


 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) **2015**
 2 For the Period From (MM/DD) **0101** To (MM/DD) **1231**

## Part I Employee Information

 3 Taxpayer Identification No. **427 398 423**

 4 Employee's Name (Last Name, First Name, Middle Name) **Mendoza, Valley Magtuba**
 5 RDO Code

 6 Registered Address **9a Diamond St., Goldenville Subd., Banawa, Cebu, Cebu City**
 6A Zip Code **6000**

6B Local Home Address
 6C Zip Code

6D Foreign Address
 6E Zip Code

 7 Date of Birth (MM/DD/YYYY) **02 14 1983**
 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 **MENDOZA, OCEAN** **MENDOZA, VALERIE**
 11 Date of Birth (MM/DD/YYYY) **12 19 2011** **04 09 2015**

 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 II Employer Information (Present)

 15 Taxpayer Identification No. **235 392 137 0126**

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

 17 Registered Address **7th Floor Oneecom Bldg., Mall of Asia Complex, Pasay City**
 17A Zip Code **1300**
 Main Employer  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	153,139.76
22	Less: Total Non-Taxable/Exempt (Item 41)	22	44,582.64
23	Taxable Compensation Income from Present Employer (Item 55)	23	108,557.12
24	Add: Taxable Compensation Income from Previous Employer	24	0.00
25	Gross Taxable Compensation Income	25	108,557.12
26	Less: Total Exemptions	26	100,000.00
27	Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27	0.00
28	Net Taxable Compensation Income	28	8,557.12
29	Tax Due	29	427.86
30	Amount of Taxes Withheld		
30A	Present Employer	30A	427.86
30B	Previous Employer	30B	0.00
31	Total Amount of Taxes Withheld As Adjusted	31	427.86

## 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	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	22,149.74
38	De Minimis Benefits	38	13,989.04
39	SSS, GSIS, PHIC & Pag-Ibig Contributions, & Union Dues (Employee share only)	39	6,742.00
40	Salaries & Other Forms of Compensation	40	1,701.86
41	Total Non Taxable/Exempt Compensation Income	41	44,582.64

## B. TAXABLE COMPENSATION INCOME REGULAR

42	Basic Salary	42	80,692.00
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 **1,361.49**

 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	26,503.63
54	Others (Specify)		
54A		54A	0.00
54B		54B	0.00
55	Total Taxable Compensation Income	55	108,557.12

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.

*Leonora Tejada*

 56 **Leonora I. Tejada**  
 Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

 CONFORME: **Valley M. Mendoza**

Date Signed

 CTC No. **Valley M. Mendoza**  
 Employee Signature Over Printed Name

Date of Issue

 of Employee **Valley M. Mendoza**  
 Place 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. 1604CF which has been filed with the Bureau of Internal Revenue.

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 Phils 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 substitute 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.

*Leonora Tejada*

 58 **Leonora I. Tejada**  
 Present Employer/ Authorized Agent Signature Over Printed Name