



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) 2018		2 For the Period From (MM/DD) 01 01 To (MM/DD) 09 05	
Part I Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 Taxpayer Identification No. 312-692-247		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) Jadelyn Diagro Onglao 5 RDO Code 123		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32	
6 Registered Address 6A Zip Code		33 Holiday Pay (MWE) 33	
6B Local Home Address 6C Zip Code		34 Overtime Pay (MWE) 34	
6D Foreign Address 6E Zip Code		35 Night Shift Differential (MWE) 35	
7 Date of Birth (MM/DD/YYYY) 01 03 1993 8 Telephone Number -		36 Hazard Pay (MWE) 36	
9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married		37 13th Month Pay and Other Benefits 9214.42	
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		38 De Minimis Benefits 10874.27	
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)		39 SSS, GSIS, PHIC & Pag-Ibig Contributions, & Union Dues (Employee share only) 6957.16	
12 Statutory Minimum Wage rate per day 12		40 Salaries & Other Forms of Compensation 4009.66	
13 Statutory Minimum Wage rate per month 13		41 Total Non-Taxable/Exempt Compensation Income 31055.51	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		B. TAXABLE COMPENSATION INCOME	
Part II Employer Information (Present)		REGULAR	
15 Taxpayer Identification No. 006 - 897 - 563 - 000		42 Basic Salary 96415.82	
16 Employer's Name WIPRO BPO PHILIPPINES LTD. INC.		43 Representation 43	
17 Registered Address 17A Zip Code CEBU IT TOWER LT7 BLK2 COR. ARCH REYES ST		44 Transportation 44	
<input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		45 Cost of Living Allowance 45	
Part III Employer Information (Previous)		46 Fixed Housing Allowance 46	
18 Taxpayer Identification No. 19		47 Others (Specify)	
19 Employer's Name 20A Zip Code		47A MEDICAL/SALADJ/OTHER S 2321.36	
20 Registered Address 20A Zip Code		47B 47B	
Part IV-A Summary		SUPPLEMENTARY	
21 Gross Compensation income from Present Employer (Item 41 plus Item 55) 143463.08		48 Commission 48	
22 Less: Total Non-Taxable/Exempt (Item 41) 31055.51		49 Profit Sharing 49	
23 Taxable Compensation Income from Present Employer (Item 55) 112407.57		50 Fees Including Director's Fees 50	
24 Add: Taxable Compensation Income from Previous Employer 24		51 Taxable 13th Month Pay and Other Benefits 0.00	
25 Gross Taxable Compensation Income 112407.57		52 Hazard Pay 52	
26 Less: Total Exemptions 0		53 Overtime Pay 13670.39	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27		54 Others (Specify)	
28 Net Taxable Compensation Income 112407.57		54A 54A	
29 Tax Due 0		54B 54B	
30 Amount of Taxes Withheld 30A 0		55 Total Taxable Compensation Income 112407.57	
30B Previous Employer 30B			
31 Total Amount of Taxes Withheld As adjusted 0			
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 RISNA W. MALAQUE Present Employer/ Authorized Agent Signature Over Printed Name		Date Signed _____	
CONFORME:			
57 _____ Employee Signature Over Printed Name		Date Signed _____	
CTC No. _____ 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.		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.	
58 RISNA W. MALAQUE Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)		59 _____ Employee Signature Over Printed Name	

[Handwritten signature]