



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) 12 26	
Part I Employee Information			
3 Tax Payer Identification No. 319 870 632 000		4 RDO Code 000	
5 Employer's Name (Last Name, First Name, Middle Name) Malinao, Flori Jane			
6 Registered Address Sitio Camansi Lorega St., Cebu City		7A Zip Code 6000	
8B Local Home Address		8C Zip Code	
8D Foreign Address		8E Zip Code	
9 Date of Birth (MM/DD/YYYY) 05 29 1995		10 Telephone number	
9 Exemption Status <input 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 Child		11 Date of Birth (MM/DD/YYYY)	
12 Statutory Minimum Wage rate per day 32			
13 Statutory Minimum Wage rate per month 33			
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax			
Part II Employer Information (Present)			
15 Taxpayer Identification No. 205 366 921 000		16 Employer's Name CONVERGYS PHILIPPINES, INC.	
17 Registered Address 8th Floor SLC building, 6797 Ayala		17A Zip Code 1226	
18 <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer			
Part III Employer Information (Previous)			
19 Taxpayer Identification No.		20 Employer's Name	
21 Registered Address		22 Zip Code	
Part IV-A Summary			
21 Gross Compensation Income from Present Employer (Item 31 plus Item 55)	21	315,229.39	
22 Less: Total Non-Taxable Exempt (Item 41)	22	77,714.56	
23 Taxable Compensation Income from Present Employer (Item 21)	23	237,514.83	
24 Add: Taxable Compensation Income from Previous Employer	24	0.00	
25 Gross Taxable Compensation Income	25	237,514.83	
26 Less: Total Exemptions	26	0.00	
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27		
28 Net Taxable Compensation Income	28	237,514.83	
29 Tax Due	29	0.00	
30 Amount of Taxes Withheld			
30A Present Employer	30A	0.00	
30B Previous Employer	30B		
31 Total Amount of Taxes Withheld As adjusted	31	0.00	

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer		Amount
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
32 Basic Salary/ Statutory Minimum Wage/ Minimum Wage Earner (MWE)	32	0.00
33 Holiday Pay (MWE)	33	0.00
34 Overtime Pay (MWE)	34	0.00
35 Night Shift Differential (MWE)	35	0.00
36 Hazard Pay (MWE)	36	0.00
37 13th Month Pay and Other Benefits	37	17,271.24
38 De Minimis Benefits	38	32,508.04
39 SSS, GSIS, PHIC & Pag-IBIG Contributions & Unemployment (Employee share only)	39	10,624.82
40 Salaries & Other forms of Compensation	40	17,310.46
41 Total Non-Taxable/Exempt Compensation Income	41	77,714.56
B. TAXABLE COMPENSATION INCOME		
REGULAR		
42 Basic Salary	42	167,502.81
43 Representation	43	0.00
44 Transportation	44	0.00
45 Cost of Living Allowance	45	0.00
46 Fixed Housing Allowance	46	0.00
47 Others (Specify)		
47A	47A	0.00
47B	47B	0.00
SUPPLEMENTARY		
48 Commission	48	0.00
49 Profit Sharing	49	0.00
50 Fees including Director's Fees	50	0.00
51 Taxable 13th Month Pay and Other Benefits	51	0.00
52 Hazard Pay	52	0.00
53 Overtime Pay	53	35,562.00
54 Others (Specify)		
54A	54A	34,450.02
54B	54B	
55 Total Taxable Compensation Income	55	237,514.83

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 Malinao, Flori Jane
Employee Signature Over Printed Name

Date Signed _____

CIC No _____ Employee Signature Over Printed Name _____ Amount Paid _____

of Employee _____ Place of Issue _____

Date of Issue _____

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.

58 MARICAR CORONEL
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 3-2002, as amended.

59 Malinao, Flori Jane
Employee Signature Over Printed Name