

Certificate of Comperation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

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

Part I Employee Information

1 Taxpayer Identification No. **234 291 174 0000**

2 Employee's Name (Last Name, First Name, Middle Name) **GRINO, ELLAINE YEE**

3 Registered Address **4A Zip Code**

4 Local Home Address **4C Zip Code**

5 Foreign Address **4E Zip Code**

6 Date of Birth (MM/DD/YYYY) **7 Telephone Number**

8 Marital Status: Single Married

9 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 Disability Minimum Wage rate per day **13**

13 Disability Minimum Wage rate per month **13**

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. **476 332 548 0000**

16 Employer's Name **FOCUSINC GROUP OF COMPANIES INC**

17 Registered Address **17A Zip Code**
3RD FLOOR LOPUES EAST CENTRE COR BURGOS 6100

18 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 less Present Employer (Item 21 less Item 22)	389,220.55
22 Less: Total Non-Taxable Income (Item 41)	113,340.29
23 Taxable Compensation Income less Present Employer (Item 21)	275,880.27
24 Add: Taxable Compensation Income from Previous Employer	
25 Gross Taxable Compensation Income	275,880.27
26 Less: Total Exemptions	125,000.00
27 Less: Premiums Paid for Health and/or Health Insurance (if applicable)	0.00
28 Net Taxable Compensation Income	150,880.27
29 Tax Due	25,220.07
30 Amount of Taxes Withheld by Present Employer	25,220.07
31 Amount of Taxes Withheld by Previous Employer	
32 Total Amount of Taxes Withheld (to be paid)	25,220.07

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

Particulars	Amount
NON-TAXABLE/EXEMPT COMPENSATION INCOME	
33 Basic Salary/Statutory Minimum Wage/Minimum Wage Excess (SMW)	
34 Holiday Pay (SMW)	
35 Overtime Pay (SMW)	
36 Night Shift Differential (SMW)	
37 Hazard Pay (SMW)	
38 13th Month Pay and Other Benefits	60,357.26
39 De Minimis Benefits	43,146.53
40 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	9,836.50
41 Subsidies & Other Forms of Compensation	0.00
Total Non-Taxable/Exempt Compensation Income	113,340.29
TAXABLE COMPENSATION INCOME REGULAR	
42 Basic Salary	275,880.27
43 Representation	
44 Transportation	
45 Cost of Living Allowance	
46 Fleet 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	
Total Taxable Compensation Income	275,880.27

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 thereunder.

56 **CYREL M. FLORES** Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed **FEB 27 2010**