

For Compensation Payment With or Without Tax Withheld

For the year (YYYY) 2014

For the period From (MM/YY) 01 01 To (MM/YY) 12

Part I Employer Information

1 Tax Payer Identification No. 186 813 858 000
2 Employer's Name (Last, First, Middle, Initial Name) Tirol, Rona, Perges
3 Registered Address Bliss, La Paz, Bogo, Cebu 6010
4 Local Home Address
5 Foreign Address
6 Date of Birth (MM/DD/YYYY) 07 24 1978
7 Telephone number
8 Exemption Status Single
9A Is the wife claiming the additional exemption for qualified dependent children? No
10 Name of Qualified Dependent Children Tirol, CHILD
11 Date of Birth (MM/DD/YYYY) 01 01 1980
12 Statutory Minimum Wage rate per day
13 Statutory Minimum Wage rate per month
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

15 Employer's Name CONVERGYS PHILIPPINES, INC.
16 Registered Address Basement, Ground, 4th to 9th Floor SLC B 1226
17 main employer secondary employer

18 Taxpayer Identification No. 205 366 921 000
19 Employer's Name
20 Registered Address
21A Zip Code
22 main employer secondary employer

23 Taxpayer Identification No.
24 Employer's Name
25 Registered Address
26A Zip Code
27 main employer secondary employer

28 Taxpayer Identification No.
29 Employer's Name
30 Registered Address
31A Zip Code
32 main employer secondary employer

Summary

21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	297,933.74
22 Less: Total Non-Taxable/Exempt (Item 41)	60,074.01
23 Taxable Compensation Income from Present Employer (Item 55)	237,859.73
24 Add: Taxable Compensation Income from Previous Employer	0.00
25 Gross Taxable Compensation Income	237,859.73
26 Less: Total Exemptions	75,000.00
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	
28 Net Taxable Compensation Income	162,859.73
29 Tax Due	
30 Amount of Taxes Withheld 30A Present Employer	28,214.93
30B Previous Employer	28,214.93
31 Total Amount of Taxes Withheld As Adjusted	28,214.93

Part IV Details of Compensation Income and Tax Withheld from Present Employer

A. NON-TAXABLE EMPLOYER COMPENSATION INCOME

32 Basic Salary Statutory Minimum Wage Minimum Wage Earner (MWE)	32	0.00
33 Holiday Pay (MWE)	33	0.00
34 Overtime Pay (MWE)	34	0.00
35 Night Shift Differential (MWE)	35	0.00
36 Hazard Pay (MWE)	36	0.00
37 13th Month Pay and Other Benefits	37	14,499.00
38 De Minimis Benefits and Other Benefits	38	36,151.70
39 SSS, GSIS, Pag-IBIG Contributions & Union dues (Employee share only)	39	9,423.30
40 Salaries & Other forms of Compensation	40	0.00
41 Total Non-Taxable/Exempt Compensation Income	41	60,074.01

B. TAXABLE COMPENSATION INCOME

REGULAR

42 Basic Salary	42	169,546.43
43 Representation	43	0.00
44 Transportation	44	0.00
45 Cost of Living Allowance	45	0.00
46 Fixed Housing Allowance	46	0.00
47 Other Benefits	47	
47A Misc.	47A	18,741.95
47B Misc.	47B	0.00

SUPPLEMENTARY

48 Commission	48	49,571.35
49 Profit Sharing	49	0.00
50 Shareholding Director's Fee, ANGE, LARGE TAXPAYERS	50	0.00
51 Taxable 13th Month Pay and Other Benefits	51	0.00
52 Shareholding Director's Fee, ANGE, LARGE TAXPAYERS	52	0.00
53 Overtime Pay	53	0.00
54 Other Benefits	54	
54A	54A	
54B	54B	
55 Total Taxable Compensation Income	55	237,859.73

Stamp: RECEIVED FEB 25 2015

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, its amendments, and the regulations issued under authority thereof.

Present Employer/Autorized Agent Signature Over Printed Name: *[Signature]*
Date Signed: 01 31 2015

Employee Signature Over Printed Name: *[Signature]*
Date Signed: 02 01 2015

Place of Issue: *[Blank]*
Date of Issue: *[Blank]*
Amount Paid: *[Blank]*