



Certificate of Compensation Payment/Tax Withheld

2316

July 2008 (ENCS)

For Compensation Payment With or Without Tax Withheld

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

<p>1 For The Year (YYYY) 2017</p>	<p>2 For the Period From (MM/DD) 01 01 To (MM/DD) 09 04</p>																																																																																				
<p>Part I Employee Information</p> <p>3 Taxpayer Identification No. 315 022 437 0000</p> <p>4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code Abregana, Ms. Miricar Ross Amasa 0000</p> <p>6 Registered Address 6A Zip Code Cabantan Mabolo, Cebu City, Cebu 6000</p> <p>6B Local Home Address 6C Zip Code</p> <p>6D Foreign Address 6E Zip Code</p> <p>7 Date of Birth (MM/DD/YYYY) 8 Telephone Number 11 13 1992</p> <p>9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married</p> <p>9A Is the wife claiming the additional exemption for the qualified dependent children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>12 Statutory Minimum Wage rate per day 12</p> <p>13 Statutory Minimum Wage rate per month 13</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. 211 451 592 0000</p> <p>16 Employer's Name Alorica Philippines, Inc.</p> <p>17 Registered Address 17A Zip Code 2258 EDSA corner Chino Roces Avenue Makati City </p> <p><input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p>																																																																																					
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<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>21</td><td style="text-align: right;">150,237.12</td></tr> <tr><td>22 Less: Total Non-Taxable/Exempt (Item 41)</td><td>22</td><td style="text-align: right;">35,527.54</td></tr> <tr><td>23 Taxable Compensation Income from Present Employer (Item 55)</td><td>23</td><td style="text-align: right;">114,709.58</td></tr> <tr><td>24 Add: Taxable Compensation Income from Previous Employer</td><td>24</td><td> </td></tr> <tr><td>25 Gross Taxable Compensation Income</td><td>25</td><td style="text-align: right;">114,709.58</td></tr> <tr><td>26 Less: Total Exemptions</td><td>26</td><td style="text-align: right;">50,000.00</td></tr> <tr><td>27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)</td><td>27</td><td> </td></tr> <tr><td>28 Net Taxable Compensation Income</td><td>28</td><td style="text-align: right;">64,709.58</td></tr> <tr><td>29 Tax Due</td><td>29</td><td style="text-align: right;">7,706.44</td></tr> <tr><td>30 Amount of Taxes Withheld</td><td> </td><td> </td></tr> <tr><td>30A Present Employer</td><td>30A</td><td style="text-align: right;">7,706.44</td></tr> <tr><td>30B Previous Employer</td><td>30B</td><td> </td></tr> <tr><td>31 Total Amount of Taxes Withheld As adjusted</td><td>31</td><td style="text-align: right;">7,706.44</td></tr> </table>		21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21	150,237.12	22 Less: Total Non-Taxable/Exempt (Item 41)	22	35,527.54	23 Taxable Compensation Income from Present Employer (Item 55)	23	114,709.58	24 Add: Taxable Compensation Income from Previous Employer	24		25 Gross Taxable Compensation Income	25	114,709.58	26 Less: Total Exemptions	26	50,000.00	27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27		28 Net Taxable Compensation Income	28	64,709.58	29 Tax Due	29	7,706.44	30 Amount of Taxes Withheld			30A Present Employer	30A	7,706.44	30B Previous Employer	30B		31 Total Amount of Taxes Withheld As adjusted	31	7,706.44																																													
