



For Compensation Payment With or Without Tax Withheld

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">1 For the year (YYYY) 2017</td> <td style="width:50%;">2 For the period From (MM/DD) 01 01 To (MM/DD) 01 09</td> </tr> <tr> <td colspan="2">Part I Employee Information</td> </tr> <tr> <td colspan="2">3 Tax Payer Identification No. 317 882 147 000</td> </tr> <tr> <td colspan="2">4 Employee's Name (Last Name, First Name, Middle Name) Solon, Karla Lyn Teleron</td> </tr> <tr> <td colspan="2">5 RDO Code</td> </tr> <tr> <td colspan="2">6 Registered Address CA Zip Code</td> </tr> <tr> <td colspan="2">8B Local Home Address 8C Zip Code</td> </tr> <tr> <td colspan="2">8D Foreign Address 8E Zip Code</td> </tr> <tr> <td>7 Date of Birth (MM/DD/YYYY) 11 08 1995</td> <td>8 Telephone Number</td> </tr> <tr> <td colspan="2">9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married</td> </tr> <tr> <td colspan="2">9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>10 Name of Qualified Dependent Children</td> <td>11 Date of Birth (MM/DD/YYYY)</td> </tr> <tr> <td colspan="2">12 Statutory Minimum Wage rate per day 12</td> </tr> <tr> <td colspan="2">13 Statutory Minimum Wage rate per month 13</td> </tr> <tr> <td colspan="2">14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</td> </tr> <tr> <td colspan="2">Part II Employer Information (Present)</td> </tr> <tr> <td colspan="2">15 Taxpayer Identification No. 243 882 270</td> </tr> <tr> <td colspan="2">16 Employer's Name 24/7 CUSTOMER PHILIPPINES, INC.</td> </tr> <tr> <td colspan="2">17 Registered Address 17A Zip Code 8767 Paseo de Roxas Makati City 1226</td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/> main employer <input type="checkbox"/> secondary employer</td> </tr> <tr> <td colspan="2">Part III Employer Information (Previous)-1</td> </tr> <tr> <td colspan="2">18 Taxpayer Identification No. 18</td> </tr> <tr> <td colspan="2">19 Employer's Name</td> </tr> <tr> <td colspan="2">20 Registered Address 20A Zip Code</td> </tr> <tr> <td colspan="2" style="text-align: center;">Summary</td> </tr> <tr> <td>21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)</td> <td>21 19,605.67</td> </tr> <tr> <td>22 Less: Total Non-Taxable/Exempt (Item 41)</td> <td>22 4,386.87</td> </tr> <tr> <td>23 Taxable Compensation Income from Present Employer (Item 55)</td> <td>23 15,218.80</td> </tr> <tr> <td>24 Add: Taxable Compensation Income from Previous Employer</td> <td>24</td> </tr> <tr> <td>25 Gross Taxable Compensation Income</td> <td>25 15,218.80</td> </tr> <tr> <td>26 Less: Total Exemptions</td> <td>26 50,000.00</td> </tr> <tr> <td>27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)</td> <td>27</td> </tr> <tr> <td>28 Net Taxable Compensation Income</td> <td>28 0.00</td> </tr> <tr> <td>29 Tax Due</td> <td>29 0.00</td> </tr> <tr> <td>30 Amount of Taxes Withheld</td> <td></td> </tr> <tr> <td>30A Present Employer</td> <td>30A 0.00</td> </tr> <tr> <td>30B Previous Employer</td> <td>30B</td> </tr> <tr> <td>31 Total Amount of Taxes Withheld As adjusted</td> <td>31 0.00</td> </tr> </table>	1 For the year (YYYY) 2017	2 For the period From (MM/DD) 01 01 To (MM/DD) 01 09	Part I Employee Information		3 Tax Payer Identification No. 317 882 147 000		4 Employee's Name (Last Name, First Name, Middle Name) Solon, Karla Lyn Teleron		5 RDO Code		6 Registered Address CA Zip Code		8B Local Home Address 8C Zip Code		8D Foreign Address 8E Zip Code		7 Date of Birth (MM/DD/YYYY) 11 08 1995	8 Telephone Number	9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married		9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> 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. 243 882 270		16 Employer's Name 24/7 CUSTOMER PHILIPPINES, INC.		17 Registered Address 17A Zip Code 8767 Paseo de Roxas Makati City 1226		<input checked="" type="checkbox"/> main employer <input type="checkbox"/> secondary employer		Part III Employer Information (Previous)-1		18 Taxpayer Identification No. 18		19 Employer's Name		20 Registered Address 20A Zip Code		Summary		21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21 19,605.67	22 Less: Total Non-Taxable/Exempt (Item 41)	22 4,386.87	23 Taxable Compensation Income from Present Employer (Item 55)	23 15,218.80	24 Add: Taxable Compensation Income from Previous Employer	24	25 Gross Taxable Compensation Income	25 15,218.80	26 Less: Total Exemptions	26 50,000.00	27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27	28 Net Taxable Compensation Income	28 0.00	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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Part IV Details of Compensation Income and Tax Withheld from Present Employer</td> </tr> <tr> <td colspan="2" style="text-align: center;">A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</td> </tr> <tr> <td>32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)</td> <td>32</td> </tr> <tr> <td>33 Holiday Pay (MWE)</td> <td>33</td> </tr> <tr> <td>34 Overtime Pay (MWE)</td> <td>34</td> </tr> <tr> <td>35 Night Shift Differential (MWE)</td> <td>35</td> </tr> <tr> <td>36 Hazard Pay (MWE)</td> <td>36</td> </tr> <tr> <td>37 13th Month Pay and Other Benefits</td> <td>37 34,77-</td> </tr> <tr> <td>38 De Minimis Benefits/ Other Benefits</td> <td>38</td> </tr> <tr> <td>39 SSS, GSIS, PHIC & Pag-IBIG Contributions & Union dues (Employee share only)</td> <td>39 545.20</td> </tr> <tr> <td>40 Salaries & Other forms of Compensation</td> <td>40 3,876.44</td> </tr> <tr> <td>41 Total Non-Taxable/Exempt Compensation Income</td> <td>41 4,386.87</td> </tr> <tr> <td