



# Certificate of Compensation Payment/Tax Withheld

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

For the Year **2018** For the Period From (MM/DD) **1/1** To (MM/DD) **12/31**

**Part I Employee Information**

3 Taxpayer Identification No. **424-443-937**

4 Employee's Name **Cenita, Geraldin Bautista** RDO Code

6 Registered Address **VA Zip Code**

6B Local Home Address **VC Zip Code**

6D Foreign Home Address **VE Zip Code**

7 Date of Birth **10/5/1994** Telephone Number

9 Employee's Marital Status  Married  Single

9A Is there any dependent child for whom you are claiming exemption for qualified dependent children?  Yes  No

11 Date of Birth (MM/DD/YYYY)

12 Basic Compensation Wage rate per day

13 Basic Compensation Wage rate per month

Seasonal Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

**Part II Employer Information (Present)**

16 Taxpayer Identification No. **205366-921-000**

17 Employer's Name **CONVERGYS PHILIPPINES INC.**

17 Registered Address **Basement, Ground, 4th to 9th Floors SLC Building, 6797 Aya** 17A Zip Code

18 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)	21	275,077.43
22 Less: Total Non-Taxable/Exempt (Item 41)	22	77,022.76
23 Taxable Compensation Income from Present Employer (Item 55)	23	198,054.67
24 Add: Taxable Compensation Income from Previous Employer	24	0.00
25 Gross Taxable Compensation Income	25	198,054.67
26 Less: Total Exemptions	26	0.00
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27	
28 Net Taxable Compensation Income	28	198,054.67
29 Tax Due	29	0.00
30 Amount of Taxes Withheld		
30A Present Employer	30A	0.00
30B Previous Employer	30B	0.00
31 Total Amount of Taxes Withheld As adjusted	31	0.00

**Part IV-B Details of Compensation Income and Tax Withheld from Present Employer**

Item	Description	Amount
<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>		
32	Basic Salary/Statutory Minimum Wage Minimum Wage Earner (MWE)	
33	Holiday Pay (MWE)	
34	Overtime Pay (MWE)	
35	Night Shift Differential (MWE)	
36	Hazard Pay (MWE)	
37	6th Month Pay and Other Benefits	14,949.84
38	De Minimis Benefits	33,908.04
39	SSS, GSIS, PHIC & Pag-IBIG Contributions & Union Dues (Employee share only)	10,302.69
40	Salaries & Other Forms of Compensation	17,862.19
41	Total Non-Taxable/Exempt Compensation Income	77,022.76
<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>		
42	Basic Salary	143,933.21
43	Representation	
44	Transportation	
45	Cost of Living Allowance	
46	Fixed Housing Allowance	
47	Others (Specify)	
47A		
47B		
<b>SUPPLEMENTARY</b>		
48	Commission	
49	Profit Sharing	
50	Fees including Director's Fees	
51	Taxable 6th Month Pay and Other Benefits	0.00
52	Hazard Pay	
53	Overtime Pay	
54	Others (Specify)	
54A		54,121.46
54B		
55	Total Taxable Compensation Income	198,054.67

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 **Maricar Coronel**  
Present Employer/Authorized Agent Signature Over Printed Name  
Date Signed

CONFORME: **Cenita, Geraldin Bautista**  
57  
CTC No. **Employee Signature Over Printed Name**  
of Employee **Place of Issue**  
Date Signed **Amount Paid**  
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. 1604CF which has been filed with the Bureau of Internal Revenue.

58 **Maricar Coronel**  
Present Employer/Authorized Agent Signature Over Printed Name  
(Head of Accounting/ Human Resource or Authorized Representative)

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 **Cenita, Geraldin Bautista**  
Employee Signature Over Printed Name