



Certificate of Compensation Payment/Tax Withheld

2316
July 2008 (ENCS)

For Compensation Payment With or Without Tax Withheld

In all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) **2013**

2 For the Period From (MM/DD) To (MM/DD)

Part I Employee Information

Employer Identification No. **313 815 649 0000**

Employee's Name (Last Name, First Name, Middle Name) **ONG OH, RAISSA ALEXANDRA BALDO** 5 RDO Code **081**

Registered Address 6A Zip Code

Local Home Address 6C Zip Code **55-C RAHMANN EXT., CEBU CITY 6000**

Foreign Address 6E Zip Code

Date of Birth (MM/DD/YYYY) **10/01/99** 8 Telephone Number

Exemption Status Single Married

Is the wife claiming the additional exemption for qualified dependent children? Yes No

Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)

Name of Qualified Dependent Children	11	Date of Birth (MM/DD/YYYY)

Statutory Minimum Wage rate per day 12

Statutory Minimum Wage rate per month 13

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

Part II Employer Information (Present)

Employer Identification No. **008 084 479 0000**

Employer's Name **EAL GREATENGLISH CORPORATION**

Registered Address 17A Zip Code **4TH FLOOR SKYRISE 4 IT PARK APAS CEBU CITY 6000**

Main Employer Secondary Employer

Part III Employer Information (Previous)

Employer Identification No.

Employer's Name

Registered Address 20A Zip Code

Part IV-A Summary

Summary	
Gross Compensation Income from Present Employer (Item 41 plus Item 55)	116,742.36
Less: Total Non-Taxable/Exempt (Item 41)	22,350.16
Taxable Compensation Income from Present Employer (Item 55)	94,392.20
Add: Taxable Compensation Income from Previous Employer	0.00
Gross Taxable Compensation Income	94,392.20
Less: Total Exemptions	50,000.00
Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	0.00
Net Taxable Compensation Income	44,392.20
Tax Due	4,658.83
Amount of Taxes Withheld (A) Present Employer	4,658.83
(B) Previous Employer	0.00
Total Amount of Taxes Withheld as adjusted	4,658.83

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)	
33 Holiday Pay (MWE)	
34 Overtime Pay (MWE)	
35 Night Shift Differential (MWE)	
36 Hazard Pay (MWE)	
37 13th Month Pay and Other Benefits	5,791.66
38 De Minimis Benefits	0.00
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	3,758.50
40 Salaries & Other Forms of Compensation	12,800.00
41 Total Non-Taxable/Exempt Compensation Income	22,350.16

B. TAXABLE COMPENSATION INCOME REGULAR

42 Basic Salary	94,392.20
43 Representation	
44 Transportation	
45 Cost of Living Allowance	
46 Fixed Housing Allowance	
47 Others (Specify)	
47A	0.00
47B	

SUPPLEMENTARY

48 Commission	
49 Profit Sharing	
50 Fees including Director's Fees	
51 Taxable 13th Month Pay and Other Benefits	0.00
52 Hazard Pay	
53 Overtime Pay	
54 Others (Specify)	
54A	
54B	
55 Total Taxable Compensation Income	94,392.20

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.