



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 (MM/DD) **01 01** To (MM/DD) **05 04**

Part I Employee Information

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

3 Taxpayer Identification No. **333 322 728 0000**

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

4 Employee's Name (Last Name, First Name, Middle Name) **PLARAS, ANNAVER LUMBA** 5 RDO Code **081**

32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) **32**

6 Registered Address 6A Zip Code

33 Holiday Pay (MWE) **33**

6B Local Home Address 6C Zip Code

34 Overtime Pay (MWE) **34**

6D Foreign Address 6E Zip Code

35 Night Shift Differential (MWE) **35**

7 Date of Birth (MM/DD/YYYY)

36 Hazard Pay (MWE) **36**

8 Telephone Number

37 13th Month Pay and Other Benefits **37**

9 Exemption Status Single Married

38 De Minimis Benefits **38**

9A Is the wife claiming the additional exemption for qualified dependent children? Yes No

39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) **39**

10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)

40 Salaries & Other Forms of Compensation **40**

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

41 Total Non-Taxable/Exempt Compensation Income **41**

13 Statutory Minimum Wage rate per month **13**

42 Basic Salary **42**

14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

43 Representation **43**

Part II Employer Information (Present)

B. TAXABLE COMPENSATION INCOME REGULAR

15 Taxpayer Identification No. **423 808 724 0000**

44 Transportation **44**

16 Employer's Name **GLOBAL LINK BPO, INC.**

45 Cost of Living Allowance **45**

17 Registered Address 17A Zip Code **MANGO SQUARE COMPLEX MANGO 6000**

46 Fixed Housing Allowance **46**

18 Primary Employer Secondary Employer

47 Others (Specify) **47A**

Part III Employer Information (Previous)

47B **47B**

18 Taxpayer Identification No.

48 Commission **48**

19 Employer's Name

49 Profit Sharing **49**

20 Registered Address 20A Zip Code

50 Fees Including Director's Fees **50**

Part IV-A Summary

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

21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) **21**

52 Hazard Pay **52**

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

53 Overtime Pay **53**

23 Taxable Compensation Income from Present Employer (Item 55) **23**

54 Others (Specify) **54A**

24 Add: Taxable Compensation Income from Previous Employer **24**

54B **54B**

25 Gross Taxable Compensation Income **25**

55 Total Taxable Compensation Income **55**

26 Less: Total Exemptions **26**

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

28 Net Taxable Compensation Income **28**

29 Tax Due **29**

30 Amount of Taxes Withheld 30A Present Employer **30A**

30B Previous Employer **30B**

31 Total Amount of Taxes Withheld As adjusted **31**

32

33

34

35

36

37

38

39

40

SUPPLEMENTARY

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**

54 Others (Specify) **54A**

54B **54B**

55 Total Taxable Compensation Income **55**

56

57

58

59

60

61

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 **MARY VERLAINE G. ARNADO**
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

57 **ANNAVER LUMBA PLARAS**
Employee Signature Over Printed Name

Date Signed

CTC No. of Employee

Place of Issue

Amount Paid