

**Certificate of Compensation  
 Payment/Tax Withheld**

1 For the Year (YYYY) 2018 2 For the Period From 0101 To 1231  
(MM/DD) (MM/DD)

**Part I Employee Information** **Part IV-B Details of Compensation Income and Tax Withheld from Present Employer**

3 Taxpayer Identification No. 342 031 865 000  
 4 Employee's Name (Last Name, First Name, Middle Name) Ricamora, Genieve Adriano 5 RIN Code  
 6 Registered Address Jakosalem Zapatera Cebu City 6A Zip Code  
 6B Local Home Address 6C Zip Code  
 6D Foreign Address 6E Zip Code  
 7 Date of Birth (MM/DD/YYYY) 04/08/1994 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  
 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. 205 394 448 000  
 16 Employer's Name TPMI PHC'S, Inc.  
 17 Registered Address Teleperformance Bldg., Ayala cor. San Gil Puyat Ave., Makati 17A Zip Code  
 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 Taxable Compensation Income from Present Employer (Item 41 + Item 55)	21	218,113.62
22 Less: Total Non-Taxable / Exempt Item 41	22	48,116.77
23 Taxable Compensation Income from Present Employer (Item 55)	23	169,996.85
24 Add: Taxable Compensation Income from Previous Employer	24	
25 Gross Taxable Compensation Income	25	169,996.85
26 Less: Total Exemptions	26	0.00
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27	
28 Net Taxable Compensation Income	28	169,996.85
29 Tax Due	29	0.00
30 Amount of Taxes Withheld		
30A Present Employer	30A	0.00
30B Previous Employer	30B	0.00
31 Total Amount of Taxes Withheld As Adjusted	31	0.00

	Amount
<b>A. Non-Taxable/Exempt Compensation Income</b>	
32 Basic Salary	0.00
Statutory Minimum Wage	
Minimum Wage Earner (MWE)	
33 Holiday Pay (MWE)	0.00
34 Overtime Pay (MWE)	0.00
35 Night Shift Differential (MWE)	0.00
36 Hazard Pay (MWE)	0.00
37 13th Month Pay and Other Benefits	18,245.92
38 De Minimis Benefits	12,127.96
39 SSS, GSIS, PHIC & Pag-Ibig Contributions & Union Dues (Employee Share Only)	10,661.37
40 Salaries & Other Forms of Compensation	7,671.69
41 Total Non-Taxable / Exempt Compensation Income	48,116.77
<b>B. Taxable Compensation Income Regular</b>	
42 Basic Salary	141,769.47
43 Representation	0.00
44 Transportation	0.00
45 Cost of Living Allowance	0.00
46 Food Housing Allowance	0.00
47 Others (Specify)	
47A Allowances and Adjustment	289.66
47B	0.00
<b>51 SUPPLEMENTARY</b>	0.00
48 Commission	0.00
49 Profit Sharing	0.00
50 Fees Incl. Director's Fees and Other Benefits	0.00
51 Taxable 13th Month Pay and Other Benefits	0.00
52 Hazard Pay	7,274.54
53 Overtime Pay	
54 Others (Specify)	
54A Leaves	0.00
54B Night Differential	20,666.18
55 Total Taxable Compensation Income	169,996.85

We declare, under the penalties of perjury, that the 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 thereon and authority thereof.

Present Employer Authorized Representative Over Printed Name  
 Date Signed  
 Employee Signature Over Printed Name  
 Date of Issue  
 Amount Paid

To be accomplished under substitute filing