



Payment/Tax Withheld

2316

For Compensation Payment With or Without Tax Withheld

July 2008 (ENCS)

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

<p>1 For the Year (YYYY) 2017</p>	<p>2 For the Period From (MM/DD) 01 01 To (MM/DD) 07 30</p>																																																																																										
<p>Part I Employee Information</p> <p>3 Taxpayer Identification No. 317 018 108 0000</p> <p>4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code VILLARIASA MARRIEL LIGUTOM</p> <p>6 Registered Address 6A Zip Code APT 2 ZONE 3 BIASONG TALISAY CITY 6045</p> <p>6B Local Home Address 6C Zip Code </p> <p>6D Foreign Address 6E Zip Code </p> <p>7 Date of Birth (MM/DD/YYYY) 8 Telephone Number 07 26 1995 0</p> <p>9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married</p> <p>9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:80%; height: 20px;"></td><td style="width:20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> <p>12 Statutory Minimum Wage rate per day 12 </p> <p>13 Statutory Minimum Wage rate per month 13 </p> <p>14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</p>																																																																																											
<p>Part II Employer Information (Present)</p> <p>15 Taxpayer Identification No. 244 963 876 0000</p> <p>16 Employer's Name QUALFON PHILIPPINES, INC.</p> <p>17 Registered Address 17A Zip Code Skyrise 3, Qualfon Bldg., IT Park, Apas, Cebu City 6000</p> <p><input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p>																																																																																											
<p>Part III Employer Information (Previous)</p> <p>18 Taxpayer Identification No. </p> <p>19 Employer's Name </p> <p>20 Registered Address 20A Zip Code </p>																																																																																											
<p>Part IV-A Summary</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20%;">21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)</td><td style="width:10%; text-align: center;">21</td><td style="width:10%;"></td><td style="width:10%; text-align: right;">188,214.21</td></tr> <tr><td>22 Less: Total Non-Taxable Exempt (Item 41)</td><td style="text-align: center;">22</td><td></td><td style="text-align: right;">74,065.81</td></tr> <tr><td>23 Taxable Compensation Income from Present Employer (Item 55)</td><td style="text-align: center;">23</td><td></td><td style="text-align: right;">114,148.40</td></tr> <tr><td>24 Add: Taxable Compensation Income from Previous Employer</td><td style="text-align: center;">24</td><td></td><td style="text-align: right;">0.00</td></tr> <tr><td>25 Gross Taxable Compensation Income</td><td style="text-align: center;">25</td><td></td><td style="text-align: right;">114,148.40</td></tr> <tr><td>26 Less: Total Exemptions</td><td style="text-align: center;">26</td><td></td><td style="text-align: right;">50,000.00</td></tr> <tr><td>27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)</td><td style="text-align: center;">27</td><td></td><td></td></tr> <tr><td>28 Net Taxable Compensation Income</td><td style="text-align: center;">28</td><td></td><td style="text-align: right;">64,148.40</td></tr> <tr><td>29 Tax Due</td><td style="text-align: center;">29</td><td></td><td style="text-align: right;">7,622.26</td></tr> <tr><td>30 Amount of Taxes Withheld</td><td></td><td></td><td></td></tr> <tr><td>30A Present Employer</td><td style="text-align: center;">30A</td><td style="text-align: right;">7,622.26</td><td></td></tr> <tr><td>30B Previous Employer</td><td style="text-align: center;">30B</td><td style="text-align: right;">0.00</td><td></td></tr> <tr><td>31 Total Amount of Taxes Withheld As adjusted</td><td style="text-align: center;">31</td><td></td><td style="text-align: right;">7,622.26</td></tr> </table>		21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21		188,214.21	22 Less: Total Non-Taxable Exempt (Item 41)	22		74,065.81	23 Taxable Compensation Income from Present Employer (Item 55)	23		114,148.40	24 Add: Taxable Compensation Income from Previous Employer	24		0.00	25 Gross Taxable Compensation Income	25		114,148.40	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		64,148.40	29 Tax Due	29		7,622.26	30 Amount of Taxes Withheld				30A Present Employer	30A	7,622.26		30B Previous Employer	30B	0.00		31 Total Amount of Taxes Withheld As adjusted	31		7,622.26																																						
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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 METHYL D. MAHER
 Present Employer's Authorized Agent Signature Over Printed Name

Date Signed 10 16 2017

57 MARRIEL L. VILLARIASA
 Employee Signature Over Printed Name

Date Signed 10 18 2017

CTC No. 28698100 **Place of Issue** Talisay City

Date of Issue 10 18 2017

Amount Paid

66

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated is correct and I declare, under the penalties of perjury, that I am qualified under substituted filing of