

Check appropriate box(es) with an "X"

2017

Employee Information

474 735 690 0006

DATO, KEESHA MARIE LACSI 001

GUINAMELA ST., CAMELLA HOMES, CEBU 6000

10. Single Married

11. Yes No

12. Yes No

13. Yes No

14. Yes No

Part II-B Details of Compensation Income and Tax Withheld from Account Statement

Code	Description	Amount
01	Basic Salary	
02	Statutory Minimum Wage	
03	Industry Pay (if any)	
04	Quarters Pay (if any)	
05	Night Shift Differential (if any)	
06	Standby Pay (if any)	
07	13th Month Pay and Other Benefits	5,858.53
08	Job Incentive Bonus	0.00
09	10th, 11th, 12th & 13th Month Compensation, & Other Cash Bonuses (if any)	3,525.20
10	Retirement & Other Benefits of Compensation	0.00
11	Total Year Compensation/ Compensation Income	9,383.73

Part III Employer Information (Provided)

15. Employer Name: **MAPRO WORLDWIDE SERVICES, INC.**

16. Employer Address: **8TH FLOOR GAGFA TOWER F CARABANG ST** 6000

17. Employer Contact Person: **XXXXXXXXXXXXXXX**

Part III-B Details of Compensation Income and Tax Withheld from Account Statement

Code	Description	Amount
12	Basic Salary	65,824.44
13	Retirement	
14	Transportation	
15	Cost of Living Allowance	
16	Housing Allowance	
17	Others (Specify)	0.00

Part III-C Summary of Compensation Income and Tax Withheld from Account Statement

Code	Description	Amount
18	Total Compensation/ Total Compensation Income	75,208.16
19	Statutory Minimum Wage	9,383.73
20	Industry Pay	55,824.44
21	Quarters Pay	65,824.44
22	Night Shift Differential	50,000.00
23	Standby Pay	0.00
24	13th Month Pay and Other Benefits	15,824.44
25	Job Incentive Bonus	1,082.44
26	10th, 11th, 12th & 13th Month Compensation	1,082.44
27	Total Amount of Taxes Withheld (As Reported)	1,082.44

Part III-D Summary of Compensation Income and Tax Withheld from Account Statement

Code	Description	Amount
28	Supplementary	
29	Retirement	
30	Transportation	
31	Cost of Living Allowance	
32	Housing Allowance	
33	Others (Specify)	0.00
34	Total Amount of Taxes Withheld (As Reported)	1,082.44

The details, under the penalty of perjury, that the information herein stated are correct and true and that the undersigned is duly authorized to sign and submit this certificate to the Bureau of Internal Revenue, on behalf of the employer, and the undersigned is duly authorized to sign and submit this certificate to the Bureau of Internal Revenue, on behalf of the employee.

86 QUEENIE LIZ SARANE (Employer Signature Over Printed Name)
Date Signed: _____

87 KEESHA MARIE LACSI DATO (Employee Signature Over Printed Name)
Date Signed: _____
Place of Issue: **Cebu City**
Employer's Identification Number: **55009064**
Taxpayer ID: **713-00**

I declare, under the penalty of perjury, that the information herein stated are reported under BIR Form No. 2316-CP which has been filed with the Bureau of Internal Revenue.

88 QUEENIE LIZ SARANE
Printed Employer Authorized Agent Signature Over Printed Name
(Print of Accounting/ Human Resource or Authorized Representative)

I declare, under the penalty of perjury that I am qualified under subsection (b) of Section 203(a) of the Internal Revenue Code, and that I am duly authorized to sign and submit this certificate to the Bureau of Internal Revenue, on behalf of the employee.

89 KEESHA MARIE LACSI DATO
Employee Signature Over Printed Name