



Certificate of Compensation Payment/Tax Withheld

1 For the Year (YYYY) 2016		2 For the Period From (MM/DD) 1/1 To (MM/DD) 12/31	
Part I Employee Information			
3 Taxpayer Identification No. 288 - 324 - 743		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
4 Employee's Name (Last Name, First Name, Middle Name) Abanto Maria		5 RDO Code	
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) 6/12/1988		8 Telephone Number	
9 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 type="checkbox"/> 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 <input type="checkbox"/> Minimum Wage Eamer whose compensation is exempt from withholding tax and not subject to income tax		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
Part II Employer Information (Present)		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Eamer (MWE) 32	
15 Taxpayer Identification No. 205366-921-000		33 Holiday Pay (MWE) 33	
16 Employer's Name CONVERGYS PHILIPPINES INC		34 Overtime Pay (MWE) 34	
17 Registered Address Basement, Ground, 4th to 9th Floors SLC Building, 6797 Ay		35 Night Shift Differential (MWE) 35	
17A Zip Code		36 Hazard Pay (MWE) 36	
Main Employer Secondary Employer		37 3th Month Pay and Other Benefits 37 38,795.91	
Part III Employer Information (Previous)		38 De Minimis Benefits 38 27,931.03	
18 Taxpayer Identification No.		39 SSS, GSIS, PHIC & Pag-IBIG Contributions, & Union Dues (Employee share only) 39 9,251.30	
19 Employer's Name		40 Salaries & Other Forms of Compensation 40 16,344.93	
20 Registered Address		41 Total Non-Taxable/Exempt Compensation Income 41 92,323.17	
20A Zip Code		B. TAXABLE COMPENSATION INCOME REGULAR	
Part IV-A Summary		42 Basic Salary 42 128,147.25	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 278,459.93		43 Representation 43	
22 Less: Total Non-Taxable/ Exempt (Item 4) 22 92,323.17		44 Transportation 44	
23 Taxable Compensation Income from Present Employer (Item 55) 23 186,136.76		45 Cost of Living Allowance 45	
24 Add: Taxable Compensation Income from Previous Employer 24 0.00		46 Fixed Housing Allowance 46	
25 Gross Taxable Compensation Income 25 186,136.76		47 Others (Specify) 47	
26 Less: Total Exemptions 26 75,000.00		47A 47A	
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable) 27		47B 47B	
28 Net Taxable Compensation Income 28 111,136.76		SUPPLEMENTARY	
29 Tax Due 29 16,727.35		48 Commission 48	
30 Amount of Taxes Withheld 30		49 Profit Sharing 49	
30A Present Employer 30A 16,727.35		50 Fees, including Director's Fees 50	
30B Previous Employer 30B 0.00		51 Taxable 3th Month Pay and Other Benefits 51 0.00	
31 Total Amount of Taxes Withheld As adjusted 31 16,727.35		52 Hazard Pay 52	
		53 Overtime Pay 53	
		54 Others (Specify) 54	
		54A 54A 57,989.51	
		54B 54B	
		55 Total Taxable Compensation Income 55 186,136.76	

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.

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Melody A. Cubilla
Melody A. Cubilla

Present Employer/Authorized Agent Signature Over Printed Name

Date Signed

CONFORME

Abanto Maria

Date Signed

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CTC No. _____ Employee Signature Over Printed Name
of Employee _____ Place of Issue _____

Date 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

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Melody A. Cubilla
Melody A. Cubilla

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

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Abanto Maria

Employee Signature Over Printed Name