colspan="2" style="text-align: center;">B. TAXABLE COMPENSATION INCOME</td> </tr> <tr> <td colspan="2" style="text-align: center;">REGULAR</td> </tr> <tr> <td>42 Basic Salary</td> <td>42 4,046.80</td> </tr> <tr> <td>43 Representation</td> <td>43</td> </tr> <tr> <td>44 Transportation</td> <td>44</td> </tr> <tr> <td>45 Cost of Living Allowance</td> <td>45</td> </tr> <tr> <td>46 Fixed Housing Allowance</td> <td>46</td> </tr> <tr> <td>47 Others (Specify)</td> <td>47</td> </tr> <tr> <td>47A</td> <td>47A</td> </tr> <tr> <td>47B</td> <td>47B</td> </tr> <tr> <td colspan="2" style="text-align: center;">SUPPLEMENTARY</td> </tr> <tr> <td>48 Commission</td> <td>48</td> </tr> <tr> <td>49 Profit Sharing</td> <td>49</td> </tr> <tr> <td>50 Fees including Director's Fees</td> <td>50</td> </tr> <tr> <td>51 Taxable 13th Month Pay and Other Benefits</td> <td>51</td> </tr> <tr> <td>52 Hazard Pay</td> <td>52</td> </tr> <tr> <td>53 Overtime Pay</td> <td>53 4,672.00</td> </tr> <tr> <td>54 Others (Specify)</td> <td>54</td> </tr> <tr> <td>54A</td> <td>54A 6,500.00</td> </tr> <tr> <td>54B</td> <td>54B</td> </tr> <tr> <td>55 Total Taxable Compensation Income</td> <td>55 15,218.80</td> </tr> </table>	Part IV 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 34,77-	38 De Minimis Benefits/ Other Benefits	38	39 SSS, GSIS, PHIC & Pag-IBIG Contributions & Union dues (Employee share only)	39 545.20	40 Salaries & Other forms of Compensation	40 3,876.44	41 Total Non-Taxable/Exempt Compensation Income	41 4,386.87	B. TAXABLE COMPENSATION INCOME		REGULAR		42 Basic Salary	42 4,046.80	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	52 Hazard Pay	52	53 Overtime Pay	53 4,672.00	54 Others (Specify)	54	54A	54A 6,500.00	54B	54B	55 Total Taxable Compensation Income	55 15,218.80
1 For the year (YYYY) 2017	2 For the period From (MM/DD) 01 01 To (MM/DD) 01 09																																																																																																																																														
Part I Employee Information																																																																																																																																															
3 Tax Payer Identification No. 317 882 147 000																																																																																																																																															
4 Employee's Name (Last Name, First Name, Middle Name) Solon, Karla Lyn Teleron																																																																																																																																															
5 RDO Code																																																																																																																																															
6 Registered Address CA Zip Code																																																																																																																																															
8B Local Home Address 8C Zip Code																																																																																																																																															
8D Foreign Address 8E Zip Code																																																																																																																																															
7 Date of Birth (MM/DD/YYYY) 11 08 1995	8 Telephone Number																																																																																																																																														
9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married																																																																																																																																															
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> 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. 243 882 270																																																																																																																																															
16 Employer's Name 24/7 CUSTOMER PHILIPPINES, INC.																																																																																																																																															
17 Registered Address 17A Zip Code 8767 Paseo de Roxas Makati City 1226																																																																																																																																															
<input checked="" type="checkbox"/> main employer <input type="checkbox"/> secondary employer																																																																																																																																															
Part III Employer Information (Previous)-1																																																																																																																																															
18 Taxpayer Identification No. 18																																																																																																																																															
19 Employer's Name																																																																																																																																															
20 Registered Address 20A Zip Code																																																																																																																																															
Summary																																																																																																																																															
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21 19,605.67																																																																																																																																														
