



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) **2017**

2 For the Period From (MM/DD) To (MM/DD)

Part I Employee Information

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

3 Taxpayer Identification No. **342 564 708 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **QUINAL, CHRISTOPHER IAN MANGYAO** 5 RDO Code **081**

6 Registered Address 6A Zip Code

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) 8 Telephone Number

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)

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		Amount
32	Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	
33	Holiday Pay (MWE)	
34	Overtime Pay (MWE)	
35	Night Shift Differential (MWE)	
36	Hazard Pay (MWE)	
37	13th Month Pay and Other Benefits	23,986.05
38	De Minimis Benefits	23,966.67
39	SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	10,212.60
40	Salaries & Other Forms of Compensation	0.00
41	Total Non-Taxable/Exempt Compensation Income	58,165.32

Part II Employer Information (Present)

B. TAXABLE COMPENSATION INCOME REGULAR

15 Taxpayer Identification No. **484 634 961 0000**

16 Employer's Name **IPLOY INC.**

17 Registered Address 17A Zip Code
11F MSY TOWER PESCADORES RD CEBU 6000

Main Employer Secondary Employer

42	Basic Salary	186,497.01
43	Representation	
44	Transportation	
45	Cost of Living Allowance	
46	Fixed Housing Allowance	
47	Others (Specify)	
47A		18,523.93
47B		

Part III Employer Information (Previous)

18 Taxpayer Identification No.

19 Employer's Name

20 Registered Address 20A Zip Code

Part IV-A Summary

SUPPLEMENTARY

21	Gross Compensation Income from Present Employer (Item 41 plus Item 50)	263,186.25
22	Less: Total Non-Taxable/Exempt (Item 41)	58,165.32
23	Taxable Compensation Income from Present Employer (Item 50)	205,020.94
24	Add: Taxable Compensation Income from Previous Employer	
25	Gross Taxable Compensation Income	205,020.94
26	Less: Total Exemptions	50,000.00
27	Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	0.00
28	Net Taxable Compensation Income	155,020.94
29	Tax Due	26,255.24
30	Amount of Taxes Withheld	
30A	Present Employer	26,255.24
30B	Previous Employer	
31	Total Amount of Taxes Withheld As adjusted	26,255.24

48	Commission	
49	Profit Sharing	
50	Fees, Including Director's Fees	
51	Taxable 13th Month Pay and Other Benefits	0.00
52	Hazard Pay	
53	Overtime Pay	
54	Others (Specify)	
54A		
54B		
55	Total Taxable Compensation Income	205,020.94

We declare, under the penalty 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.