



# Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

1 For the Year (YYYY) <b>2016</b>		2 For the Year From (MM/DD) <b>01 01</b>		To (MM/DD) <b>02 15</b>	
<b>Part I Employee Information</b>					
3 Taxpayer Identification No. <b>278 699 391 000</b>					
4 Employee's Name (Last Name, First Name, Middle Name) <b>SELLORIA, MARK JAY SILA</b>					
5 RDO Code					
6 Registered Address <b>C/O SYKES ASIA INC</b>					
6A Zip Code					
6B Local Home Address					
6B Zip Code					
6D Foreign Address					
7 Date of Birth (MM/DD/YYYY) <b>08/30/1989</b>					
8 Sex					
9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married					
9A Is the wife claiming the additional exemption for dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No					
10 Name of Qualified Dependent Children					
12 Statutory Minimum Wage rate per day <b>12</b>					
13 Statutory Minimum Wage rate per month <b>13</b>					
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax					
<b>Part II Employer Information (Present)</b>					
15 Employer Identification No.					
16 Employer's Name <b>SYKES ASIA, INC.</b>					
17 Registered Address <b>26F ROBINSON'S SUMMIT BUILDING AYALA AVENUE MAKATI CITY</b>					
17A Zip Code					
18 <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer					
<b>Part III Employer Information (Previous)</b>					
18 Taxpayer Identification No.					
19 Employer's Name					
20 Registered Address					
20A Zip Code					
<b>Part IV-A Summary</b>					
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21	<b>27,609.67</b>			
22 Less: Total Non-Taxable/Exempt (Item 41)	22	<b>6,747.32</b>			
23 Taxable Compensation Income from Present Employer (Item 55)	23	<b>20,862.35</b>			
24 Add: Taxable Compensation Income from Previous Employer	24	<b>0.00</b>			
25 Gross Taxable Compensation Income	25	<b>20,862.35</b>			
26 Less: Total Exemptions	26	<b>50,000.00</b>			
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27	<b>0.00</b>			
28 Net Taxable Compensation Income	28	<b>0.00</b>			
29 Tax Due	29	<b>0.00</b>			
30 Amount of Taxes Withheld					
30A Present Employer	30A	<b>0.00</b>			
30B Previous Employer	30B	<b>0.00</b>			
31 Total Amount of Taxes Withheld As Adjusted	31	<b>0.00</b>			
<b>Part IV-B Detail of Compensation Income and Tax Withheld from Present Employer</b>					
<b>A. Non-Taxable/Exempt Compensation Income</b>					
32 Basic Salary/Statutory Minimum Wage/Minimum Wage Earner (MWE)	32		0		
33 Holiday Pay (MWE)	33		0		
34 Overtime Pay (MWE)	34		0		
35 Night Differential (MWE)	35		0		
36	36		0		
37	37		2,229.		
38	38		0.		
39	39		843.		
40	40		3,674.		
41	41		6,747.		
<b>B. TAXABLE COMPENSATION INCOME</b>					
<b>REGULAR</b>					
42 Basic Salary	42		16,900.0		
43	43		0.0		
44 Transportation	44		0.0		
45 Cost of Living Allowance	45		0.0		
46 Fixed Housing Allowance	46		0.0		
47 Others (Specify)	47				
47A	47A				
47B	47B				
<b>SUPPLEMENTARY</b>					
48 Commission	48		0.0		
49 Profit Sharing	49		0.0		
50 Fees Including Director's Fees	50		0.0		
51 Taxable 13th Month Pay and Other Benefits	51		0.0		
52 Hazard Pay	52		0.0		
53 Overtime Pay	53		0.0		
54 Others (Specify)	54				
54A Salaries & Other Forms of Compensation	54A		3,962.3		
54B	54B				
55 Total Taxable Compensation Income	55		20,862.3		

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.

**NOEL B. VALDEZ**

**SENIOR PAYROLL MANAGER**

Date Signed

ONFORME:

Present Employer/Authorized Agent Signature Over Printed Name

**MARK JAY S. SELLORIA**

Date Signed