22 Less: Total Non-Taxable/Exempt (Item 41)	22 4,386.87																																																																																																																																														
23 Taxable Compensation Income from Present Employer (Item 55)	23 15,218.80																																																																																																																																														
24 Add: Taxable Compensation Income from Previous Employer	24																																																																																																																																														
25 Gross Taxable Compensation Income	25 15,218.80																																																																																																																																														
26 Less: Total Exemptions	26 50,000.00																																																																																																																																														
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27																																																																																																																																														
28 Net Taxable Compensation Income	28 0.00																																																																																																																																														
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 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 34,77-																																																																																																																																														
38 De Minimis Benefits/ Other Benefits	38																																																																																																																																														
39 SSS, GSIS, PHIC & Pag-IBIG Contributions & Union dues (Employee share only)	39 545.20																																																																																																																																														
40 Salaries & Other forms of Compensation	40 3,876.44																																																																																																																																														
41 Total Non-Taxable/Exempt Compensation Income	41 4,386.87																																																																																																																																														
B. TAXABLE COMPENSATION INCOME																																																																																																																																															
REGULAR																																																																																																																																															
42 Basic Salary	42 4,046.80																																																																																																																																														
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																																																																																																																																														
52 Hazard Pay	52																																																																																																																																														
53 Overtime Pay	53 4,672.00																																																																																																																																														
54 Others (Specify)	54																																																																																																																																														
54A	54A 6,500.00																																																																																																																																														
54B	54B																																																																																																																																														
55 Total Taxable Compensation Income	55 15,218.80																																																																																																																																														
<p>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 hereof.</p> <p>56 MARIA CRISBELDA O. AGREGADO-ONG Present Employer/Authorized Agent Signature Over Printed Name</p> <p>CONFORME: 57 Solon, Karla Lyn Teleron Employee Signature Over Printed Name</p> <p>CTC No. _____ Place of Issue _____</p> <p>Date Signed _____ Date Signed _____ Date of Issue _____ Amount Paid _____</p>																																																																																																																																															
To be accomplished under substituted filing																																																																																																																																															
<p>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</p> <p>58 MARIA CRISBELDA O. AGREGADO-ONG Present Employer/Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)</p>																																																																																																																																															
<p>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 Philippines 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.</p> <p>59 Solon, Karla Lyn Teleron Employee Signature Over Printed Name</p>																																																																																																																																															