



**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld

Part I For the Period From (MM/DD) 01 01 To (MM/DD) 02 17	
Part I-A Employee Information 3 Taxpayer Identification No. 329 852 287 000 4 Name of Employee WAINWRIGHT, STANLEY SUPANGAN 5 Registered Address C/O SYKES ASIA INC. 6 Local Home Address 7 Date of Birth (MM/DD/YYYY) 04/10/1997 8 Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Married 9A Is the wife claimant for an annual exemption for qualified dependent children? 10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY) 12 Salary/Compensation Received per day 13 Salary/Compensation per month 14	
Part II Employer Information (Present) 15 Taxpayer ID No. 006 087 181 000 16 Employer Name SYKES ASIA, INC. 17 Registered Address 10F, Glorietta 1 Corporate Center, Hotel Drive, Ayala Center Makati City Part III Employer Information (Previous) 18 Taxpayer ID No. 19 Employer Name 20 Registered Address	
Part IV-A Summary 21 Total Taxable Compensation Income 23,388.36 22 Total Taxable Compensation Income Less Personal Exemption (Item 20) 23 6,625.28 24 Total Taxable Compensation Income Less Personal Exemption (Item 20) and Other Deductions 25 16,743.07 26 Gross Compensation Income 27 16,743.07 28 Less: Premium Payment for Health and Life Insurance 29 0.00 30 Net Taxable Compensation Income 31 16,743.07 32 Amount of Personal Exemption 33A 0.00 33B 0.00 34 Total Amount of Taxes Withheld as Deduction 0.00	
Part IV-B Details of Compensation Income and Tax Withheld from Present Employer 32 Basic Salary 0.00 33 Statutory Minimum Wage (SMW) 0.00 34 Holiday Pay (HWP) 0.00 35 Overtime Pay (OVP) 0.00 36 Night Shift Differential (NSD) 0.00 37 Hazard Pay (HP) 0.00 38 13th Month Pay and Other Benefits 2,188.01 39 De Minimis Benefits 0.00 40 SSS, GSIS, PHIC & Pag-IBIG Contributions & Union Dues (Employee Share Only) 830.08 41 Salaries & Other Forms of Compensation 3,807.19 42 Total Taxable Compensation Income 6,625.28 43 Total Taxable Compensation Income Less Personal Exemption 44 0.00 45 Total Taxable Compensation Income Less Personal Exemption and Other Deductions 46 0.00 47 Other (Specify) 47A 0.00 47B 0.00 48 Commission 0.00 49 Profit Sharing 0.00 50 Fees including Director's Fees 0.00 51 Possible 13th Month Pay and Other Benefits 0.00 52 Hazard Pay 0.00 53 Overtime Pay 0.00 54 Other (Specify) 54A Salaries & Other Forms of Compensation 3,317.07 54B 0.00 55 Total Taxable Compensation Income 16,743.07	

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 **NOE S. VILLAR** Present Employer/Authorized Agent Signature Over Printed Name Date Signed _____
 CONFORME: **STANLEY S. WAINWRIGHT** Employee Signature Over Printed Name Date Signed _____
 CTC No. 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 have been filed with 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 correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604CF filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 had been filed pursuant to the provisions of RR 3-2002, as amended.

58 _____ Present Employer/Authorized Agent Signature Over Printed Name (Head of Accounting/Human Resource or Authorized Representative)
 59 **STANLEY S. WAINWRIGHT** Employee Signature Over Printed Name