



**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld

1 For the Year (YYYY) 2 0 1 8 2 For the Period From 0 5 2 9 (MM/DD) To 0 7 0 3 (MM/DD)

Part I Employee Information **Part IV-B Details of Compensation Income and Tax Withheld from Present Employer**

3 Taxpayer Identification No. 3 2 4 6 2 9 4 6 5 0 0 0
4 Employee's Name (Last Name, First Name, Middle Name) Palaca, Janice Anghag. 5 RDO Code
6 Registered Address 6A Zip Code
6B Local Home Address 6C Zip Code
6D Foreign Address 6E Zip Code
7 Date of Birth (MM/DD/YYYY) 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
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. 2 0 5 3 9 4 4 4 8 0 0 0
16 Employer's Name TPPH FHCS, Inc.
17 Registered Address Teleperformance Bldg. Ayala cor. Sen. Gil Puyat Ave. Makati 17A Zip Code
 main employer secondary employer

Part III Employer Information (Previous)-1
18 Taxpayer Identification No.
19 Employer's Name
20 Registered Address 20A Zip Code

Part IV-A Summary
21 Taxable Compensation Income from Present Employer (Item 41 + Item 55) 22,380.54
22 Less: Total Non-Taxable / Exempt (Item 41) 3,614.83
23 Taxable Compensation Income From Present Employer (Item 55) 18,765.71
24 Add: Taxable Compensation Income From Previous Employer
25 Gross Taxable Compensation Income 18,765.71
26 Less: Total Exemptions 0.00
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)
28 Net Taxable Compensation Income 18,765.71
29 Tax Due 0.00
30 Amount of Taxes Withheld
30A Present Employer 0.00
30B Previous Employer 0.00
31 Total Amount of Taxes Withheld As Adjusted 0.00

	Amount
A. Non Taxable/Exempt Compensation Income	
32 Basic Salary / Statutory Minimum Wage Minimum Wage Earner (MWE)	32 <u>0.00</u>
33 Holiday Pay (MWE)	33 <u>0.00</u>
34 Overtime Pay (MWE)	34 <u>0.00</u>
35 Night Shift Differential (MWE)	35 <u>0.00</u>
36 Hazard Pay (MWE)	36 <u>0.00</u>
37 13th Month Pay and Other Benefits	37 <u>1,273.95</u>
38 De Minimis Benefits	38 <u>1,201.15</u>
39 SSS, GSIS, PHIC & Pag-Ibig Contributions & Union Dues (Employee Share Only)	39 <u>1,139.73</u>
40 Salaries & Other Forms of Compensation	40 <u>0.00</u>
41 Total Non -Taxable / Exempt Compensation Income	41 <u>3,614.83</u>

B. Taxable Compensation Income Regular	
42 Basic Salary	42 <u>14,147.62</u>
43 Representation	43 <u>0.00</u>
44 Transportation	44 <u>0.00</u>
45 Cost of Living Allowance	45 <u>0.00</u>
46 Fixed Housing Allowance	<u>0.00</u>
47 Others (Specify)	
47A Allowances and Adjustmen	47A <u>1,528.73</u>
47B	47B <u>0.00</u>

SUPPLEMENTARY

48 Commission	<u>0.00</u>
49 Profit Sharing	<u>0.00</u>
50 Fees Incl. Director's Fees	<u>0.00</u>
51 Taxable 13th Month Pay and Other Benefits	<u>0.00</u>
52 Hazard Pay	<u>0.00</u>
53 Overtime Pay	<u>643.68</u>
54 Others (Specify)	
54A Leaves	<u>0.00</u>
54B Night Differential	<u>2,445.68</u>
55 Total Taxable Compensation Income	<u>18,765.71</u>

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.

Katherine M. Aragon
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME: Palaca, Janice Anghag.
Employee Signature Over Printed Name

Date Signed

CTC No. of Employee Place of Issue

Date of Issue Amount Paid

To be accomplished under substitute filing

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

Katherine M. Aragon
Present Employer/ Authorized Agent Signature Over Printed Name

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 R.A. 2002, as amended.

Palaca, Janice Anghag.