



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) **05 15** To (MM/DD) **12 31**

Part I Employee Information

3 Taxpayer Identification No. **346 883 266 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **REGALA, MARY LOUISE PELONES** 5 RDO Code **081**

6 Registered Address **PIT-OS CEBU CITY, 6000** 6A Zip Code

6E Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) **09 29 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. **226 231 237 0000**

16 Employer's Name **SCI TECH INTEGRATED ACADEMY INC**

17 Registered Address **212 PIT-OS CEBU CITY** 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 56) **97,173.91**

22 Less: Total Non-Taxable/Exempt (Item 41) **14,689.61**

23 Taxable Compensation Income from Present Employer (Item 55) **82,484.30**

24 Add: Taxable Compensation Income from Previous Employer 24

25 Gross Taxable Compensation Income **82,484.30**

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 **82,484.30**

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 **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 **8,782.61**

38 De Minimis Benefits 38 **1,000.00**

39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 **4,907.00**

40 Salaries & Other Forms of Compensation 40 **0.00**

41 Total Non-Taxable/Exempt Compensation Income 41 **14,689.61**

B. TAXABLE COMPENSATION INCOME REGULAR

42 Basic Salary 42 **82,484.30**

43 Representation 43

44 Transportation 44

45 Cost of Living Allowance 45

46 Fixed Housing Allowance 46

47 Others (Specify) 47A **0.00**

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

54B

55 Total Taxable Compensation Income **82,484.30**