



# Certificate of Compensation Payment/Tax Withheld

# 2316

July 2008 (ENCS)

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYY) **2019**

2 For the Period From (MM/DD) **01 01** To (MM/DD) **05 07**

### Part I Employee Information

3 Taxpayer Identification No. **233 452 283 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **AMOROTO, HELEN ANDOVO** 5 RDO Code **043**

6 Registered Address **129 CATTLEYA ST. LABANGON, CEBU CITY 6000** 8A Zip Code

6B Local Home Address 8C Zip Code

6D Foreign Address 8E Zip Code

7 Date of Birth (MM/DD/YYYY) **02 12 1987** 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. **007 418 349 0001**

16 Employer's Name **FUSION BPO SERVICES PHILS. INC.**

17 Registered Address **7TH FLOOR ROBINSONS CYBERGATE FUENTE** 17A Zip Code **6000**

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) **65,848.20**

22 Less: Total Non-Taxable/Exempt (Item 41) **24,445.10**

23 Taxable Compensation Income from Present Employer (Item 55) **41,403.10**

24 Add: Taxable Compensation Income from Previous Employer

25 Gross Taxable Compensation Income **41,403.10**

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 **41,403.10**

29 Tax Due **0.00**

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

30B Previous Employer 30B

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 **3,301.00**

38 De Minimis Benefits 38 **16,500.00**

39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 **2,644.10**

40 Salaries & Other Forms of Compensation 40 **2,000.00**

41 Total Non-Taxable/Exempt Compensation Income **24,445.10**

#### B. TAXABLE COMPENSATION INCOME REGULAR

42 Basic Salary 42 **41,403.10**

43 Representation 43

44 Transportation 44

45 Cost of Living Allowance 45

46 Fixed Housing Allowance 46

47 Others (Specify) 47A  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

54 Others (Specify) 54A  54A

54B  54B

55 Total Taxable Compensation Income **41,403.10**

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 Present Employer Authorized Signatory Over Printed Name **HELEN ANDOVO AMOROTO**

57 Employee Signature Over Printed Name **HELEN ANDOVO AMOROTO**

CTC No. of Employee  Place of Issue

Date Signed

Date Signed

Date of Issue  Amount Paid

#### To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported. I declare, under the penalties of perjury that I am qualified under substituted filing of