



### Certificate of Compensation Payment/Tax Withheld

1 For the Year (YYYY)     2 For the Period From (MM/DD)     To (MM/DD)

Part I	Employee Information	Part IV-B	Details of Compensation Income and Tax Withheld from Present Employer
3	Taxpayer Identification No. <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>		
4	Employee's Name (Last Name, First Name, Middle Name) <input type="text" value="Alicio, John Paul Llaga"/> 5 RDO Code <input type="text"/>		<b>A. Non Taxable/Exempt Compensation Income</b>
6	Registered Address <input type="text"/> 6A Zip Code <input type="text"/>	32	Basic Salary / Statutory Minimum Wage Minimum Wage Earner (MWE) <input type="text" value="0.00"/>
6B	Local Home Address <input type="text"/> 6C Zip Code <input type="text"/>	33	Holiday Pay (MWE) <input type="text" value="0.00"/>
6D	Foreign Address <input type="text"/> 6E Zip Code <input type="text"/>	34	Overtime Pay (MWE) <input type="text" value="0.00"/>
7	Date of Birth (MM/DD/YYYY) <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="3"/> 8 Telephone Number <input type="text"/>	35	Night Shift Differential (MWE) <input type="text" value="0.00"/>
9	Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married	36	Hazard Pay (MWE) <input type="text" value="0.00"/>
9A	Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No	37	13th Month Pay and Other Benefits <input type="text" value="27,573.81"/>
10	Name of Qualified Dependent Children <input type="text"/> 11 Date of Birth <input type="text"/>	38	De Minimis Benefits <input type="text" value="11,151.74"/>
12	Statutory Minimum Wage Rate Per Day <input type="text" value="12"/>	39	SSS, GSIS, PHIC & Pag-Ibig Contributions & Union Dues (Employee Share Only) <input type="text" value="9,118.48"/>
13	Statutory Minimum Wage Rate Per Month <input type="text" value="13"/>	40	Salaries & Other Forms of Compensation <input type="text" value="0.00"/>
14	<input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	41	Total Non -Taxable / Exempt Compensation Income <input type="text" value="47,844.03"/>

Part II	Employer Information (Present)	Part IV-B	Details of Compensation Income and Tax Withheld from Present Employer
15	Taxpayer Identification No. <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="3"/> <input type="text" value="9"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>		<b>B. Taxable Compensation Income Regular</b>
16	Employer's Name <input type="text" value="TPPH FHCS, Inc."/>	42	Basic Salary <input type="text" value="132,775.01"/>
17	Registered Address <input type="text" value="Teleperformance Bldg. Ayala cor. Sen. Gil Puyat Ave. Makati"/> 17A Zip Code <input type="text"/>	43	Representation <input type="text" value="0.00"/>
	<input checked="" type="checkbox"/> main employer <input type="checkbox"/> secondary employer	44	Transportation <input type="text" value="0.00"/>
18	Taxpayer Identification No. <input type="text"/>	45	Cost of Living Allowance <input type="text" value="0.00"/>
19	Employer's Name <input type="text"/>	46	Fixed Housing Allowance <input type="text" value="0.00"/>
20	Registered Address <input type="text"/> 20A Zip Code <input type="text"/>	47	Others (Specify)
		47A	Allowances and Adjustment <input type="text" value="0.00"/>
		47B	<input type="text" value="0.00"/>

Part III	Employer Information (Previous )-I	Part IV-A	Summary
18	Taxpayer Identification No. <input type="text"/>	21	Taxable Compensation Income from Present Employer (Item 41 + Item 55) <input type="text" value="209,185.67"/>
19	Employer's Name <input type="text"/>	22	Less: Total Non-Taxable / Exempt (Item 41) <input type="text" value="47,844.03"/>
20	Registered Address <input type="text"/> 20A Zip Code <input type="text"/>	23	Taxable Compensation Income From Present Employer (Item 55) <input type="text" value="161,341.64"/>
		24	Add Taxable Compensation Income From Previous Employer <input type="text"/>
		25	Gross Taxable Compensation Income <input type="text" value="161,341.64"/>
		26	Less: Total Exemptions <input type="text" value="0.00"/>
		27	Less: Premium Paid on Health and/or Hospital Insurance (if applicable) <input type="text"/>
		28	Net Taxable Compensation Income <input type="text" value="161,341.64"/>
		29	Tax Due <input type="text" value="0.00"/>
		30	Amount of Taxes Withheld
		30A	Present Employer <input type="text" value="0.00"/>
		30B	Previous Employer <input type="text" value="0.00"/>
		31	Total Amount of Taxes Withheld As Adjusted <input type="text" value="0.00"/>
		48	Commission <input type="text" value="0.00"/>
		49	Profit Sharing <input type="text" value="0.00"/>
		50	Fees Incl. Director's Fees <input type="text" value="0.00"/>
		51	Taxable 13th Month Pay and Other Benefits <input type="text" value="0.00"/>
		52	Hazard Pay <input type="text" value="0.00"/>
		53	Overtime Pay <input type="text" value="7,247.55"/>
		54	Others ( Specify )
		54A	Leaves <input type="text" value="0.00"/>
		54B	Night Differential <input type="text" value="21,319.08"/>
		55	Total Taxable Compensation Income <input type="text" value="161,341.64"/>

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.

Present Employer/ Authorized Agent Signature Over Printed Name  Date Signed

CONFORME: Alicio, John Paul Llaga Date Signed

CTC No.  Employee Signature Over Printed Name  Date of Issue  Amount Paid

Place of Issue

**To be accomplished under substitute filing**

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.

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