD/YYYY) <input type="text" value="10"/> <input type="text" value="10"/> <input type="text" value="2001"/> <input type="text" value="08"/> <input type="text" value="21"/> <input type="text" value="2004"/> <input type="text" value="11"/> <input type="text" value="11"/> <input type="text" value="2005"/></p> <p>12 Statutory Minimum Wage rate per day <input type="text"/></p> <p>13 Statutory Minimum Wage rate per month <input type="text"/></p> <p>14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Part II Employer Information (Present)</p> <p>15 Taxpayer Identification No. <input type="text" value="223"/> <input type="text" value="724"/> <input type="text" value="698"/> <input type="text"/></p> <p>16 Employer's Name <input type="text" value="RMH TELESERVICES ASIA PACIFIC, INC."/></p> <p>17 Registered Address <input type="text" value="6th to 16th Floor Eton Centris Edsa"/> 17A Zip code <input type="text" value="1100"/></p> <p><input checked="" type="checkbox"/> main employer <input type="checkbox"/> secondary employer</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Part III Employer Information (Previous)</p> <p>18 Taxpayer Identification No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>19 Employer's Name <input type="text"/></p> <p>20 Registered Address <input type="text"/> 20A Zip code <input type="text"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Part IV-A SUMMARY</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)</td><td style="text-align: right;">263,027.09</td></tr> <tr><td>22 Less: Total Non-taxable/Exempt (Item 41)</td><td style="text-align: right;">54,066.50</td></tr> <tr><td>23 Taxable Compensation Income from Present Employer (Item 55)</td><td style="text-align: right;">208,960.59</td></tr> <tr><td>24 Add: Taxable Compensation Income from Previous Employer</td><td style="text-align: right;">0.00</td></tr> <tr><td>25 Gross taxable Compensation Income</td><td style="text-align: right;">208,960.59</td></tr> <tr><td>26 Less: Total Exemptions</td><td style="text-align: right;">125,000.00</td></tr> <tr><td>27 Less: Premium Paid on Health and/or Hospital Insurance (If Applicable)</td><td style="text-align: right;"></td></tr> <tr><td>28 Net Taxable Compensation Income</td><td style="text-align: right;">83,960.59</td></tr> <tr><td>29 Tax Due</td><td style="text-align: right;">11,292.12</td></tr> <tr><td>30 Amount of taxes Withheld</td><td></td></tr> <tr><td> 30A Present Employer</td><td style="text-align: right;">11,292.12</td></tr> <tr><td> 30B Previous Employer</td><td style="text-align: right;">0.00</td></tr> <tr><td>31 Total Amount of Taxes Withheld As Adjusted</td><td style="text-align: right;">11,292.12</td></tr> </table> | | 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) | 263,027.09 | 22 Less: Total Non-taxable/Exempt (Item 41) | 54,066.50 | 23 Taxable Compensation Income from Present Employer (Item 55) | 208,960.59 | 24 Add: Taxable Compensation Income from Previous Employer | 0.00 | 25 Gross taxable Compensation Income | 208,960.59 | 26 Less: Total Exemptions | 125,000.00 | 27 Less: Premium Paid on Health and/or Hospital Insurance (If Applicable) | | 28 Net Taxable Compensation Income | 83,960.59 | 29 Tax Due | 11,292.12 | 30 Amount of taxes Withheld | | 30A Present Employer | 11,292.12 | 30B Previous Employer | 0.00 | 31 Total Amount of Taxes Withheld As Adjusted | 11,292.12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) | 263,027.09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 Less: Total Non-taxable/Exempt (Item 41) | 54,066.50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 Taxable Compensation Income from Present Employer (Item 55) | 208,960.59 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 Add: Taxable Compensation Income from Previous Employer | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 Gross taxable Compensation Income | 208,960.59 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 Less: Total Exemptions | 125,000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 Less: Premium Paid on Health and/or Hospital Insurance (If Applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 Net Taxable Compensation Income | 83,960.59 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 Tax Due | 11,292.12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 Amount of taxes Withheld | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30A Present Employer | 11,292.12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30B Previous Employer | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 Total Amount of Taxes Withheld As Adjusted | 11,292.12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Part IV Details of Compensation Income and Tax Withheld from Present Employer</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:20%; text-align: right;">Amount</th> </tr> </thead> <tbody> <tr><td colspan="2">A. Non-Taxable/Exempt Compensation Income</td></tr> <tr><td>32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner</td><td style="text-align: right;"><input type="text"/></td></tr> <tr><td>33 Holiday Pay (MWE)</td><td style="text-align: right;"><input type="text"/></td></tr> <tr><td>34 Overtime Pay (MWE)</td><td style="text-align: right;"><input type="text"/></td></tr> <tr><td>35 Night Shift Differential (MWE)</td><td style="text-align: right;"><input type="text"/></td></tr> <tr><td>36 Hazard Pay (MWE)</td><td style="text-align: right;"><input type="text"/></td></tr> <tr><td>37 13th Month Pay and Other Benefits</td><td style="text-align: right;">15,100.00</td></tr> <tr><td>38 Deminimis Benefits</td><td style="text-align: right;">14,423.12</td></tr> <tr><td>39 SSS, GSIS, PHIC & Pag-ibig Contributions & Union Dues (Employee Share only)</td><td style="text-align: right;">10,213.10</td></tr> <tr><td>40 Salaries & Other Forms of Compensation</td><td style="text-align: right;">14,330.28</td></tr> <tr><td>41 Total Non-Taxable/Exempt Compensation Income</td><td style="text-align: right;">54,066.50</td></tr> <tr><td colspan="2">B. TAXABLE COMPENSATION INCOME</td></tr> <tr><td