



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

In applicable spaces, Mark all appropriate boxes with an "X"

2018

Effective Period from (MM/DD) 01 01

To (MM/DD) 12 31

Part I Employee Information

317 159 993 000

3 Last Name, Middle Name: **SAMBILAD, BONNIEL GUI SANDO**

4 NDC Code: **123**

5A Zip Code: **2189 Juan Luna Ave., Mabolo Cebu City, Philippines**

5B Local Home Address: **6A Zip Code**

5C Zip Code: **6D Foreign Address: 6E Zip Code**

7 Date of Birth (MM/DD/YYYY): **05 05 1995**

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: **006 897 563 000**

16 Employer Name: **WIPRO PHILIPPINES INC.**

17 Registered Office: **CEBU IT TOWER 11, 7 BLK 2 COR ARCH. REYES ST. & MINDANAO ST. CEBU BUSINESS PARK, CEBU CITY, CEBU**

18 Telephone No: **6000**

Part III Employer Information (Previous)

19 Employer Name: **20 Date of Termination: 21 Reason for Termination:**

Part IV-A Summary

21 Gross Compensation Income from Present Employer (Item 41 plus Item 53)	21	241,569.70
22 Less: Total Non-Taxable/Exempt (Item 31)	22	60,029.35
23 Taxable Compensation Income from Present Employer (Item 53)	23	181,540.35
24 Add: Taxable Compensation Income from Previous Employer	24	0.00
25 Gross Taxable Compensation Income	25	181,540.35
26 Less: Total Exemptions	26	0.00
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27	0.00
28 Net Taxable Compensation Income	28	181,540.35
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
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
32	Basic Salary/Statutory Minimum Wage Minimum Wage Earner (MWE)	0.00
33	Holiday Pay (MWE)	0.00
34	Overtime Pay (MWE)	0.00
35	Night Shift Differential (MWE)	0.00
36	Hazard Pay (MWE)	0.00
37	13th Month Pay and Other Benefits	26,293.56
38	De Minimis Benefits	23,397.68
39	SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	10,338.11
40	Salaries & Other Forms of Compensation	0.00
41	Total Non-Taxable/Exempt Compensation Income	60,029.35

B. TAXABLE COMPENSATION INCOME REGULAR		
42	Basic Salary	141,984.55
43	Hazard Pay	0.00
44	Holiday Pay	0.00
45	Overtime Pay	0.00
46	Night Shift Differential	0.00
47	13th Month Pay and Other Benefits	0.00
48	De Minimis Benefits	0.00
49	SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	0.00
50	Fees including Director's Fees	0.00
51	Taxable 13th Month Pay and Other Benefits	0.00
52	Hazard Pay	0.00
53	Overtime Pay	0.00
54	Others (Specify)	
54A	Salaries and other form of compensation	39,555.80
54B		0.00
55	Total Taxable Compensation Income	181,540.35

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

Date Signed