



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"

1 For the Year (YYYY) **2019**

2 For the Period From (MM/DD) **01 01** To (MM/DD) **07 31**

Part I Employee Information

3 Taxpayer Identification No. **316 104 130 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **PINARANDA, MIE ANN ABELLO**

5 RDO Code **081**

6 Registered Address **Tolotolo, Consolacion, Cebu**

6A Zip Code **6001**

6B Local Home Address **Tolotolo, Consolacion, Cebu**

6C Zip Code **6001**

6D Foreign Address

6E Zip Code

7 Date of Birth (MM/DD/YYYY) **12 10 1990**

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. **466 491 968 0000**

16 Employer's Name **AZPIRED INC.**

17 Registered Address **16F CEBU IT TOWER 2 BOHOL AVENUE BRGY.**

17A Zip Code **6000**

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)	157,776.73
22	Less: Total Non-Taxable/Exempt (Item 41)	6,800.15
23	Taxable Compensation Income from Present Employer (Item 55)	150,976.58
24	Add: Taxable Compensation Income from Previous Employer	
25	Gross Taxable Compensation Income	150,976.58
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	150,976.58
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

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	0.00
38	De Minimis Benefits	38	0.00
39	SSS, GSIS, PHIC & Pag-Ibig Contributions, & Union Dues (Employee share only)	39	6,800.15
40	Salaries & Other Forms of Compensation	40	0.00
41	Total Non-Taxable/Exempt Compensation Income	41	6,800.15

B. TAXABLE COMPENSATION INCOME REGULAR

42	Basic Salary	42	112,658.82
43	Representation	43	
44	Transportation	44	
45	Cost of Living Allowance	45	
46	Fixed Housing Allowance	46	
47	Others (Specify)	47A	
		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	28,192.20
54	Others (Specify)		
54A	Night Differential	54A	5,369.29
54B	Holiday Pay	54B	4,756.27
55	Total Taxable Compensation Income	55	150,976.58

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 Present Employer/ Authorized Agent Signature Over Printed Name
ALMIRA S. ABSIN

CONFORME: 57 Employee Signature Over Printed Name
MIE ANN ABELLO PINARANDA

CTC No. of Employee **12196546** Place of Issue **CEBU CITY**

Date Signed

Date Signed

Date of Issue **01 17 2019** Amount Paid **161.00**

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported

I declare, under the penalties of perjury that I am qualified under substituted filing of