



1 For the Year (YYYY) **2 0 1 6** 2 For the Period From **0 1 0 1** (MM/DD) To **0 7 2 8** (MM/DD)

Part I Employee Information

3 Taxpayer Identification No. **3 0 5 9 2 4 2 0 1 0 0 0**

4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code
Calunsag, Gina Adrias

6 Registered Address 6A Zip Code
6B Local Home Address 6C Zip Code
2429 Obedience St. Villalon, Subd., Capitol Site, Cebu City, P

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

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. **2 0 5 3 9 4 4 4 8 0 0 0**

16 Employer's Name
AEGIS PEOPLESUPPORT, INC.

17 Registered Address 17A Zip Code
Aegis PeopleSupport Center Ayala cor. Sen. Gil Puyat Ave. M

main employer secondary employer

Part III Employer Information (Previous)-1

18 Taxpayer Identification No.

19 Employer's Name

20 Registered Address 20A Zip Code

Part IV-A Summary

21 Taxable Compensation Income from Present Employer (Item 41 + Item 55) 21 **143,806.65**

22 Less: Total Non-Taxable / Exempt (Item 41) 22 **29,956.65**

23 Taxable Compensation Income From Present Employer (Item 55) 23 **113,850.00**

24 Add: Taxable Compensation Income From Previous Employer 24

25 Gross Taxable Compensation Income 25 **113,850.00**

26 Less: Total Exemptions 26 **125,000.00**

27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable) 27

28 Net Taxable Compensation Income 28 **-11,150.00**

29 Tax Due 29 **0.00**

30 Amount of Taxes Withheld

30A Present Employer **0.00**

30B Previous Employer **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

	Amount
A. Non Taxable/Exempt Compensation Income	
32 Basic Salary / Statutory Minimum Wage Minimumwage Earner (MWE)	32 0.00
33 Holiday Pay (MWE)	33 0.00
34 Overtime Pay (MWE)	34 0.00
35 Night Shift Differential (MWE)	35 0.00
36 Hazard Pay (MWE)	36 0.00
37 13th Month Pay and Other Benefits	37 11,429.45
38 De Minimis Benefits	38 7,554.61
39 SSS, GSIS, PHIC & Pag-Ibig Contributions & Union Dues (Employee Share Only)	39 6,225.80
40 Salaries & Other Forms of Compensation	40 4,746.79
41 Total Non -Taxable / Exempt Compensation Income	41 29,956.65

B. Taxable Compensation Income Regular	
42 Basic Salary	42 89,521.33
43 Representation	43 0.00
44 Transportation	44 0.00
45 Cost of Living Allowance	45 0.00
46 Fixed Housing Allowance	46 0.00
47 Others (Specify)	
47A Allowances and Adjustmen	47A 6,243.68
47B	47B 0.00

SUPPLEMENTARY

48 Commission **0.00**

49 Profit Sharing **0.00**

50 Fees Incl. Director's Fees **0.00**

51 Taxable 13th Month Pay and Other Benefits **0.00**

52 Hazard Pay **0.00**

53 Overtime Pay **3,892.35**

54 Others (Specify)

54A Lcaves **0.00**

54B Night Differential **14,192.64**

55 Total Taxable Compensation Income **113,850.00**

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.

Present Employer/ Authorized Agent Signature Over Printed Name
Date Signed

Employee Signature Over Printed Name
Date Signed

CTC No. of Employee Place of Issue Date of Issue Amount Paid