



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"

For the Year	2018	For the Period	01	01	12	18
(YYYY)		From (MM/DD)			To (MM/DD)	

Part I Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 Taxpayer Identification No. 466 182 691 0 0 0		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) MEDRANO, WILFRED D.		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
5 Registered Address		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32
6 Local Home Address		33 Holiday Pay (MWE)	33
7 Foreign Address		34 Overtime Pay (MWE)	34
8 Date of Birth (MM/DD/YYYY)		35 Night Shift Differential (MWE)	35
9 Telephone Number		36 Hazard Pay (MWE)	36
10 Exemption Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		37 13th Month Pay and Other Benefits	37 10,365.98
11 Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		38 De Minimis Benefits	38 13,500.00
12 Name of Qualified Dependent Children		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 7,282.70
13 Statutory Minimum Wage rate per day		40 Salaries & Other Forms of Compensation	40
14 Statutory Minimum Wage rate per month		41 Total Non-Taxable/Exempt Compensation Income	41 31,148.68
15 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		B. TAXABLE COMPENSATION INCOME REGULAR	

Part II Employer Information (Present)		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
15 Taxpayer Identification No. 229 313 759 000		42 Basic Salary	42 134,199.10
16 Employer's Name LIVE2SELL, INC		43 Representation	43
17 Registered Address 5th Floor Hyundai Bldg., A.S. Fortuna St.		44 Transportation	44
17A Zip Code 6 0 1 4		45 Cost of Living Allowance	45
18 Main Employer <input type="checkbox"/> Secondary Employer <input type="checkbox"/>		46 Fixed Housing Allowance	46
19 Taxpayer Identification No.		47 Others (Specify)	47
20 Employer's Name		47A	47A
21 Registered Address		47B	47B
21A Zip Code		SUPPLEMENTARY	

Part IV-A Summary		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21 165,347.78	48 Commission	48
22 Less: Total Non-Taxable/Exempt (Item 41)	22 31,148.68	49 Profit Sharing	49
23 Taxable Compensation Income from Present Employer (Item 55)	23 134,199.10	50 Fees Included: Director's Fees	50
24 Add: Taxable Compensation Income from Previous Employer	24	51 Taxable 13th Month Pay and Other Benefits	51
25 Gross Taxable Compensation Income	25 134,199.10	52 Hazard Pay	52
26 Less: Total Exemptions	26 0.00	53 Overtime Pay	53 0.00
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27	54 Others (Specify)	54
28 Net Taxable Compensation Income	28 134,199.10	54A	54A
29 Tax Due	29 0.00	54B	54B
30 Amount of Taxes Withheld	30	55 Total Taxable Compensation Income	55 134,199.10
30A Present Employer	30A 0.00		
30B Previous Employer	30B		
31 Total Amount of Taxes Withheld As adjusted	31 0.00		

I 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 **ERCIABE CHRISTALCULTAS DUCKER** Date Signed _____

Present Employer/ Authorized Signatory Over Printed Name
CONFORME: _____