colspan="2">REGULAR</td></tr> <tr><td>42 Basic Salary</td><td style="text-align: right;">158,486.83</td></tr> <tr><td>43 Representation</td><td style="text-align: right;"><input type="text"/></td></tr> <tr><td>44 Transportation</td><td style="text-align: right;"><input type="text"/></td></tr> <tr><td>45 Cost of Living Allowance</td><td style="text-align: right;"><input type="text"/></td></tr> <tr><td>46 Fixed Housing Allowance</td><td style="text-align: right;"><input type="text"/></td></tr> <tr><td>47 Others (Specify)</td><td style="text-align: right;"><input type="text"/></td></tr> <tr><td>47A</td><td style="text-align: right;"><input type="text"/></td></tr> <tr><td>47B</td><td style="text-align: right;"><input type="text"/></td></tr> <tr><td colspan="2">SUPPLEMENTARY</td></tr> <tr><td>48 Commission</td><td style="text-align: right;"><input type="text"/></td></tr> <tr><td>49 Profit Sharing</td><td style="text-align: right;"><input type="text"/></td></tr> <tr><td>50 Fees Including Director's Fees</td><td style="text-align: right;"><input type="text"/></td></tr> <tr><td>51 Taxable 13th Month Pay and Other Benefits</td><td style="text-align: right;">0.00</td></tr> <tr><td>52 Hazard Pay</td><td style="text-align: right;"><input type="text"/></td></tr> <tr><td>53 Overtime Pay</td><td style="text-align: right;"><input type="text"/></td></tr> <tr><td>54 Others (Specify)</td><td style="text-align: right;"><input type="text"/></td></tr> <tr><td>54A</td><td style="text-align: right;">50,473.76</td></tr> <tr><td>54B</td><td style="text-align: right;"><input type="text"/></td></tr> <tr><td>55 Total Taxable Compensation Income</td><td style="text-align: right;">208,960.59</td></tr> </tbody> </table> | | | Amount | A. Non-Taxable/Exempt Compensation Income | | 32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner | <input type="text"/> | 33 Holiday Pay (MWE) | <input type="text"/> | 34 Overtime Pay (MWE) | <input type="text"/> | 35 Night Shift Differential (MWE) | <input type="text"/> | 36 Hazard Pay (MWE) | <input type="text"/> | 37 13th Month Pay and Other Benefits | 15,100.00 | 38 Deminimis Benefits | 14,423.12 | 39 SSS, GSIS, PHIC & Pag-ibig Contributions & Union Dues (Employee Share only) | 10,213.10 | 40 Salaries & Other Forms of Compensation | 14,330.28 | 41 Total Non-Taxable/Exempt Compensation Income | 54,066.50 | B. TAXABLE COMPENSATION INCOME | | REGULAR | | 42 Basic Salary | 158,486.83 | 43 Representation | <input type="text"/> | 44 Transportation | <input type="text"/> | 45 Cost of Living Allowance | <input type="text"/> | 46 Fixed Housing Allowance | <input type="text"/> | 47 Others (Specify) | <input type="text"/> | 47A | <input type="text"/> | 47B | <input type="text"/> | SUPPLEMENTARY | | 48 Commission | <input type="text"/> | 49 Profit Sharing | <input type="text"/> | 50 Fees Including Director's Fees | <input type="text"/> | 51 Taxable 13th Month Pay and Other Benefits | 0.00 | 52 Hazard Pay | <input type="text"/> | 53 Overtime Pay | <input type="text"/> | 54 Others (Specify) | <input type="text"/> | 54A | 50,473.76 | 54B | <input type="text"/> | 55 Total Taxable Compensation Income | 208,960.59 |
| | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Non-Taxable/Exempt Compensation Income | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 Holiday Pay (MWE) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 Overtime Pay (MWE) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 Night Shift Differential (MWE) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 Hazard Pay (MWE) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 13th Month Pay and Other Benefits | 15,100.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 Deminimis Benefits | 14,423.12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 SSS, GSIS, PHIC & Pag-ibig Contributions & Union Dues (Employee Share only) | 10,213.10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 Salaries & Other Forms of Compensation | 14,330.28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 Total Non-Taxable/Exempt Compensation Income | 54,066.50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. TAXABLE COMPENSATION INCOME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REGULAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 Basic Salary | 158,486.83 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 Representation | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 Transportation | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 Cost of Living Allowance | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 Fixed Housing Allowance | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 Others (Specify) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47A | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47B | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUPPLEMENTARY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48 Commission | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49 Profit Sharing | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 Fees Including Director's Fees | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51 Taxable 13th Month Pay and Other Benefits | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 52 Hazard Pay | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 53 Overtime Pay | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 54 Others (Specify) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 54A | 50,473.76 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 54B | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55 Total Taxable Compensation Income | 208,960.59 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 Ma. James S. Garcia
ATTY. MA. JAMES S. GARCIA
Present Employer/Authorized Agent Signature Over Printed Name

Date Signed 02/13/2017

CONFORME:
57 Pidlaan, Lea Aba-a
Employee Signature Over Printed Name

Date Signed _____ Amount Paid _____

CTC No. Place of Issue
of Employee

Date of Issue

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported

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