

Certificate of Compensation Payment/Tax Withheld

2316

July 2008 (ENCS)

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark an appropriate box with an "X"

For the Year (YYYY) **2017**

For the Month From (MM/DD) **01 01** To (MM/DD) **12 31**

Part I Employee Information

3 Taxpayer Identification No. **314 104 670 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **ABANGAN DIOSCORO LARAYOS**

5 Registered Address
111 BULACAO PARDO CEBU CITY SAN VICENTE 6000
BULACAO CEBU CITY

6 Foreign Address

7 Date of Birth (MM/DD/YYYY) **09 12 1992**

8 Telephone Number **09226825086**

9 Marital 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

13 Statutory Minimum Wage rate per month

14 Minimum Wage Earner whose compensation is exempt from additional tax and not subject to excise tax

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

Item	Amount
NON-TAXABLE EXEMPT COMPENSATION INCOME	
34 Basic Salary	52
35 Statutory Minimum Wage	
36 Minimum Wage Excess (MWE)	
37 Holiday Pay (MWE)	30
38 Overtime Pay (MWE)	54
39 Night Shift Differential (MWE)	30
40 Holiday Pay (MWE)	50
41 13th Month Pay and Other Benefits	24,396.09
42 De Minimis Benefits	19,028.04
43 SSS, GSIS, PHIC Employee Contributions & Union Dues	8,664.60
44 Salary & Other Forms of Compensation	2,364.38
45 Total Non-Taxable Exempt Compensation Income	54,653.11

Part II Employer Information (Present)

14 Taxpayer Identification No. **244 963 876 0000**

15 Employer's Name **QUALFON PHILIPPINES, INC.**

17 Registered Address
Skorpe 3, Qualfon Bldg., IT Park, Anas, Cebu City 6000

16 Main Employer Secondary Employer

TAXABLE COMPENSATION INCOME

46 Basic Salary	52	159,467.11
47 Reimbursement	43	
48 Cost of Living Allowance	45	
49 Fixed Housing Allowance	46	
50 Others (Specify)	47A	
	47B	
SUPPLEMENTARY		
51 Commission	48	
52 Profit Sharing	49	
53 Fees including Director's Fees	50	
54 Taxable 13th Month Pay and Other Benefits	51	4,000.00
55 Holiday Pay	52	
56 Overtime Pay	53	
57 Others (Specify)	54A	
	54B	0.00
58 Total Taxable Compensation Income	55	163,467.11

Part IV-A Summary

21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21	218,120.22
22 Less: Total Non-Taxable Exempt (Item 41)	22	54,653.11
23 Taxable Compensation Income from Present Employer (Item 55)	23	163,467.11
24 Add: Taxable Compensation Income from Previous Employer	24	0.00
25 Gross Taxable Compensation Income	25	163,467.11
26 Less: Total Exemptions	26	50,000.00
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27	
28 Net Taxable Compensation Income	28	113,467.11
29 Tax Due	29	17,193.42
30 Amount of Taxes Withheld		
30A Present Employer	30A	17,193.42
30B Previous Employer	30B	0.00
31 Total Amount of Taxes Withheld As Reported	31	17,193.42

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.

56 **METHYL JAWER**
President/Authorized Agent/Signatory Over Printed Name
57 **DIOSCORO LARAYOS**
CTC No. _____
Employee Signature Over Printed Name _____
Date of Issue _____

Date Signed **02 01 2018**
Date Signed _____
Date of Issue _____
Amount Paid _____