



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"

For the year (TCY) 2015		For the month (TCM) 06 22		For the day (TCD) 10 24	
Part I Employee Information			Part IV-B Details of Compensation Income and Tax Withheld from Present Employer		
3 Taxpayer Identification No. 425 942 990 000 4 EMPLOYEE'S NAME (Last, First, Middle Initial) Teves, Timothy Carl 5 Registered Address Damascus Road, Gov. M. Cuenco Ave., 6000 6 Local Home Address 60 Foreign Address 7 Date of Birth (MM/DD/YYYY) 02 02 1990 Telephone number 9158426914 8 Exemption Status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married 9A 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 11 Date of Birth (MM/DD/YYYY)			4-NON-TAXABLE/EXEMPT COMPENSATION INCOME 34 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 0.00 35 Holiday Pay (MWE) 0.00 36 Courtship Pay (MWE) 0.00 38 Night Shift Differential (MWE) 0.00 39 Hazard Pay (MWE) 0.00 37 13th Month Pay and Other Benefits 4,482.78 38 De Minimis Benefits Other Benefits 7,317.42 39 SSS, GSIS, PHIC & Pag-IBIG Contributions & Union dues (Employee share only) 40 Severed & Draw Items of Compensation 6,000.04 41 Total Non-Taxable/Exempt Compensation Income 21,536.74		
Part II Employer Information (Present) 15 Taxpayer Identification No. 220 866 782 000 16 Employer's Name CONVERGYS PHILIPPINES SERVICES CORPORATION 17 Registered Address 6796 Ayala Ave Crnr Salcedo St Lega 1200 <input checked="" type="checkbox"/> main employer <input type="checkbox"/> secondary employer			REGULAR 42 Basic Salary 45,738.86 43 Representation 0.00 44 Transportation 0.00 45 Cost of Living Allowance 0.00 46 Free Housing Allowance 0.00 47 Others (Specify) 0.00 47A 0.00 47B 0.00		
Part III Employer Information (Previous)-1 18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address			SUPPLEMENTARY 48 Commission 0.00 49 Profit Sharing 0.00 50 Fees including Directors Fees 0.00 51 Taxable 13th Month Pay and Other Benefits 0.00 52 Message Pay 0.00 53 Overtime Pay 3,210.72 54 Others (Specify) 10,000.05 54A EPGAL 54B 55 Total Taxable Compensation Income 58,949.63		
Part IV-A Summary 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 80,486.37 22 Less: Total Non-Taxable/Exempt (Item 41) 21,536.74 23 Taxable Compensation Income from Present Employer (Item 55) 58,949.63 24 Add: Taxable Compensation Income from Previous Employer 0.00 25 Gross Taxable Compensation Income 58,949.63 26 Less: Total Exemptions 50,000.00 27 Less: Premiums (Pension, Health) and/or Hospital Insurance (if applicable) 28 Net Taxable Compensation Income 8,949.63 29 Tax Due 447.48 30 Amount of Taxes Withheld 30A Present Employer 447.48 30B Previous Employer 31 Total Amount of Taxes Withheld as adjusted 447.48					
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 <u>MELODY CUBILLA</u> Present Employer/Authorized Agent Signature Over Printed Name CONFORME: 57 <u>Teves, Timothy Carl</u> CTC No. _____ Employee Signature Over Printed Name of Employee _____ Place of Issue _____					
I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which have been filed with the Bureau of Internal Revenue 58 <u>MELODY CUBILLA</u> 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 <u>Teves, Timothy Carl</u> Employee Signature Over Printed Name		