



# Certificate of Compensatio Payment/Tax Withheld

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 the Year (YYYY) **2018**

2 For the Period From (MM/DD) **01 01** To (MM/DD) **02 13**

**Part I Employee Information**

3 Taxpayer Identification No. **327 925 183 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **PANTOJAN, ALYSSA MARIE RABADON** 5 RDO Code **125**

6 Registered Address 6A Zip Code

6B Local Home Address **Camp3, Jaclupan Talisay City Cebu** 6C Zip Code **6045**

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) **08 04 1995** 8 Telephone Number

9 Exemption Status  Single  Married

9A Is the wife claiming the additional exemption for qualified dependent children?  Yes  No

10 Name of Qualified Dependent Children 11 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 Earner whose compensation is exempt from withholding tax and not subject to income tax

**Part II Employer Information (Present)**

15 Taxpayer Identification No. **007 939 383 0000**

16 Employer's Name **EIGHT UNDER PAR (PAWNSHOP OPERATOR) INC.**

17 Registered Address **170 RIZAL AVENUE, PUERTO PRINCESA CITY** 17A Zip Code **5300**

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) **30,896.93**

22 Less: Total Non-Taxable/Exempt (Item 41) **6,962.04**

23 Taxable Compensation Income from Present Employer (Item 55) **23,934.89**

24 Add: Taxable Compensation Income from Previous Employer **0.00**

25 Gross Taxable Compensation Income **23,934.89**

26 Less: Total Exemptions **0.00**

27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) **0.00**

28 Net Taxable Compensation Income **23,934.89**

29 Tax Due **0.00**

30 Amount of Taxes Withheld 30A Present Employer **0.00**

30B Previous Employer **0.00**

31 Total Amount of Taxes Withheld As adjusted **0.00**

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

**A. NON-TAXABLE/EXEMPT COMPENSATION INCOME**

32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (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 **1,925.48**

38 De Minimis Benefits 38 **4,334.19**

39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 **702.37**

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

41 Total Non-Taxable/Exempt Compensation Income 41 **6,962.04**

**B. TAXABLE COMPENSATION INCOME REGULAR**

42 Basic Salary 42 **15,514.89**

43 Representation 43

44 Transportation 44

45 Cost of Living Allowance 45

46 Fixed Housing Allowance 46

47 Others (Specify) 47A **0.00**

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 **0.00**

54 Others (Specify) 54A **VARIOUS ALLOWANCES** 54A **8,420.00**

54B 54B **0.00**

55 Total Taxable Compensation Income 55 **23,934.89**

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 **MANILYN N. CEBALLOS**  
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME: 57 **ALYSSA MARIE R. PANTOJAN**  
CTC No. Employee Signature Over Printed Name

Date Signed

of Employee Place of Issue

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 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 RA No. 3-2002, as amended.

58 **MANILYN N. CEBALLOS**  
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

59 **ALYSSA MARIE R. PANTOJAN**  
Employee Signature Over Printed Name