



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

<p>1 For the Year (YYYY) 2018</p> <p>Part I Employee Information</p> <p>3 Taxpayer Identification No. 323 355 680 000</p> <p>4 Employee's Name (Last Name, First Name, Middle Name) Pacadaljen, Daniel Nabual 5 RDO Code</p> <p>6 Registered Address Brgy. Parian, Cebu City, Cebu 6A Zip Code 6000</p> <p>6B Local Home Address 6C Zip Code</p> <p>6D Foreign Address 6E Zip Code</p> <p>7 Date of Birth (MM/DD/YYYY) 01 12 1995 8 Telephone Number</p> <p>9 Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Married</p> <p>9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/></p> <p>10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)</p> <p>12 Statutory Minimum Wage rate per day 13 Statutory Minimum Wage rate per month</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. 211 451 592</p> <p>16 Employer's Name Alorica Philippines, Inc.</p> <p>17 Registered Address 2258 EDSA corner Chino Roces Avenue Makati City 17A Zip code</p> <p><input checked="" type="checkbox"/> main employer <input type="checkbox"/> secondary employer</p> <p>Part III Employer Information (Previous)</p> <p>18 Taxpayer Identification No.</p> <p>19 Employer's Name</p> <p>20 Registered Address 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;">221,956.04</td></tr> <tr><td>22 Less: Total Non-taxable/Exempt (Item 41)</td><td style="text-align: right;">-58,764.68</td></tr> <tr><td>23 Taxable Compensation Income from Present Employer (Item 55)</td><td style="text-align: right;">163,191.36</td></tr> <tr><td>24 Add: Taxable Compensation Income from Previous Employer</td><td style="text-align: right;">0.00</td></tr> <tr><td>25 Gross taxable Compensation Income</td><td style="text-align: right;">163,191.36</td></tr> <tr><td>26 Less: Total Exemptions</td><td style="text-align: right;">0.00</td></tr> <tr><td>27 Less: Premium Paid on Health and/or Hospital Insurance (If Applicable)</td><td style="text-align: right;">0.00</td></tr> <tr><td>28 Net Taxable Compensation Income</td><td style="text-align: right;">163,191.36</td></tr> <tr><td>29 Tax Due</td><td style="text-align: right;">0.00</td></tr> <tr><td>30 Amount of taxes Withheld</td><td style="text-align: right;">0.00</td></tr> <tr><td>30A Present Employer</td><td style="text-align: right;">0.00</td></tr> <tr><td>30B Previous Employer</td><td style="text-align: right;">0.00</td></tr> <tr><td>31 Total Amount of Taxes Withheld As Adjusted</td><td style="text-align: right;">0.00</td></tr> </table>	21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	221,956.04	22 Less: Total Non-taxable/Exempt (Item 41)	-58,764.68	23 Taxable Compensation Income from Present Employer (Item 55)	163,191.36	24 Add: Taxable Compensation Income from Previous Employer	0.00	25 Gross taxable Compensation Income	163,191.36	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	163,191.36	29 Tax Due	0.00	30 Amount of taxes Withheld	0.00	30A Present Employer	0.00	30B Previous Employer	0.00	31 Total Amount of Taxes Withheld As Adjusted	0.00	<p>2 For the Period From (MM/DD) 01 01 to 10 01</p> <p>Part IV Details of Compensation Income and Tax Withheld from Present Employer</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">A. 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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 National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

56 ATTY. MA. JAMEA S. GARCIA
Present Employer/Authorized Agent Signature Over Printed Name

Date Signed _____

CONFORME:
57 Pacadaljen, Daniel Nabual
Employee Signature Over Printed Name

Date Signed _____

Amount Paid _____

CTC No. _____ Place of Issue _____
of Employee

Date of Issue _____

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604 CF 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 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.

58 ATTY. MA. JAMEA S. GARCIA
Present Employer/Authorized Agent Signature Over Printed Name
(Head of Accounting/Human Resources or Authorized Representative)

59 Pacadaljen, Daniel Nabual
Employee Signature Over Printed Name