



Certificate of Compensation Payment/Tax Withheld

2316

July 2008 (ENCS)

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

For the Year (YYYY) **2017**

For the Period From (MM/DD) **01 01** To (MM/DD) **12 31**

Part I Employee Information

3 Taxpayer Identification No. **318 531 343 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **ACOJEDO, CRICEL CEBUCO**

5 RDO Code **126**

6 Registered Address **IBABAO, AGUS, LAPU LAPU CITY, CEBU**

6A Zip Code

6B Local Home Address

6C Zip Code

6D Foreign Address

6E Zip Code

7 Date of Birth (MM/DD/YYYY) **09 13 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. **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**

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)	256,414.71
22	Less: Total Non-Taxable/Exempt (Item 41)	62,003.57
23	Taxable Compensation Income from Present Employer (Item 55)	194,411.14
24	Add: Taxable Compensation Income from Previous Employer	
25	Gross Taxable Compensation Income	194,411.14
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	144,411.14
29	Tax Due	23,602.79
30	Amount of Taxes Withheld	
30A	Present Employer	23,602.79
30B	Previous Employer	
31	Total Amount of Taxes Withheld As adjusted	23,602.79

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

Amount

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	30,000.59
38	De Minimis Benefits	38	21,666.70
39	SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	10,336.28
40	Salaries & Other Forms of Compensation	40	0.00
41	Total Non-Taxable/Exempt Compensation Income	41	62,003.57

B. TAXABLE COMPENSATION INCOME

REGULAR

42	Basic Salary	42	194,411.14
43	Representation	43	
44	Transportation	44	
45	Cost of Living Allowance	45	
46	Fixed Housing Allowance	46	
47	Others (Specify)	47	
47A		47A	
47B		47B	

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)	54	
54A		54A	0.00
54B		54B	
54C		54C	
54D		54D	
54E		54E	
55	Total Taxable Compensation Income	55	194,411.14

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 _____
CONFORME: **ACOJEDO, CRICEL CEBUCO**
Employee Signature Over Printed Name
Date Signed _____
CTC No. _____ Place of Issue _____
Date of Issue _____ Amount Paid _____

To be accomplished under substituted filing
I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.
I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns (BIR Form No. 1700), since I received purely compensation income from only one employer in the Phils. for the calendar year that taxes have been



Certificate of Compensation Payment/Tax Withheld

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Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) **2018**

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Part I Employee Information

3 Taxpayer Identification No. **318 531 343 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **ACOJEDO, CRICEL CEBUCO** 5 RDO Code **126**

6 Registered Address **IBABAO, AGUS, LAPU LAPU CITY, CEBU** 6A Zip Code

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) **09 13 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**

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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**

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	245,319.42
22 Less: Total Non-Taxable/Exempt (Item 41)	22	61,068.26
23 Taxable Compensation Income from Present Employer (Item 55)	23	184,251.16
24 Add: Taxable Compensation Income from Previous Employer	24	
25 Gross Taxable Compensation Income	25	184,251.16
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	184,251.16
29 Tax Due	29	0.00
30 Amount of Taxes Withheld		
30A Present Employer	30A	0.00
30B Previous Employer	30B	
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	
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	27,400.63
38 De Minimis Benefits	38	23,244.67
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	10,422.96
40 Salaries & Other Forms of Compensation	40	0.00
41 Total Non-Taxable/Exempt Compensation Income	41	61,068.26

B. TAXABLE COMPENSATION INCOME REGULAR

42 Basic Salary	42	184,251.16
43 Representation	43	
44 Transportation	44	
45 Cost of Living Allowance	45	
46 Fixed Housing Allowance	46	
47 Others (Specify)	47	
47A	47A	
47B	47B	

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)	54	
54A	54A	0.00
54B	54B	
55 Total Taxable Compensation Income	55	184,251.16

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

CONFORME: **ACOJEDO, CRICEL CEBUCO**
CTC No. _____ Employee Signature Over Printed Name

Date Signed

of Employee _____ Place of Issue _____

Date of Issue

Amount Paid

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns (BIR Form No. 1700), since I received purely compensation income from the Philippines. I declare that I have been