



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"

1 For the Year (YYYY) **2018**

2 For the Period
From (MM/DD) **03 01** To (MM/DD) **12 31**

Part I Employee Information

3 Taxpayer Identification No. **323 074 156 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **DANO, MELJHORNE POLO** 5 RDO Code **081**

6 Registered Address 6A Zip Code

6B Local Home Address 6C Zip Code
Mahayahay Bankal Lapu-Lapu City 6 0 1 5

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) **02 24 1997** 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. **466 491 968 0000**

16 Employer's Name
AZPIRED INC.

17 Registered Address 17A Zip Code
UNIT3GF & 16F CEBU IT TOWER2 BOHOL 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)	161,982.19
22	Less: Total Non-Taxable/Exempt (Item 41)	20,468.92
23	Taxable Compensation Income from Present Employer (Item 55)	141,513.27
24	Add: Taxable Compensation Income from Previous Employer	
25	Gross Taxable Compensation Income	141,513.27
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	141,513.27
29	Tax Due	0.00
30	Amount of Taxes Withheld	
30A	Present Employer	0.00
30B	Previous Employer	
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	11,705.72
38	De Minimis Benefits	38	0.00
39	SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	8,763.20
40	Salaries & Other Forms of Compensation	40	0.00
41	Total Non-Taxable/Exempt Compensation Income	41	20,468.92

B. TAXABLE COMPENSATION INCOME REGULAR

42	Basic Salary	42	131,705.43
43	Representation	43	
44	Transportation	44	
45	Cost of Living Allowance	45	
46	Fixed Housing Allowance	46	
47	Others (Specify)	47	
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	4,369.12
54	Others (Specify)	54	
54A	NIGHT DIFFERENTIAL	54A	645.12
54B	HOLIDAY PAY	54B	4,793.60
55	Total Taxable Compensation Income	55	141,513.27

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 Agent Signature Over Printed Name
CONFORME: **MELJHORNE POLO DANO**
CTC No. of Employee **08067446** Place of Issue **Lapu-Lapu**

Date Signed **01 31 20 19**
Date Signed **0 2 1 4 20 1 9**
Date of Issue **0 1 1 8 20 1 9** Amount Paid **125.00**

To be accomplished under substituted filing

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.

58 Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)
ALMIRA S. ABSIN

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 No. 3-2002 as amended.

59 Employee Signature Over Printed Name
MELJHORNE POLO DANO