



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 01** To (MM/DD) **11 18**

Part I Employee Information

3 Tax Payer Identification No. **123 206 536 000**

4 Employee's Name (Last Name, First Name, Middle Name) **Villarin, Helen** 5 RDO Code **000**

6 Registered Address **250-I Gorordo Avenue, Kamputhaw, Ce** 6A Zip Code **6000**

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) **06 19 1966** 8 Telephone number **2342969**

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)

Villarin, Allen Marie **03 12 1995**

Villarin, Allan Christophe **06 02 1996**

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. **205 366 921 000**

16 Employer's Name **CONVERGYS PHILIPPINES, INC.**

17 Registered Address **8th Floor SLC building, 6797 Ayala** 17A Zip Code **1226**

Main Employer 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) **485,481.33**

22 Less: Total Non-Taxable/Exempt (Item 41) **93,885.03**

23 Taxable Compensation Income from Present Employer (Item 55) **391,596.30**

24 Add: Taxable Compensation Income from Previous Employer **0.00**

25 Gross Taxable Compensation Income **391,596.30**

26 Less: Total Exemptions **0.00**

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

28 Net Taxable Compensation Income **391,596.30**

29 Tax Due **28,319.26**

30 Amount of Taxes Withheld

30A Present Employer **28,319.26**

30B Previous Employer

31 Total Amount of Taxes Withheld As adjusted **28,319.26**

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

| Item | Description | Amount |
|--|---|-----------|
| A. NON-TAXABLE/EXEMPT COMPENSATION INCOME | | |
| 32 | Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) | 0.00 |
| 33 | Holiday Pay (MWE) | 0.00 |
| 34 | Overtime Pay (MWE) | 0.00 |
| 35 | Night Shift Differential (MWE) | 0.00 |
| 36 | Hazard Pay (MWE) | 0.00 |
| 37 | 13th Month Pay and Other Benefits | 32,525.27 |
| 38 | De Minimis Benefits | 34,720.74 |
| 39 | SSS, GSIS, PHIC & Pag-ibig Contributions & Union dues (Employee share only) | 10,500.98 |
| 40 | Salaries & Other forms of Compensation | 16,138.04 |
| 41 | Total Non-Taxable/Exempt Compensation Income | 93,885.03 |

B. TAXABLE COMPENSATION INCOME

REGULAR

| | | |
|----|--------------------------|------------|
| 42 | Basic Salary | 212,659.48 |
| 43 | Representation | 138,899.33 |
| 44 | Transportation | 0.00 |
| 45 | Cost of Living Allowance | 0.00 |
| 46 | Fixed Housing Allowance | 0.00 |

Others (Specify)

| | | |
|-----|--|------|
| 47A | | 0.00 |
| 47B | | 0.00 |

SUPPLEMENTARY

| | | |
|-----|---|------------|
| 48 | Commission | 0.00 |
| 49 | Profit Sharing | 0.00 |
| 50 | Fees including Director's Fees | 0.00 |
| 51 | Taxable 13th Month Pay and Other Benefits | 0.00 |
| 52 | Hazard Pay | 0.00 |
| 53 | Overtime Pay | 11,786.39 |
| 54 | Others (Specify) | |
| 54A | ESLTX | 28,251.10 |
| 54B | | |
| 55 | Total Taxable Compensation Income | 391,596.30 |

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 **12 28 2018**

CONFORME: **Helen Villarin** Date Signed **01 21 2019**

57 **Villarin, Helen** Employee Signature Over Printed Name Date of Issue **01 09 2019**

CTC No. **121154719** Place of Issue **Cebu City** Amount Paid **28,319.26**

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 **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 **Villarin, Helen** Employee Signature Over Printed Name

R 01/22/19