



For Compensation Payment With or Without Tax Withheld

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

1 For the year (YYYY) 2019		2 For the period From (MMDD) 01 01 To (MMDD) 06 27	
Part I Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 Tax Payer Identification No. 212 275 781 000		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employer's Name (Last Name, First Name, Middle Name) Giva, Carmel, Saducas 5 RDO Code 000		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 0.00	
6a Hospital Address Sanciango Street 6A Zip Code 6000		33 Holiday Pay (MWE) 0.00	
6B Local Home Address 6C Zip Code		34 Overtime Pay (MWE) 0.00	
6D Foreign Address 6E Zip Code		35 Night Shift Differential (MWE) 0.00	
7 Date of Birth (MMDDYYYY) 02 24 1979 8 Telephone number		36 Hazard Pay (MWE) 0.00	
9 Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Married		37 13th Month Pay and Other Benefits 7,878.70	
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		38 De Minimis Benefits 22,321.86	
10 Name of Qualified Dependent Children 11 Date of Birth (MMDDYYYY)		39 SSS, GSIS, PHIC & Pag-Idig Contributions & Union dues (Employee share only) 4,461.66	
12 Statutory Minimum Wage rate per day 12		40 Salaries & Other forms of Compensation 5,034.52	
13 Statutory Minimum Wage rate per month 13		41 Total Non-Taxable/Exempt Compensation Income 39,696.74	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		B. TAXABLE COMPENSATION INCOME	
Part II Employer Information (Present)		REGULAR	
15 Taxpayer Identification No. 205 366 921 000		42 Basic Salary 47,901.48	
16 Employer's Name CONCENTRIX CVG PHILIPPINES, INC.		43 Representation 0.00	
17 Registered Address 17A Zip Code 8th Floor SLC building, 6797 Ayala 1226		44 Transportation 0.00	
<input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		45 Cost of Living Allowance 0.00	
46 Fixed Housing Allowance 0.00		47 Others (Specify)	
Part III Employer Information (Previous)		47A 0.00	
18 Taxpayer Identification No.		47B 0.00	
19 Employer's Name		SUPPLEMENTARY	
20 Registered Address 20A Zip Code		48 Commission 0.00	
21 Gross Compensation Income from Present Employer (Item 41 plus item 55) 97,458.77		49 Profit Sharing 0.00	
22 Less: Total Non-Taxable/Exempt (Item 41) 39,696.74		50 Fees including Director's Fees 0.00	
23 Taxable Compensation Income from Present Employer (Item 55) 57,762.03		51 Taxable 13th Month Pay and Other Benefits 0.00	
24 Add: Taxable Compensation Income from Previous Employer 0.00		52 Hazard Pay 0.00	
25 Gross Taxable Compensation Income 57,762.03		53 Overtime Pay 4,823.21	
26 Less: Total Exemptions 0.00		54 Others (Specify)	
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)		54A EPGAL 5,034.52	
28 Net Taxable Compensation Income 57,762.03		54B 2.82	
29 Tax Due 0.00		55 Total Taxable Compensation Income 57,762.03	
30 Amount of Taxes Withheld 30A Present Employer 0.00			
30B Previous Employer			
31 Total Amount of Taxes Withheld As adjusted 0.00			

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 **ANNALYN O. ABANGA** Date Signed **07 20 2019**

57 **Giva, Carmel, Saducas** Date Signed **07 27 2019**

CTC No. _____ Employee Signature Over Printed Name _____ Date of Issue _____ Amount Paid _____

of Employee _____ Place of Issue _____

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated was reported under BIR Form No. 1504CF filed with the Bureau of Internal Revenue.

I declare, under the penalties of perjury, that I am qualified under substituted filing, Section 230, Tax Code, BIR Form No. 1703, where I received purely compensation income from only one employer in the Philippines for the calendar year, that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1504CF filed by my employer to the BIR shall constitute as my income tax return and that SSS Form No. 7155 shall constitute as my

58 **ANNALYN O. ABANGA**