



# Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

1 Fill in all applicable spaces. Mark all appropriate boxes with an "X"  
For the Year (YYYY) **2017**

2 For the Period  
From (MM/DD) **01 01** To (MM/DD) **12 31**

**Part I Employee Information**

3 Taxpayer Identification No. **419 948 652 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **SADAYA, MARY ANN UY**

5 RDO Code

6 Registered Address **251 Magsaysay St., Hipodromo, Cebu City**  
8A Zip Code **6000**

6B Local Home Address  
6C Zip Code

6D Foreign Address  
6E Zip Code

7 Date of Birth (MM/DD/YYYY)

8 Telephone Number

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 (MM/DD/YYYY)

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

	Amount
<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
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 <b>17,500.00</b>
38 De Minimis Benefits	38 <b>16,000.00</b>
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 <b>10,800.60</b>
40 Salaries & Other Forms of Compensation	40 <b>48,000.00</b>
41 Total Non-Taxable/Exempt Compensation Income	41 <b>92,300.60</b>
<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	
42 Basic Salary	42 <b>135,199.40</b>
43 Representation	43
44 Transportation	44
45 Cost of Living Allowance	45
46 Fixed Housing Allowance	46
47 Others (Specify)	47A <b>0.00</b>
47B	47B

**Part II Employer Information (Present)**

15 Taxpayer Identification No. **400 354 264 0000**

16 Employer's Name **GREEN WIRE OUTSOURCING, INC.**

17 Registered Address **10TH FLR CHINABANK CORP CENTER BRGY**  
17A Zip Code **6000**

**102 BALDIWIN BUSINESS PARK BILIRAO CITY** Employer

**Part III Employer Information (Previous)**

18 Taxpayer Identification No.

19 Employer's Name

20 Registered Address  
20A Zip Code

48 Commission	48
49 Profit Sharing	49
50 Fees Including Director's Fees	50
51 Taxable 13th Month Pay and Other Benefits	51 <b>0.00</b>
52 Hazard Pay	52
53 Overtime Pay	53
54 Others (Specify)	54A
	54B
55 Total Taxable Compensation Income	55 <b>135,199.40</b>

**Part IV-A Summary**

21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21	<b>227,500.00</b>
22 Less: Total Non-Taxable/Exempt (Item 41)	22	<b>92,300.60</b>
23 Taxable Compensation Income from Present Employer (Item 55)	23	<b>135,199.40</b>
24 Add: Taxable Compensation Income from Previous Employer	24	
25 Gross Taxable Compensation Income	25	<b>135,199.40</b>
26 Less: Total Exemptions	26	<b>50,000.00</b>
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27	<b>0.00</b>
28 Net Taxable Compensation Income	28	<b>85,199.40</b>
29 Tax Due	29	<b>11,539.88</b>
30 Amount of Taxes Withheld		
30A Present Employer	30A	<b>11,539.88</b>
30B Previous Employer	30B	
31 Total Amount of Taxes Withheld As adjusted	31	<b>11,539.88</b>

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 **VICTORINO GARCIA JR.** Present Employer's Authorized Agent Signature Over Printed Name  
Date Signed **01/17/2018**

CONFORME: **MARY ANN UY SADAYA** Employee Signature Over Printed Name  
Date Signed **01/17/2018**

57 **MARY ANN UY SADAYA** Employee Signature Over Printed Name  
Date of Issue **01/17/2018**

Amount Paid **135.00**