



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) **2018**

2 For the Period From (MMDD) **0101** To (MMDD) **0506**

Part I Employee Information

3 Taxpayer Identification No. **313 158 740**

4 Employee's Name (Last Name, First Name, Middle Name) **Depositaro, Kimberly Ken Jimenez**

6 Registered Address **Phase 2 Blk 12 Lot 29: Haniyyah Homes, Doran St., Lapulapu City**

6B Local Home Address

6D Foreign Address

7 Date of Birth (MMDDYYYY) **08 | 12 | 1992**

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 (MMDDYYYY)

12 Statutory Minimum Wage rate per day **12**

13 Statutory 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. **235 392 137 0000**

16 Employer's Name **Conduent Business Services Philippines, Inc.**

17 Registered Address **7th Floor Oneecom Bldg., Mall of Asia Complex, Pasay City**

17A Zip Code **1300**

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 58)	21	115,185.46
22	Less: Total Non-Taxable Exempt (Item 41)	22	38,869.84
23	Taxable Compensation Income from Present Employer (Item 58)	23	76,315.62
24	Add: Taxable Compensation Income from Previous Employer	24	0.00
25	Gross Taxable Compensation Income	25	76,315.62
26	Less: Total Exemptions	26	0.00
27	Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27	0.00
28	Net Taxable Compensation Income	28	76,315.62
29	Tax Due	29	0.00
30	Amount of Taxes Withheld		
30A	Present Employer	30A	0.00
30B	Previous Employer	30B	0.00
31	Total Amount of Taxes Withheld As adjusted	31	0.00

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

32	Basic Salary	32	0.00
33	Statutory Minimum Wage Minimum Wage Earner (MWE)	33	0.00
34	Holiday Pay (MWE)	34	0.00
35	Overtime Pay (MWE)	35	0.00
36	Night Shift Differential (MWE)	36	0.00
37	Hazard Pay (MWE)	37	0.00
38	13th Month Pay and Other Benefits	38	7,593.18
39	De Minimis Benefits	39	10,176.47
40	SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	40	3,583.19
41	Salary & Other Forms of Compensation	41	17,517.00
42	Total Non-Taxable/Exempt Compensation Income	42	38,869.84

B. TAXABLE COMPENSATION INCOME REGULAR

43	Basic Salary	43	61,771.38
44	Representation	44	0.00
45	Transportation	45	0.00
46	Cost of Living Allowance	46	0.00
47	Fixed Housing Allowance	47	0.00
48	Others (Specify)	48	
47A		47A	4,594.55
47B		47B	0.00

SUPPLEMENTARY

49	Commission	49	0.00
50	Profit Sharing	50	0.00
51	Fees Including Director's Fees	51	0.00
52	Taxable 13th Month Pay and Other Benefits	52	0.00
53	Hazard Pay	53	0.00
54	Overtime Pay	54	9,949.69
55	Others (Specify)	55	
54A		54A	0.00
54B		54B	0.00
56	Total Taxable Compensation Income	56	76,315.62

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 Cecilia Dayao
Present Employer/ Authorized Agent Signature Over Printed Name
 CONFORME: Kimberly Ken J. Depositaro
Employee Signature Over Printed Name
 CTC No. _____
 Date of Issue _____

Date Signed _____
 Date Signed _____
 Date of Issue _____
 Amount Paid _____

I declare, under the penalties of perjury, that the information herein stated is reported under BIR Form No. 1004CF which has been filed with the Bureau of Internal Revenue.