



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) 2019		2 For the period From (MM/DD) 01 01 To (MM/DD) 01 01	
Part I Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 Taxpayer Identification No. 322 651 523 000		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) Sabellina, April Jane		5 RDO Code 000	
6 Registered Address Block 5 Lot 12 Z-8, Mother Ignacia		7A Zip Code 9000	
6B Local Home Address		7B Zip Code	
6C Foreign Address		7C Zip Code	
7 Date of Birth (MM/DD/YYYY) 04 06 1994		8 Telephone number	
9 Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Married		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 0.00	
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		33 Holiday Pay (MWE) 0.00	
10 Name of Qualified Dependent Children		34 Overtime Pay (MWE) 0.00	
11 Date of Birth (MM/DD/YYYY)		35 Night Shift Differential (MWE) 0.00	
12 Statutory Minimum Wage rate per day 12		36 Hazard Pay (MWE) 0.00	
13 Statutory Minimum Wage rate per month 13		37 13th Month Pay and Other Benefits 0.00	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		38 De Minimis Benefits 643.68	
Part II Employer Information (Present)		39 SSS, GSIS, PHIC & Pag-ibig Contributions & Union dues (Employee share only) 0.00	
15 Taxpayer Identification No. 205 366 921 000		40 Salaries & Other forms of Compensation 482.76	
16 Employer's Name CONVERGYS PHILIPPINES, INC.		41 Total Non-Taxable/Exempt Compensation Income 1,126.44	
17 Registered Address 8th Floor SLC building, 6797 Ayala		B. TAXABLE COMPENSATION INCOME	
17A Zip Code 1226		REGULAR	
<input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		42 Basic Salary 4,782.83	
Part III Employer Information (Previous)		43 Representation 0.00	
18 Taxpayer Identification No.		44 Transportation 0.00	
19 Employer's Name		45 Cost of Living Allowance 0.00	
20 Registered Address		46 Fixed Housing Allowance 0.00	
20A Zip Code		47 Others (Specify)	
Part IV-A Summary		47A 0.00	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 7,787.76		47B 0.00	
22 Less: Total Non-Taxable/Exempt (Item 41) 1,126.44		SUPPLEMENTARY	
23 Taxable Compensation Income from Present Employer (Item 55) 6,661.32		48 Commission 0.00	
24 Add: Taxable Compensation Income from Previous Employer 0.00		49 Profit Sharing 0.00	
25 Gross Taxable Compensation Income 6,661.32		50 Fees including Director's Fees 0.00	
26 Less: Total Exemptions 0.00		51 Taxable 13th Month Pay and Other Benefits 0.00	
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)		52 Hazard Pay 0.00	
28 Net Taxable Compensation Income 6,661.32		53 Overtime Pay 1,073.99	
29 Tax Due 0.00		54 Others (Specify)	
30 Amount of Taxes Withheld		54A EPGAL 804.61	
30A Present Employer 0.00		54B	
30B Previous Employer		55 Total Taxable Compensation Income 6,661.32	
31 Total Amount of Taxes Withheld As adjusted 0.00			

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: **02 22 2019**

CONFORME:
57 Sabellina, April Jane
CTC No. _____ Employee Signature Over Printed Name Date Signed: _____
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 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 of 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 Philippines 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 Sabellina, April Jane
Employee Signature Over Printed Name