



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"

1 For the Year (YYYY): 2 0 1 8	2 For the Period From (MM/DD): 0 1 0 1 To (MM/DD): 0 5 0 4
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Part I Employee Information	Part IV-B Details of Compensation Income and Tax Withheld from Present Employer
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3 Taxpayer Identification No. 4 0 6 2 5 8 5 8 0	5 RDO Code 0 4 3	Amount	
4 Employee's Name (Last Name, First Name, Middle Name) VINAS, LYNNE LEOVEGILDA ALLUNAM		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
6 Registered Address 6A Zip Code		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32 0.00
6B Local Home Address 6C Zip Code		33 Holiday Pay (MWE)	33 0.00
6D Foreign Address 6E Zip Code		34 Overtime Pay (MWE)	34 0.00
7 Date of Birth (MM/DD/YYYY) 0 2 1 0 1 9 9 3		35 Night Shift Differential (MWE)	35 0.00
8 Telephone Number		36 Hazard Pay (MWE)	36 0.00
9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married		37 13th Month Pay and Other Benefits	37 3,778.31
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38 De Minimis Benefits	38 4,000.00
10 Name of Qualified Dependent Children		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 3,253.36
11 Date of Birth (MM/DD/YYYY)		40 Salaries & Other Forms of Compensation	40 -668.76
12 Statutory Minimum Wage rate per day 12 340.00		41 Total Non-Taxable/Exempt Compensation Income	41 10,362.91
13 Statutory Minimum Wage rate per month 13		B. TAXABLE COMPENSATION INCOME REGULAR	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		42 Basic Salary	42 44,665.21

15 Taxpayer Identification No. 0 0 4 6 3 9 7 4 4 0 0 0		43 Representation	43 0.00
16 Employer's Name TELEPHILIPPINES, INC		44 Transportation	44 0.00
17 Registered Address 2ND FLOOR, EDSA CORNER UNITED STREET, GREENFIELD DISTRICT, Mandaluyong City Metro		45 Cost of Living Allowance	45 0.00
17A Zip Code		46 Fixed Housing Allowance	46 0.00
18 Taxpayer Identification No.		47 Others (Specify)	47A 0.00 47A 0.00
19 Employer's Name		47B 0.00 47B 0.00	SUPPLEMENTARY
20 Registered Address 20A Zip Code		48 Commission	48 0.00
21 Gross Compensation Income from Present Employer (Items 41 plus Item 55)		49 Profit Sharing	49 0.00
22 Less: Total Non-Taxable/Exempt (Item 41)		50 Fees Including Director's Fees	50 0.00
23 Taxable Compensation Income from Present Employer (Item 55)		51 Taxable 13th Month Pay and Other Benefits	51 0.00
24 Add: Taxable Compensation Income from Previous Employer		52 Hazard Pay	52 0.00
25 Gross Taxable Compensation Income		53 Overtime Pay	53 14,189.15
26 Less: Total Exemptions		54 Others (Specify)	54A 0.00 54A 0.00
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)		54B 0.00 54B 0.00	55 Total Taxable Compensation Income 55 58,854.36
28 Net Taxable Compensation Income			
29 Tax Due			
30 Amount of Taxes Withheld			
30A Present Employer			
30B Previous Employer			
31 Total Amount of Taxes Withheld As adjusted			

Part II Employer Information (Present)	
15 Taxpayer Identification No. 0 0 4 6 3 9 7 4 4 0 0 0	
16 Employer's Name TELEPHILIPPINES, INC	
17 Registered Address 2ND FLOOR, EDSA CORNER UNITED STREET, GREENFIELD DISTRICT, Mandaluyong City Metro	
17A Zip Code	
18 Taxpayer Identification No.	
19 Employer's Name	
20 Registered Address 20A Zip Code	

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 (Items 41 plus Item 55)	21 69,217.27
22 Less: Total Non-Taxable/Exempt (Item 41)	22 10,362.91
23 Taxable Compensation Income from Present Employer (Item 55)	23 58,854.36
24 Add: Taxable Compensation Income from Previous Employer	24 0.00
25 Gross Taxable Compensation Income	25 58,854.36
26 Less: Total Exemptions	26 0.00
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27 0.00
28 Net Taxable Compensation Income	28 58,854.36
29 Tax Due	29 0.00
30 Amount of Taxes Withheld	
30A Present Employer	30A 0.00
30B Previous Employer	30B 0.00
31 Total Amount of Taxes Withheld As adjusted	31 0.00

We declare, under the penalties of perjury, that the 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 Tax Code, as amended, and the regulations issued under authority thereof.

56 **LEAH E. SANEZ, Sr. Payroll Manager**
Present Employer Authorized Agent Signature Over Printed Name
Date Signed

CONFORME: 57 **LYNNE LEOVEGILDA ALLUNAM VINAS**
Employee Signature Over Printed Name
Date Signed

CTC No. _____ Date of Issue _____
of Employee _____ Place of Issue _____ Amount Paid _____

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.

58 **LEAH E. SANEZ, Sr. Payroll Manager**
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 No. 3-2002, as amended.

59 **LYNNE LEOVEGILDA ALLUNAM VINAS**
Employee Signature Over Printed Name