





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"

For the Year (YYYY) **2017** For the Period From (MM/DD) **0101** To (MM/DD) **1231**

Part I Employee Information

1. Taxpayer Identification No. **310 462 162**

2. Employer's Name (Last Name, First Name, Middle Name) **Alquisalas, Paolo Conson**

3. Employer's Address (Street, City, Province, Zip Code)
Bigy, Kalunasan, Kalubihan, Cebu City, Cebu City

4. Local Home Address (Street, City, Province, Zip Code)

5. Foreign Address (Street, City, Country, Zip Code)

6. Date of Birth (MM/DD/YYYY) **06 06 1988**

7. Telephone Number

8. Extension Designation
 Single Married

9. Is the wife claiming this 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

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-R Details of Compensation Income and Tax Withheld from Present Employer

Amount	Amount
NON-TAXABLE/EXEMPT COMPENSATION INCOME	
32. Basic Salary	0.00
33. Statutory Minimum Wage (minimum wage earned (gross))	
34. Holiday Pay (Gross)	0.00
35. Overtime Pay (Gross)	0.00
36. Night Shift Differential (gross)	0.00
37. Hazard Pay (Gross)	0.00
38. 13th Month Pay and Other Benefits	8,773.86
39. Retirement Benefits	15,550.36
40. SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (grossed share only)	6,730.70
41. Bonuses & Other Forms of Compensation	0.00
41. Total Non-Taxable/Exempt Compensation Income	31,054.92

Part II Employer Information (Present)

16. Taxpayer Identification No. **235 392 137 0000**

17. Employer's Name **Xerox Business Services Philippines, Inc.**

18. Registered Address (Street, City, Province, Zip Code)
7th Floor OneEcom Bldg., Mall of Asia Complex, Pasay City 1300

19. Large Employer Small Employer

Part III Employer Information (Previous)

20. Taxpayer Identification No.

21. Employer's Name

22. Registered Address (Street, City, Province, Zip Code)

TAXABLE COMPENSATION INCOME REGULAR	
42. Basic Salary	74,703.63
43. Representation	0.00
44. Transportation	0.00
45. Cost of Living Allowance	0.00
46. Fixed Housing Allowance	0.00
47. Others (Specify)	
47A	1,413.55
47B	0.00
SUPPLEMENTARY	
48. Commission	0.00
49. Profit Sharing	0.00
50. Fees Including Director's Fees	0.00
51. Taxable 13th Month Pay and Other Benefits	0.00
52. Hazard Pay	0.00
53. Overtime Pay	31,431.50
54. Others (Specify)	
54A	0.00
54B	0.00
55. Total Taxable Compensation Income	107,548.68

Part IV-A Summary

23. Gross Compensation Income from Present Employer (Item 41 plus Item 55)	138,603.60
24. Less: Total Non-Taxable/Exempt (Item 41)	31,054.92
25. Taxable Compensation Income from Present Employer (Item 55)	107,548.68
26. Add: Taxable Compensation Income from Previous Employers	0.00
27. Gross Taxable Compensation Income	107,548.68
28. Less: Total Exemptions	50,000.00
29. Less: Premium Paid on Health and Hospital Insurance (if available)	0.00
30. Net Taxable Compensation Income	57,548.68
31. Tax Due	6,632.30
32. Amount of Taxes Withheld (SSS Present Employer)	6,632.30
33. SSS Previous Employer	0.00
34. Total Amount of Taxes Withheld (SSS Present)	6,632.30

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. Present Employer/ Authorized Agent Signature Over Printed Name
Cecilia Dayao

57. Employee Signature Over Printed Name
Paolo C. Alquisalas

Date Signed: _____ Date of Issue: _____ Amount Paid: _____

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1804CF which has been filed with the Bureau of Internal Revenue.

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

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. 1804CF 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 No. 3-2002, as amended.

59. Employee Signature Over Printed Name
Paolo C. Alquisalas