



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) **12 30** To (MM/DD) **12 30**

Part I Employee Information

3 Taxpayer Identification No. **704 121 370 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **AGRABIO, NEIL VINCENT** 5 RDO Code **081**

6 Registered Address 6A Zip Code

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) 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. **009 314 620 0000**

16 Employer's Name **SUITED CONNECTOR BPO INC**

17 Registered Address 17A Zip Code **6000**
8TH FLOOR FLB CORPORATE CENTER CEBU BUSINESS PARK BARRIO LUZ CEBU CITY CEBU

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	9,402.30
22 Less: Total Non-Taxable/Exempt (Item 41)	22	1,386.37
23 Taxable Compensation Income from Present Employer (Item 55)	23	8,015.93
24 Add: Taxable Compensation Income from Previous Employer	24	<input type="text"/>
25 Gross Taxable Compensation Income	25	8,015.93
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	8,015.93
29 Tax Due	29	0.00
30 Amount of Taxes Withheld		
30A Present Employer	30A	0.00
30B Previous Employer	30B	<input type="text"/>
31 Total Amount of Taxes Withheld As adjusted	31	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	<input type="text"/>
33 Holiday Pay (MWE)	33	<input type="text"/>
34 Overtime Pay (MWE)	34	<input type="text"/>
35 Night Shift Differential (MWE)	35	<input type="text"/>
36 Hazard Pay (MWE)	36	<input type="text"/>
37 13th Month Pay and Other Benefits	37	666.67
38 De Minimis Benefits	38	0.00
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	719.70
40 Salaries & Other Forms of Compensation	40	0.00
41 Total Non-Taxable/Exempt Compensation Income	41	1,386.37

B. TAXABLE COMPENSATION INCOME REGULAR

42 Basic Salary	42	8,015.93
43 Representation	43	<input type="text"/>
44 Transportation	44	<input type="text"/>
45 Cost of Living Allowance	45	<input type="text"/>
46 Fixed Housing Allowance	46	<input type="text"/>
47 Others (Specify)		
47A <input type="text"/>	47A	0.00
47B <input type="text"/>	47B	<input type="text"/>

SUPPLEMENTARY

48 Commission	48	<input type="text"/>
49 Profit Sharing	49	<input type="text"/>
50 Fees Including Director's Fees	50	<input type="text"/>
51 Taxable 13th Month Pay and Other Benefits	51	0.00
52 Hazard Pay	52	<input type="text"/>
53 Overtime Pay	53	<input type="text"/>
54 Others (Specify)		
54A <input type="text"/>	54A	<input type="text"/>
54B <input type="text"/>	54B	<input type="text"/>
55 Total Taxable Compensation Income	55	8,015.93

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 **JEWELYN OBENETA**
Present Employer/ Authorized Agent/ Signature Over Printed Name

Date Signed **01 29 2019**

CONFORME: 57 **NEIL VINCENT AGRABIO**
Employee Signature Over Printed Name

Date Signed

CTC No.

Amount Paid