

Certificate of Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with

Year (YYYY)	2019	Month (MM)	04	Day (DD)	01	Quarter (Q)	1	Year (YYYY)	1031
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Part I Employee Information

1. Employee's Name (Last, First, Middle Initial)
DEL CASTILLO FRANCIS IGNATIUS ALIGWAY

2. Employee's ID Number
446 639 662 000

3. Employer's Name
CENTRO LABOGON, MANDAU CITY MANDAU CITY

4. Employer's Address
CENTRO LABOGON, MANDAU CITY MANDAU CITY

5. Employee's Birthdate
08 27 1990

6. Employee's Sex
 Male Female

7. Employee's Marital Status
 Single Married

8. Employee's Telephone Number

9. Employee's Signature

10. National Identification Number

11. Date of Birth (MM/DD/YYYY)

12. Salary Amount (Before Deductions)

13. Salary Amount (After Deductions)

14. Minimum Wage Earner whose compensation is exempt and should be reported under local income tax

Part IV- Details of Compensation Income and Tax Withheld from Present Employer

A. NON-TAXABLE BENEFIT COMPENSATION

22. Non-Taxable Salary	22	0.00
23. Statutory Maternity Pay (MSP)	23	0.00
24. Holiday Pay (MSP)	24	0.00
25. Christmas Pay (MSP)	25	0.00
26. Night Shift Differential (MSP)	26	0.00
27. Travel Pay (MSP)	27	0.00
28. Labor Union Dues and Other Benefits	28	15,906.49
29. Debit Minus Benefits	29	0.00
30. SSS, GSIS, PHIC & Pag-IBIG Contributions, & Union Dues (Employee share only)	30	7,712.50
31. Science & Other Forms of Compensation	31	0.00
32. Total Non-Taxable/Exempt Compensation Income	32	54,066.01

B. TAXABLE COMPENSATION INCOME

REGULAR

33. Basic Salary	33	116,451.77
34. Representation	34	0.00
35. Transportation	35	8,692.75
36. Cost of Living Allowance	36	0.00
37. Fixed Housing Allowance	37	0.00
38. Others (Specify)	38	0.00
39. Total Regular Compensation Income	39	0.00

SUPPLEMENTARY

40. Commission	40	0.00
41. Profit Sharing	41	0.00
42. Non-Voting Director's Fee	42	0.00
43. Variable 13th Month Pay and Other Benefits	43	0.00
44. Incentive Pay	44	0.00
45. Christmas Pay	45	25,042.47
46. Others (Specify)	46	0.00
47. Other Taxable Income	47	12,213.74
48. Total Taxable Compensation Income	48	162,400.73

Part II Employer Information (Present)

15. Employer Identification No.
245 673 605 0002

16. Employer's Name
Synchrony Global Services Phils Inc

17. Employer's Address
13F-18F AYALA CENTER CEBU TOWER BOHOL STREET, CEBU BUSINESS

18. Main Employer Secondary Employer

19. ZIP Code
6000

Part III Employer Information (Previous)

20. Employer Identification No.

21. Employer's Name

22. Employer's Address

23. ZIP Code

Part IV-A Summary

24. Total Compensation Income from Present Employer from 01 Jan 2019	24	216,456.74
25. Less: Total Non-Taxable/Exempt Compensation Income (from Part A)	25	54,066.01
26. Taxable Compensation Income from Present Employer (Item 39)	26	162,400.73
27. Less: Taxable Compensation Income from Previous Employer	27	0.00
28. Total Taxable Compensation Income from All Employers	28	162,400.73
29. Less: Total Exemptions	29	0.00
30. Total Taxable Compensation Income (Item 32)	30	0.00
31. Less: Total Exemptions	31	0.00
32. Total Taxable Compensation Income (Item 48)	32	162,400.73
33. Total Tax	33	0.00
34. Amount of Tax Withheld	34	0.00
35A. Present Employer	35A	0.00
35B. Previous Employer	35B	0.00
36. Total Amount of Taxes Withheld (Item 34)	36	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 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
 CONFORME: DEL CASTILLO FRANCIS IGNATIUS ALIGWAY
 Employee Signature Over Printed Name

CTC No. of Employee: _____ Place of Issue: _____

Date Signed: 11 07 20 19

Date Signed: 11 07 20 19

Amount Paid: _____

Date of Issue: _____

To be accomplished under substituted filing

58. Present Employer/ Authorized Agent Signature Over Printed Name
 (Head of Accounting, Human Resource or Authorized)

I declare, under the penalties of perjury that I am qualified under substituted income tax returns (BIR Form No. 1700), since I received purely compensation 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 No. 1664CF filed by my employer to the BIR shall constitute as my income tax and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1664CF had been filed pursuant to the provision of IR No. 2002, as amended.

59. DEL CASTILLO FRANCIS IGNATIUS ALIGWAY
 Employee Signature Over Printed Name