



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"

Tax Year: 2017		For the period From (MM/CC) 02 27 To (MM/CC) 07 25	
Part I Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
1. Taxpayer Identification No. (Last Name, First Name, Middle Name) 441 919 473 000 2. Tax Code 000 3. Employee Name Tolentino, Roy 4. Address Sanson Rd Corner Salinas Drive Ext. 6000 5. Zip Code 6000 6. Telephone Number 7. Date of Birth (MM/DD/YYYY) 05 10 1989 8. Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Married 9. Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 10. Name of Qualified Dependent Children (1) (Date of Birth (MM/DD/YYYY)) 11. Minimum Wage Rate per day 44 12. Minimum Wage Rate per month 67 13. <input type="checkbox"/> Minimum Wage Emitter whose compensation is exempt from withholding tax and not subject to income tax.		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME 28. Basic Salary 0.00 29. Holiday Pay (MVE) 0.00 30. Overtime Pay (MVE) 0.00 31. Night Shift Differential (MVE) 0.00 32. Hazard Pay (MVE) 0.00 33. 13th Month Pay and Other Benefits 6,104.16 34. De Minimis Benefits 4,919.54 35. SSS, GSIS, PRIC & Pag-IBIG Contributions & Union dues (Employee share only) 36. Stipends & Other forms of Compensation 7,172.46 Total Non-Taxable/Exempt Compensation Income 22,355.06 B. TAXABLE COMPENSATION INCOME REGULAR 37. Basic Salary 65,968.58 38. Representation 0.00 39. Transportation 0.00 40. Cost of Living Allowance 0.00 41. Fixed Housing Allowance 0.00 IRREGULAR 42. Commission 0.00 43. Profit Sharing 0.00 44. Piece-incentive/Commission 0.00 45. Bonus (Last Month's Pay and Other Benefits) 0.00 46. Hazard Pay 0.00 47. Overtime Pay 9,574.34 48. Others (Specify) EPGAL 11,954.09 Total Taxable Compensation Income 87,497.01	
Part II Employer Information (Present)		Part IV-A Summary	
14. Employer Identification No. 205 366 921 000 15. Employer's Name CONVERGYS PHILIPPINES, INC. 16. Registered Address 8th Floor SLC Building, 6797 Ayala A 1226 17. Zip Code 1226		18. Total Compensation Income from Present Employer (Net of Part 28) 109,852.07 19. Total Taxable Compensation Income from Present Employer (Net of 28) 22,355.06 20. Taxable Compensation Income from Present Employer (Net of 28) 87,497.01 21. Add: Taxable Compensation Income from Previous Employer 0.00 22. Gross Taxable Compensation Income 87,497.01 23. Less: Total Exemptize 50,000.00 24. Less: Premiums Paid on Health and/or Hospital Insurance (if applicable) 0.00 25. Net Taxable Compensation Income 37,497.01 26. Tax Due 3,624.55 27. Amount of Taxes Withheld 28A. Present Employer 3,624.55 28B. Previous Employer Total Amount of Taxes Withheld As Reported 3,624.55	
Part III Employer Information (Previous)			
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. MARICAR CORONEL Present Employer/Authorized Agent Signature Over Printed Name Date Signed 09 07 2017 CONFORME: 57. Tolentino, Roy Date Signed CTC No. _____ Employee Signature Over Printed Name _____ Amount Paid _____ of Employee _____ Place of Issue _____ Date of Issue _____			
To be accomplished under substituted filing			
I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 161MCF which have been filed with the Bureau of Internal Revenue. 58. MARICAR CORONEL Present Employer/Authorized Agent Signature Over Printed Name (Head of Accounting/Human Resource or Authorized Representative)		I declare, under the penalties of perjury, that I am qualified under substituted filing of Income Tax Returns (BIR Form No. 1700), since I received purely compensation income from only one employer in the Phils. for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR form No. 1604CF filed by my employer to the BIR shall constitute as my income tax return and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 had been filed pursuant to the provisions of RR 3-2002, as amended. 59. Tolentino, Roy Employee Signature Over Printed Name	