



For Compensation Payment With or Without Tax Withheld

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

1 For the year (YYYY) 2019		2 For the period (MM/DD) 01 01 To (MM/DD) 12 31	
Part I Employee Information 3 Tax Payer Identification No. 327 514 648 000 4 EMPLOYER IDENTIFICATION NUMBER (EIN) (SEE INSTRUCTIONS) 000 5 Registered Address SA Zip Code Cebu 0000 6B Local Home Address PC Zip Code 6C Foreign Address FE Zip Code 7 Date of Birth (MM/DD/YYYY) 10 27 1994 8 Telephone Number 9 Employment Status <input type="checkbox"/> Single <input type="checkbox"/> Married 9A Is the tax filer claiming the dependent exemption for specified dependent(s) (check all that apply)? <input type="checkbox"/> Yes <input type="checkbox"/> No 10 Name of Qualified Dependent Child(ren) 11 Date of Birth (MM/DD/YYYY) 12 Statutory Minimum Wage rate per day 13 Statutory Minimum Wage rate per month 14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount 32 Basic Salary/Statutory Minimum Wage/Minimum Wage Earner (MWE) 32 0.00 33 Holiday Pay (MWE) 33 0.00 34 Overtime Pay (MWE) 34 0.00 35 Night Shift Differential (MWE) 35 0.00 36 Hazard Pay (MWE) 36 0.00 37 13th Month Pay and Other Benefits 37 0.00 38 De Minimis Benefits 38 0.00 39 SSS, GSIS, PHIC & Pag-ibig Contributions & Union dues (Employee share only) 39 0.00 40 Gratuity & Other forms of Compensation 40 0.00 41 Total Non-Taxable/Exempt Compensation Income 41 0.00 B. TAXABLE COMPENSATION INCOME REGULAR 42 Basic Salary 42 0.00 43 Representation 43 0.00 44 Transportation 44 0.00 45 Cost of Living Allowance 45 0.00 46 Fixed Housing Allowance 46 0.00 47 Others (Specify) 47A 47A 0.00 47B 47B 0.00 SUPPLEMENTARY 48 Commission 48 0.00 49 Profit Sharing 49 0.00 50 Fees including Director's Fees 50 0.00 51 Taxable 13th Month Pay and Other Benefits 51 0.00 52 Hazard Pay 52 0.00 53 Overtime Pay 53 0.00 54 OTHER (SPECIFY) 54A 54A 54B 54B 55 Total Taxable Compensation Income 55 0.00	
Part II Employer Information (Present) 15 Taxpayer Identification No. 205 366 921 000 16 Employer's Name CONVERGYS PHILIPPINES, INC. 17 Registered Address 17A Zip Code 8th Floor SLC building, 6797 Ayala 1226 <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer			
Part III Employer Information (Previous) 18 Taxpayer Identification No. 19 Employer's Name 20 Registered Address 20A Zip Code			
Part IV-A Summary 21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 0.00 22 Less: Total Non-Taxable/Exempt (Item 41) 22 0.00 23 Taxable Compensation Income from Present Employer (Item 55) 23 0.00 24 Add: Taxable Compensation Income from Previous Employer 24 0.00 25 Gross Taxable Compensation Income 25 0.00 26 Less: Total Exemptions 26 0.00 27 Less: Premiums 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			
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 MARICAR CORONEL Present Employer/Authorized Agent Signature Over Printed Name CONFORME: 57 Navarroza, Mary Ann CTC No. _____ Employee Signature Over Printed Name of Employee _____ Place of Issue _____ Date of Issue _____ Amount Paid _____			
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. 58 MARICAR CORONEL Present Employer/Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)		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. 59 Navarroza, Mary Ann Employee Signature Over Printed Name	