



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) **2018**

2 For the Period From (MM/DD) **01/01** To (MM/DD) **12/31**

Part I Employee Information

3 Taxpayer Identification No. **315 430 025 000**

4 Employee's Name (Last Name, First Name, Middle Name) **AlbaNo, Louella, Godito** 5 RDO Code **113**

6 Registered Address **Freedom Village Brgy. San Antonio Agdao Davao City** 6A Zip Code **8000**

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) 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 II Employer Information (Present)

15 Taxpayer Identification No. **412 668 140 000**

16 Employer's Name **FOCUSINC GROUP CORP**

17 Registered Address **4F 118 CENTRON BLDG QUIRINO ST CORNER GEN LUNA ST BRGY 4A DAVAO CITY DAVAO DEL SUR** 17A Zip Code **8000**

18 Taxpayer Identification No. 19 Employer's Name

20 Registered Address 20A Zip Code

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)	314,588.00
22	Less: Total Non-Taxable/Exempt (item 41)	138,370.19
23	Taxable Compensation Income from Present Employer (item 55)	176,218.41
24	Add: Taxable Compensation Income from Previous Employer	
25	Gross Taxable Compensation Income	176,218.41
26	Less: Total Exemptions	
27	Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	0.00
28	Net Taxable Compensation Income	176,218.41
29	Tax Due	0.00
30	Amount of Taxes Withheld	
30A	Present Employer	0.00
30B	Previous Employer	
31	Total Amount of Taxes Withheld As adjusted	0.00

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 (MWE)	34	
35	Night Shift Differential (MWE)	35	
36	Hazard Pay (MWE)	36	
37	13th Month Pay and Other Benefits	37	90,000.00
38	De Minimis Benefits	38	39,272.12
39	SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	9,098.07
40	Salaries & Other Forms of Compensation	40	0.00
41	Total Non-Taxable/Exempt Compensation Income	41	138,370.19

B. TAXABLE COMPENSATION INCOME REGULAR

42	Basic Salary	42	176,218.41
43	Representation	43	
44	Transportation	44	
45	Cost of Living Allowance	45	
46	Fixed Housing Allowance	46	
47	Others (Specify)	47	
47A		47A	0.00
47B		47B	

SUPPLEMENTARY

48	Commission	48	
49	Profit Sharing	49	
50	Fees Including Director's Fees	50	
51	Taxable 13th Month Pay and Other Benefits	51	0.00
52	Hazard Pay	52	
53	Overtime Pay	53	
54	Others (Specify)	54	
54A		54A	
54B		54B	
55	Total Taxable Compensation Income	55	176,218.41

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

56 **JOSEPH CLOYD MATILAC** Date Signed _____
Present Employer's Authorized Agent Signature Over Printed Name

CONFORME **Louella Godito AlbaNo** Date Signed _____
57 Employee Signature Over Printed Name

C.T.C. No. _____ Place of Issue _____ 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. 1604CF filed with the Bureau of Internal Revenue.

58 **JOSEPH CLOYD MATILAC**
Present Employer's Authorized Agent Signature Over Printed Name (Head of Household, 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 Section 58 of the Tax Code, as amended.

59 **Louella Godito AlbaNo**
Employee Signature Over Printed Name