



Certificate of Compensation Payment/Tax Withheld

RR F
2316

For Compensation Payment With or Without Tax Withheld

July 2008 (ENCS)

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

1 For This Year (YYYY) **2018**

2 For This Period From (MM/DD) [] [] To (MM/DD) [] []

Part I Employee Information

3 Taxpayer Identification No. **006 897 563 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **BASE, BERN TORRES** 5 RDO Code **081**

6 Registered Address 6A Zip Code

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) 8 Telephone Number

9 Exemption Status Single Married

10 Is the wife claiming the additional exemption for qualified dependent children? Yes No

11 Name of Qualified Dependent Children 12 Date of Birth (MM/DD/YYYY)

12 Statutory Minimum Wage rate per day 12

13 Statutory Minimum Wage rate per month 13

14 Minimum Wage Earning whose compensation is exempt from withholding tax and not subject to income tax

Part II Employer Information (Present)

15 Taxpayer Identification No. **445 528 837 0000**

16 Employer's Name **GLOBAL EMPIRE BPO CORPORATION**

17 Registered Address **SANTA CRUZ CEBU CITY** 18 Zip Code **6000**

19 Main Employer Secondary Employer

Part III Employer Information (Previous)

18 Taxpayer Identification No.

19 Employer's Name

20 Registered Address 20A Zip Code

Part IV-A Summary

21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21	67,038.17
22 Less: Total Non-Taxable Income (Item 41)	22	19,984.74
23 Taxable Compensation Income from Present Employer (Item 55)	23	49,074.95
24 Add: Taxable Compensation Income from Previous Employer	24	
25 Gross Taxable Compensation Income	25	49,074.95
26 Less: Total Exemptions	26	0.00
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27	0.00
28 Net Taxable Compensation Income	28	49,074.95
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 required)	31	0.00

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer

31 NON-TAXABLE/EXEMPT COMPENSATION INCOME

32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earning (MWE) 32

33 Holiday Pay (MWE) 33

34 Overtime Pay (MWE) 34

35 Night Shift Differential (MWE) 35

36 Hazard Pay (MWE) 36

37 13th Month Pay and Other Benefits 37 **17,391.94**

38 De Minimis Benefits 38 **0.00**

39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 **2,592.80**

40 Salaries & Other Forms of Compensation 40 **0.00**

41 Total Non-Taxable/Exempt Compensation Income 41 **19,984.74**

B TAXABLE COMPENSATION INCOME

42 **47,053.43**

43

44 Cost of Living Allowance 44

45 Fixed Housing Allowance 45

46 Others (Specify) 46

47A **2,021.52** 47A

47B 47B

SUPPLEMENTARY

48 Commission 48

49 Profit Sharing 49

50 Fees including Director's Fees 50

51 Taxable 13th Month Pay and Other Benefits 51 **0.00**

52 Hazard Pay 52

53 Overtime Pay 53

54 Others (Specify) 54

54A 54A

54B 54B

55 Total Taxable Compensation Income 55 **49,074.95**

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and in the best of our knowledge and belief, in true and correct accordance with the provisions of the Internal Revenue Code, as amended, and the regulations issued under authority thereof.

56 **PIERRE ALEXANDER CHUA** Present Employer's Authorized Agent Signature Over Printed Name

Date Signed [] [] [] []

CONFORME: **BERN TORRES BASE**