



# Certificate of Compensation Payment/Tax Withheld

# 2316

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 26** To (MM/DD) **08 10**

### Part I Employee Information

3 Taxpayer Identification No. **332 018 005 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **NARRA, LAICA MAE GARCIA** 5 RDO Code **080**

6 Registered Address 6A Zip Code

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 II Employer Information (Present)

15 Taxpayer Identification No. **009 665 929 0000**

16 Employer's Name **LEAPCOMM INC.**

17 Registered Address 17A Zip Code **6F JDN SQUARE P REMEDIOS ST BRGY 6014**

18 **BAJ ANTONIO RUE CIT** Secondary Employer

### 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 55) **76,031.45**

22 Less: Total Non-Taxable/Exempt (Item 41) **16,126.03**

23 Taxable Compensation Income from Present Employer (Item 55) **59,905.42**

24 Add: Taxable Compensation Income from Previous Employer

25 Gross Taxable Compensation Income **59,905.42**

26 Less: Total Exemptions **0.00**

27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable) **0.00**

28 Net Taxable Compensation Income **59,905.42**

29 Tax Due **0.00**

30 Amount of Taxes Withheld 30A Present Employer **0.00**

30B Previous Employer

31 Total Amount of Taxes Withheld As adjusted **0.00**

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

#### A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

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

33 Holiday Pay (MWE) **33 33**

34 Overtime Pay (MWE) **34 34**

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

36 Hazard Pay (MWE) **36 36**

37 13th Month Pay and Other Benefits **37 6,732.29**

38 De Minimis Benefits **38 5,250.40**

39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) **39 4,143.34**

40 Salaries & Other Forms of Compensation **40 0.00**

41 Total Non-Taxable/Exempt Compensation Income **41 16,126.03**

#### B. TAXABLE COMPENSATION INCOME REGULAR

42 Basic Salary **42 59,044.16**

43 Representation **43**

44 Transportation **44**

45 Cost of Living Allowance **45**

46 Fixed Housing Allowance **46**

47 Others (Specify) **47A 861.26**

47B **47B**

#### SUPPLEMENTARY

48 Commission **48**

49 Profit Sharing **49**

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

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

52 Hazard Pay **52**

53 Overtime Pay **53**

54 Others (Specify) **54A 54A**

54B **54B**

55 Total Taxable Compensation Income **55 59,905.42**

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 **STEPHEN LEE** Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME: 57 **LAICA MAE GARCIA NARRA** Employee Signature Over Printed Name

Date Signed

CTC No. of Employee Place of Issue

Date of Issue

Amount Paid