



# 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"

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|---|--|--|--|
| 1 For the year (YYYY) <b>2019</b>   |  | 2 For the period From (MM/YY) <b>01 01</b> To (MM/YY) <b>03 28</b>                     |  |
| <b>Part I Employee Information</b>  |  | <b>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</b> |  |
| 3 Tax Payer Identification No. <b>230 126 739 000</b>   |  | <b>A. NON-TAXABLE SUPPLEMENTARY COMPENSATION INCOME</b>                                |  |
| 4 Employer's Name (Last Name, First Name, Middle Name) <b>Dublin, Jennifer, Traverso</b> & PO Box No. <b>000</b>                            |  | 32 Basic Salary/ Statutory Minimum Wage/ Minimum Wage Salary (MWS)                     |  |
| 5 Registered Address <b>2894 Kamanggahan I Pajo</b> RA Zip Code <b>6015</b>   |  | 33 Holiday Pay (MWS)   |  |
| 6 Local Home Address <b></b> RG Zip Code <b></b>  |  | 34 Overtime Pay (MWS)  |  |
| 7 Foreign Address <b></b> SE Zip Code <b></b>   |  | 35 Night Shift Differential (MWS)  |  |
| 8 Date of Birth (MM/DD/YYYY) <b>10 23 1986</b> Telephone number <b></b>   |  | 36 Hazard Pay (MWS)  |  |
| 9 Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Married   |  | 37 13th Month Pay and Other Benefits   |  |
| 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | 38 De Minimis Benefits   |  |
| 10 Name of Qualified Dependent Children   |  | 39 SSS, GSIS, PHIC & Pag-IBIG Contributions & Loan Costs (Employee share only)         |  |
| 11 Date of Birth (MM/DD/YYYY)   |  | 40 Salaried & Other forms of Compensation  |  |
| 12 Statutory Minimum Wage rate per day  |  | 41 Total Non-Taxable/Exempt Compensation Income  |  |
| 13 Statutory Minimum Wage rate per month  |  | <b>38,364.56</b>   |  |
| 14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax             |  | <b>B. TAXABLE COMPENSATION INCOME</b>  |  |
| <b>Part II Employer Information (Present)</b>   |  | <b>REGULAR</b>   |  |
| 15 Taxpayer Identification No. <b>239 952 660 000</b>   |  | 42 Basic Salary  |  |
| 16 Employer's Name <b>JPMCB PHILIPPINE GSC</b>  |  | 43 Representation  |  |
| 17 Registered Address <b>Net Plaza 31st BGC Taguig City</b> RA Zip Code <b>1634</b>   |  | 44 Transportation  |  |
| <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer   |  | 45 Cost of Living Allowance  |  |
| <b>Part III Employer Information (Previous)</b>   |  | 46 Fixed Housing Allowance   |  |
| 18 Taxpayer Identification No.  |  | 47 Others (Specify)  |  |
| 19 Employer's Name  |  | 47A <b></b>  |  |
| 20 Registered Address   |  | 47B <b>UnAL&gt;10</b>  |  |
| 21 Registered Address   |  | <b>SUPPLEMENTARY</b>   |  |
| 22 Registered Address   |  | 48 Commission  |  |
| 23 Registered Address   |  | 49 Profit Sharing  |  |
| 24 Registered Address   |  | 50 Fees including Director's Fees  |  |
| 25 Registered Address   |  | 51 Taxable 13th Month Pay and Other Benefits   |  |
| 26 Registered Address   |  | 52 Hazard Pay  |  |
| 27 Registered Address   |  | 53 Overtime Pay  |  |
| 28 Registered Address   |  | 54 Others (Specify)  |  |
| 29 Registered Address   |  | 54A <b></b>  |  |
| 30 Registered Address   |  | 54B <b></b>  |  |
| 31 Registered Address   |  | 55 Total Taxable Compensation Income   |  |
| 32 Registered Address   |  | <b>110,469.59</b>  |  |
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