



# 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) **2016**

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

### Part I Employee Information

3 Taxpayer Identification No. **315 298 153**

4 Employee's Name (Last Name, First Name, Middle Name) **Pacres, Jam T.**

6 Registered Address **Back Tisa 2, F. Llamas St., Tisa, Cebu**  
City, **Cebu City**

6B Local Home Address **6A Zip Code 6000**

6D Foreign Address **6C Zip Code**

6E Zip Code

7 Date of Birth (MM/DD/YYYY) **12/30/1988**

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. **235 392 137 0000**

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)	145,514.02
22	Less: Total Non-Taxable/Exempt (Item 41)	58,968.49
23	Taxable Compensation Income from Present Employer (Item 55)	86,545.53
24	Add: Taxable Compensation Income from Previous Employer	0.00
25	Gross Taxable Compensation Income	86,545.53
26	Less: Total Exemptions	50,000.00
27	Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	0.00
28	Net Taxable Compensation Income	36,545.53
29	Tax Due	3,481.83
30	Amount of Taxes Withheld	
30A	Present Employer	3,481.83
30B	Previous Employer	0.00
31	Total Amount of Taxes Withheld As Adjusted	3,481.83

### 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)	0.00
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	39,878.81
38	De Minimis Benefits	13,241.48
39	SSS, GSIS, PHIC & Pag-IBIG Contributions, & Union Dues (Employee share only)	5,848.20
40	Salaries & Other Forms of Compensation	0.00
41	Total Non Taxable/Exempt Compensation Income	58,968.49

#### B. TAXABLE COMPENSATION INCOME REGULAR

42	Basic Salary	73,039.18
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		0.00
47B		0.00
48	SUPPLEMENTARY 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	13,506.35
54	Others (Specify)	
54A		0.00
54B		0.00
55	Total Taxable Compensation Income	86,545.53

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's Authorized Agent Signature Over Printed Name

Date Signed

CONFORME: **Jam T. Pacres**  
57 CTC No. \_\_\_\_\_ Employee's Signature Over Printed Name  
of Employee \_\_\_\_\_ Place of Issue \_\_\_\_\_

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. 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 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 RR No. 9-2002, as amended.

*Leonora Tejada*

58 **Leonora I. Tejada**  
Present Employer's Authorized Agent Signature Over Printed Name  
(Head of Accounting/ Human Resource or Authorized Representative)

*[Signature]*