



For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

2018				For the Period			
Part I Employee Information				Part IV-B Details of Compensation Income and Tax Withheld from Present Employer			
Taxpayer Identification No. 340 178 059 0000 Employer's Name (Last Name, First Name, Middle Name) LINGAT, EFREN III GONZALES Registered Address Local Home Address Foreign Address Date of Birth (MM/DD/YYYY) Telephone Number Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Qualified Dependent Child Date of Birth (MM/DD/YYYY) Statutory Minimum Wage rate per day Statutory Minimum Wage rate per month				Amount A. NON-TAXABLE/EXEMPT COMPENSATION INCOME 32 Basic Salary/ Statutory Minimum Wage 33 Holiday Pay (MWE) 34 Overtime Pay (MWE) 35 Night Shift Differential (MWE) 36 Hazard Pay (MWE) 37 13th Month Pay and Other Benefits 38 De Minimis Benefits 39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 40 Salary & Other Forms of Compensation 41 Total Non-Taxable/Exempt Compensation Income 46,515.32 24,000.00 10,083.00 0.00 80,598.32			
Part II Employer Information (Present)				B. TAXABLE COMPENSATION INCOME REGULAR			
Taxpayer Identification No. 007 964 541 0000 Employer's Name VCUSTOMER PHILIPPINES (CEBU), INC Registered Address 90 GEN MAXILOM AVE CEBU CITY CEBU Main Employer <input checked="" type="checkbox"/> Secondary Employer <input type="checkbox"/>				42 Basic Salary 152,153.93 43 Representation 44 Transportation 45 Cost of Living Allowance 46 Fixed Housing Allowance 47 Others (Specify) 47A 0.00 47B			
Part III Employer Information (Previous)				SUPPLEMENTARY			
Taxpayer Identification No. Employer's Name Registered Address 20A Zip Code				48 Compensation 49 Profit Sharing 50 Fees Including Director's Fees 51 Taxable 13th Month Pay and Other Benefits 0.00 52 Retard Pay 53 Overtime Pay 54 Others (Specify) 54A 54B 55 Total Taxable Compensation Income 152,153.93			
Part IV-A Summary							
21 Gross Compensation from Present Employer 232,752.25 22 Less: Exempt Compensation Income 80,598.32 23 Taxable Compensation Income from Present Employer 152,153.93 24 Add: Taxable Compensation Income from Previous Employer 25 Gross Taxable Compensation Income 152,153.93 26 Less: Total Exempt Compensation Income 0.00 27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable) 0.00 28 Net Taxable Compensation Income 152,153.93 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							

We declare, under the penalty 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.