



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"

For the year (YYYY) 2018		01 01		12 14	
Part I Employee Information			Part IV-B Details of Compensation Income and Tax Withheld from Present Employer		
1. Taxpayer Identification No. 331 647 260 000 2. Employee's Name (Last Name - First Name - Middle Name) Lumanta, Sheila Mae 3. Registered Address Apas Lahug 6A Zip Code 6000 4. Local Home Address Apas Lahug 6C Zip Code 6000 5. Foreign Address _____ 6E Zip Code _____ 6. Date of Birth (MM/DD/YYYY) 08 02 1994 Telephone number _____ 7. Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Married 8A. Is this wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Name of Qualified Dependent Children _____ 11. Date of Birth (MM/DD/YYYY) _____ 12. Statutory Minimum Wage per month _____ 13. _____ 14. Statutory Minimum Wage per hour _____ 14. _____ 15. Minimum Wage Earned (where compensation is exempt from withholding tax and not subject to income tax) _____			A. NON-TAXABLE DEPENDENT COMPENSATION INCOME 31. Basic Salary/Statutory Minimum Wage/Minimum Wage Earned (MWE) 0.00 32. Holiday Pay (MWE) 0.00 33. Overtime Pay (MWE) 0.00 34. Night Shift Differential (MWE) 0.00 35. Hazard Pay (MWE) 0.00 37. 13th Month Pay and Other Benefits 52,543.01 38. De Minimis Benefits 33,896.60 39. SSS, GSIS, PHIC & Pag-IBIG Contributions & Unam dues (Employee share only) 9,823.75 40. Bonuses & Other forms of Compensation 16,069.05 41. Total Non-Taxable Exempt Compensation Income 112,332.41		
Part II Employer Information (Present)			B. TAXABLE COMPENSATION INCOME		
16. Taxpayer Identification No. 205 366 921 000 18. Employer's Name CONVERGYS PHILIPPINES, INC. 17. Registered Address 8th Floor SLC building, 6797 Ayala 17A Zip Code 1226 <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer			42. Basic Salary 126,214.07 43. Repatriation 0.00 44. Transportation 0.00 45. Cost of Living Allowance 0.00 46. Food Housing Allowance 0.00 47. Others (Specify) _____ 47A 0.00 47B 0.00		
Part III Employer Information (Previous)			C. SUPPLEMENTARY		
18. Taxpayer Identification No. _____ 19. Employer's Name _____ 20. Registered Address _____ 20A Zip Code _____			48. Commission 0.00 49. Profit Sharing 0.00 50. Fees including Director's Fees 0.00 51. Taxable 13th Month Pay and Other Benefits 0.00 52. Hazard Pay 0.00 53. Overtime Pay 29,810.44 54. Others (Specify) _____ 54A EPGAL 18,073.90 54B 2.39		
Part IV-A Summary			D. TOTAL TAXABLE COMPENSATION INCOME		
21. Gross Compensation Income from Present Employer (Item 41 plus Item 35) 286,433.21 22. Less: Total Non-Taxable Exempt (Item 41) 112,332.41 23. Taxable Compensation Income from Present Employer (Item 50) 174,100.80 24. Add: Taxable Compensation Income from Previous Employer 0.00 25. Gross Taxable Compensation Income 174,100.80 26. Less: Total Exemptions 0.00 27. Less: Premium Paid on Health and/or Hospital Insurance (if applicable) _____ 28. Net Taxable Compensation Income 174,100.80 29. Tax Due 0.00 30A. Amount of Taxes Withheld 0.00 30B. Present Employer 0.00 30C. Previous Employer _____ 31. Total Amount of Taxes Withheld As indicated 0.00			55. Total Taxable Compensation Income 174,100.80		
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. <u>MARICAR CORONEL</u> Present Employer/Authorized Agent Signature Over Printed Name CONFORME: 57. <u>Lumanta, Sheila Mae</u> CTC No. _____ Employee Signature Over Printed Name of Employee _____ Place of Issue _____			Date Signed 02 22 2019 Date Signed _____ Date of Issue _____ Amount Paid _____		
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. <u>MARICAR CORONEL</u> 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. <u>Lumanta, Sheila Mae</u> Employee Signature Over Printed Name		