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<p>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</p> <p style="text-align: right;">Amount</p> <p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)</td><td>32</td><td> </td></tr> <tr><td>33 Holiday Pay (MWE)</td><td>33</td><td> </td></tr> <tr><td>34 Overtime Pay (MWE)</td><td>34</td><td> </td></tr> <tr><td>35 Night Shift Differential (MWE)</td><td>35</td><td> </td></tr> <tr><td>36 Hazard Pay (MWE)</td><td>36</td><td> </td></tr> <tr><td>37 13th Month Pay and Other Benefits</td><td>37</td><td style="text-align: right;">9,550.00</td></tr> <tr><td>38 De Minimis Benefits</td><td>38</td><td style="text-align: right;">18,830.24</td></tr> <tr><td>39 SSS, GSIS, PHIC & Pag-Ibig Contributions, & Union Dues (Employee share only)</td><td>39</td><td style="text-align: right;">7,147.30</td></tr> <tr><td>40 Salaries & Other Forms of Compensation</td><td>40</td><td> </td></tr> <tr><td>41 Total Non-Taxable/Exempt Compensation Income</td><td>41</td><td style="text-align: right;">35,527.54</td></tr> </table> <p>B. TAXABLE COMPENSATION INCOME REGULAR</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>42 Basic Salary</td><td>42</td><td style="text-align: right;">113,490.43</td></tr> <tr><td>43 Representation</td><td>43</td><td> </td></tr> <tr><td>44 Transportation</td><td>44</td><td> </td></tr> <tr><td>45 Cost of Living Allowance</td><td>45</td><td> </td></tr> <tr><td>46 Fixed Housing Allowance</td><td>46</td><td> </td></tr> <tr><td>47 Others (Specify)</td><td> </td><td> </td></tr> <tr><td>47A</td><td>47A</td><td> </td></tr> <tr><td>47B</td><td>47B</td><td> </td></tr> </table> <p>C. SUPPLEMENTARY</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>48 Commission</td><td>48</td><td> </td></tr> <tr><td>49 Profit Sharing</td><td>49</td><td> </td></tr> <tr><td>50 Fees Including Director's Fees</td><td>50</td><td> </td></tr> <tr><td>51 Taxable 13th Month Pay and Other Benefits</td><td>51</td><td> </td></tr> <tr><td>52 Hazard Pay</td><td>52</td><td> </td></tr> <tr><td>53 Overtime Pay</td><td>53</td><td style="text-align: right;">1,219.15</td></tr> <tr><td>54 Others (Specify)</td><td> </td><td> </td></tr> <tr><td>54A</td><td>54A</td><td> </td></tr> <tr><td>54B</td><td>54B</td><td> </td></tr> <tr><td>55 Total Taxable Compensation</td><td>55</td><td style="text-align: right;">114,709.58</td></tr> </table>		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32		33 Holiday Pay (MWE)	33		34 Overtime Pay (MWE)	34		35 Night Shift Differential (MWE)	35		36 Hazard Pay (MWE)	36		37 13th Month Pay and Other Benefits	37	9,550.00	38 De Minimis Benefits	38	18,830.24	39 SSS, GSIS, PHIC & Pag-Ibig Contributions, & Union Dues (Employee share only)	39	7,147.30	40 Salaries & Other Forms of Compensation	40		41 Total Non-Taxable/Exempt Compensation Income	41	35,527.54	42 Basic Salary	42	113,490.43	43 Representation	43		44 Transportation	44		45 Cost of Living Allowance	45		46 Fixed Housing Allowance	46		47 Others (Specify)			47A	47A		47B	47B		48 Commission	48		49 Profit Sharing	49		50 Fees Including Director's Fees	50		51 Taxable 13th Month Pay and Other Benefits	51		52 Hazard Pay	52		53 Overtime Pay	53	1,219.15	54 Others (Specify)			54A	54A		54B	54B		55 Total Taxable Compensation	55	114,709.58
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<p>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.</p> <p>56 Garcia, Ma. Jamea Assumpta Date Signed 09 25 2018</p> <p>Present Employer/ Authorized Agent Signature Over Printed Name CONFORME:</p> <p>57 Abregana, Ms. Miricar Ross Amasa Date Signed </p> <p>CTC No. Employee Signature Over Printed Name Date of Issue Amount Paid </p> <p>of Employee Place of Issue </p>																																																																																					
<p style="text-align: center;">To be accomplished under substituted filing</p> <p>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.</p> <p>58 Garcia, Ma. Jamea Assumpta </p> <p>Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)</p>																																																																																					
<p>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 Phils. for the calendar year, that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604CF 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 had been filed pursuant to the provisions of RR No. 3-2002, as amended.</p> <p>59 Abregana, Ms. Miricar Ross Amasa </p> <p>Employee Signature Over Printed Name</p>																																																																																					