



Certificate of Compensation Payment/Tax Withheld

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) **2 0 1 5**

2 For the Period From (MM/DD) **0 1 0 1** To (MM/DD) **1 2 3 1**

Part I Employee Information

3 Taxpayer Identification No. **4 0 7 4 7 7 7 7 2**

4 Employee's Name (Last Name, First Name, Middle Name) **Veloso, Monjessa Therese Pitogo** 5 RDO Code

6 Registered Address **Sitio Ufeba Bulacao Cebu City** 6A Zip Code **6 0 0 0**

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) **1 0 2 2 1 9 9 0** 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 (MM/DD/YYYY)

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 IV-B 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	34	
35	Night Shift Differential(MWE)	35	
36	Hazard Pay(MWE)	36	
37	13th Month Pay and Other Benefit	37	82,000.00
38	De Minimis Benefits	38	31,749.35
39	SSS,GSIS,PHIC & Pag-ibig Contribution & Union Dues (Employee share only)	39	10,952.60
40	Salaries & Other Forms of Compensation	40	
41	Total Non-Taxable/Exempt Compensation Income	41	124,701.95

Part II Employer Information (Present)

15 Taxpayer Identification No. **2 4 2 0 4 9 9 2 4 0 0 0**

16 Employer's Name **1&1 Internet (Philippines), Inc.**

17 Registered Address **16F i3 Bldg., Cebu IT Park, Apas Lahug Cebu City** 17A Zip Code **6 0 0 0**

Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

42	Basic Salary	42	179,437.91
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	

Part III Employer Information (Previous)

18 Taxpayer Identification No.

19 Employer's Name

20 Registered Address 20A Zip Code

SUPPLEMENTARY

48	Commission	48	
49	Profit Sharing	49	
50	Fees Including Director's Fees	50	
51	Taxable 13th Month Pay and Other Benefits	51	18,768.18
52	Hazard Pay	52	
53	Overtime Pay	53	27,715.81
54	Others (Specify)	54	
54A		54A	
54B		54B	
55	Total Taxable Compensation Income	55	225,921.90

Part IV-A Summary

21	Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21	350,623.85
22	Less: Total Non-Taxable/Exempt (Item 41)	22	124,701.95
23	Taxable Compensation Income from Present Employer (Item 55)	23	225,921.90
24	Add: Taxable Compensation Income from Previous Employer	24	0.00
25	Gross Taxable Compensation Income	25	225,921.90
26	Less: Total Exemption	26	50,000.00
27	Less: Premium Paid on Health and/or Hospital Insurance(if Applicable)	27	0.00
28	Net Taxable Compensation Income	28	175,921.90
29	Tax Due	29	31,480.48
30	Amount of Taxes Withheld	30	
30A	Present Employer	30A	31,480.48
30B	Previous Employer	30B	0.00
31	Total Amount of Taxes Withheld As adjusted	31	31,480.48

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 Tax Code, as amended, and the regulations issued under authority thereof.

56 **FRITZIE R. ROSARIO** Present Employer/Authorized Agent Signature Over Printed Name Date Signed

CONFORME: 57 **Monjessa Therese Pitogo Veloso** Employee Signature Over Printed Name Date Signed Amount Paid

CTC No. of Employee Place of Issue Date of Issue

TO BE ACCOMPLISHED UNDER SUBSTITUTED FILING

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

58 **FRITZIE R. ROSARIO** Present Employer/Authorized Agent Signature Over Printed Name (Head of Accounting/Human Resources 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 exceeds tax withheld); that the BIR Form No. 1604CF filed by my employer to the BIR that constituted my income tax return; and that BIR Form No. 2316 shall serve the same purpose as BIR Form No. 1700 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

59 **Monjessa Therese Pitogo Veloso** Employee Signature Over Printed Name