



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"

<p>1 For the Year 2018</p> <p>Part I Employee Information</p> <p>3 Taxpayer Identification No. 337 253 801 000</p> <p>4 Employee's Name Chu, Karl Kenneth Sois</p> <p>6 Registered Address Silo Bayabas, Luman II, Talisay City, Cebu</p> <p>6B Local Home Address</p> <p>6D Foreign Address</p> <p>7 Date of Birth (MM/DD/YYYY)</p> <p>8 Telephone Number</p> <p>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 checked="" type="checkbox"/> No 10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)</p> <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. 007 964 541 000</p> <p>16 Employer's Name VCUSTOMER PHILIPPINES, INC.</p> <p>17 Registered Address 90 GENERAL MAXILOM AVENUE, CEBU CITY</p> <p>Main Employer <input checked="" type="checkbox"/> Secondary Employer <input type="checkbox"/></p> <p>Part III Employer Information (Previous)</p> <p>18 Taxpayer Identification No.</p> <p>19 Employer's Name</p> <p>20 Registered Address</p> <p>20A Zip Code</p> <p>Part IV-A Summary</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)</td><td style="text-align: right;">88,908.58</td></tr> <tr><td>22 Less: Total Non-Taxable Exempt (Item 41)</td><td style="text-align: right;">26,146.57</td></tr> <tr><td>23 Taxable Compensation Income from Present Employer (Item 55)</td><td style="text-align: right;">62,762.01</td></tr> <tr><td>24 Add: Taxable Compensation Income from Previous Employer</td><td style="text-align: right;">-</td></tr> <tr><td>25 Gross Taxable Compensation Income</td><td style="text-align: right;">62,762.01</td></tr> <tr><td>26 Less: Total Exemptions</td><td style="text-align: right;">-</td></tr> <tr><td>27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)</td><td style="text-align: right;">-</td></tr> <tr><td>28 Net Taxable Compensation Income</td><td style="text-align: right;">62,762.01</td></tr> <tr><td>29 Tax Due</td><td style="text-align: right;">-</td></tr> <tr><td>30 Amount of Taxes Withheld</td><td style="text-align: right;">-</td></tr> <tr><td>30A Present Employer</td><td style="text-align: right;">-</td></tr> <tr><td>30B Previous Employer</td><td style="text-align: right;">-</td></tr> <tr><td>31 Total Amount of Taxes Withheld As adjusted</td><td style="text-align: right;">-</td></tr> </table>	21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	88,908.58	22 Less: Total Non-Taxable Exempt (Item 41)	26,146.57	23 Taxable Compensation Income from Present Employer (Item 55)	62,762.01	24 Add: Taxable Compensation Income from Previous Employer	-	25 Gross Taxable Compensation Income	62,762.01	26 Less: Total Exemptions	-	27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	-	28 Net Taxable Compensation Income	62,762.01	29 Tax Due	-	30 Amount of Taxes Withheld	-	30A Present Employer	-	30B Previous Employer	-	31 Total Amount of Taxes Withheld As adjusted	-	<p>2 For the Period From 01 01 To 05 11</p> <p>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</p> <p>A NON-TAXABLE/EXEMPT COMPENSATION INCOME</p> <table border="1" style="width:100%; 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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 Tax Code, as amended, and the regulations issued under authority thereof.

55 Present Employer Authorized Agent Signature Over Printed Name **MORNING F. BAYONDRINO** Date Signed