



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) **2012**

2 For the Period From (MM/DD) To (MM/DD)

Part I Employee Information

3 Taxpayer Identification No. **309 699 035 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **SUNGAHID, EDDIE MAE TEJERO**

5 RDO Code **081**

6 Registered Address **BAGALNGA, COMPOSTELA, CEBU 6000**

6A Zip Code

6B Local Home Address

6C Zip Code

6D Foreign Address

6E Zip Code

7 Date of Birth (MM/DD/YYYY) **06 19 1993**

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

14

Part II Employer Information (Present)

15 Taxpayer Identification No. **244 963 876 0000**

16 Employer's Name **QUALFON PHILIPPINES INC.**

17 Registered Address **9F SKYRISE 3 QUALFON BUILDING**

17A Zip Code **6000**

ASI OWNED PARK APAS BLDG CEBU CITY

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)	205,261.99
22	Less: Total Non-Taxable/Exempt (Item 41)	50,611.75
23	Taxable Compensation Income from Present Employer (Item 55)	154,650.24
24	Add: Taxable Compensation Income from Previous Employer	
25	Gross Taxable Compensation Income	154,650.24
26	Less: Total Exemptions	50,000.00
27	Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	0.00
28	Net Taxable Compensation Income	104,650.24
29	Tax Due	15,430.05
30	Amount of Taxes Withheld	
30A	Present Employer	15,430.05
30B	Previous Employer	
31	Total Amount of Taxes Withheld As Adjusted	15,430.05

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	
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	29,747.83
38	De Minimis Benefits	38	12,718.02
39	SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	8,145.90
40	Salaries & Other Forms of Compensation	40	0.00
41	Total Non-Taxable/Exempt Compensation Income	41	50,611.75

B. TAXABLE COMPENSATION INCOME REGULAR

42	Basic Salary	42	154,650.24
43	Representation	43	
44	Transportation	44	
45	Cost of Living Allowance	45	
46	Fixed Housing Allowance	46	

47 Others (Specify)

47A **0.00**

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		54A	
54B		54B	
55	Total Taxable Compensation Income	55	154,650.24

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 **METHYL**
Present Employer Authorized Agent Signature Over Printed Name

Date Signed