



Certificate of Compensation Payment/Tax Withheld

2316

July 2008 (ENCS)

For Compensation Payment With or Without Tax Withheld

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

2018

For the Period From (MM/DD) 01/01 To (MM/DD) 10/26

Part I Employee Information

308	969	943	0000
5 RDO Code			
Name (Last Name, First Name, Middle Name) TRASPE, MA. LIZA ROMERO			
6A Zip Code 126			
Registered Address SITIO SANTA MARIA PUSOK LAPU- LAPU CITY			
6B Local Home Address 6C Zip Code			
6D Foreign Address 6E Zip Code			
7 Date of Birth (MM/DD/YYYY) 10/06/1992		8 Telephone Number	
9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married			
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> 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.	227	294	415	0000
16 Employer's Name CONCENTRIX DAKSH SERVICES PHILIPPINES CORPORATION				
17 Registered Address GF to 4F UP Ayala Technohub Bldg. F, Commonwealth Avenue Brgy. Diliman, Quezon City				17A Zip Code 1101
<input type="checkbox"/> Main Employer <input type="checkbox"/> 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)	240,209.46
22	Less: Total Non-Taxable/Exempt (Item 41)	60,872.43
23	Taxable Compensation Income from Present Employer (Item 55)	179,337.03
24	Add: Taxable Compensation Income from Previous Employer	
25	Gross Taxable Compensation Income	179,337.03
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	179,337.03
29	Tax Due	0.00
30	Amount of Taxes Withheld	
30A	Present Employer	0.00
30B	Previous Employer	
31	Total Amount of Taxes Withheld As adjusted	0.00

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

Amount		Amount
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
32	Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	
33	Holiday Pay (MWE)	
34	Overtime Pay (MWE)	
35	Night Shift Differential (MWE)	
36	Hazard Pay (MWE)	
37	13th Month Pay and Other Benefits	36,833.48
38	De Minimis Benefits	15,694.50
39	SSS, GSIS, PHIC & Pag-Ibig Contributions, & Union Dues (Employee share only)	8,344.45
40	Salaries & Other Forms of Compensation	0.00
41	Total Non-Taxable/Exempt Compensation Income	60,872.43
B. TAXABLE COMPENSATION INCOME REGULAR		
42	Basic Salary	179,337.03
43	Representation	
44	Transportation	
45	Cost of Living Allowance	
46	Fixed Housing Allowance	
47	Others (Specify)	
47A		
47B		
C. SUPPLEMENTARY		
48	Commission	
49	Profit Sharing	
50	Fees including Director's Fees	
51	Taxable 13th Month Pay and Other Benefits	0.00
52	Hazard Pay	
53	Overtime Pay	
54	Others (Specify)	
54A		0.00
54B		
55	Total Taxable Compensation Income	179,337.03

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 EDENREY C. RAMOS
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed