



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) <b>2019</b>		2 For the period From (MM/CC) <b>01 01</b> To (MM/CC) <b>05 19</b>	
<b>Part I Employee Information</b>			
3 Tax Payer Identification No. <b>314 753 959 000</b>		4 Employer's Name (Last, First, Middle Initial) <b>Abas, Trexsha</b>	
5 Home Address <b>J.M. Basa</b>		6 Home Zip Code <b>6000</b>	
7 Date of Birth (MM/DD/YYYY) <b>08 23 1994</b>		8 Telephone Number	
9 Description Status <input 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			
10 Name of Qualified Dependent Children		11 Date of Birth (MM/DD/YYYY)	
12 Statutory Minimum Wage rate per day		13 Statutory Minimum Wage rate per month	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax			
<b>Part II Employer Information (Present)</b>			
16 Employer Identification No. <b>205 366 921 000</b>		17 Registered Address <b>8th Floor SLC building, 6797 Ayala</b>	
18 Employer's Name <b>CONCENTRIX CVG PHILIPPINES, INC.</b>		17A Zip Code <b>1226</b>	
19 <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer			
<b>Part III Employer Information (Previous)</b>			
20 Taxpayer Identification No.		21 Employer's Name	
22 Registered Address		23 Zip Code	
<b>Part IV-A Summary</b>			
24 Gross Compensation Income from Present Employer (Item 41 plus Item 65)	21	<b>141,828.80</b>	
25 Less: Total Non-Taxable Exempt (Item 41)	22	<b>42,468.24</b>	
26 Taxable Compensation Income from Present Employer (Item 24)	23	<b>99,360.56</b>	
27 Add: Taxable Compensation Income from Previous Employer	24	<b>0.00</b>	
28 Gross Taxable Compensation Income	25	<b>99,360.56</b>	
29 Less: Total Exemptions	26	<b>0.00</b>	
30 Less: Premiums Paid on Health and/or Hospital Insurance (if applicable)	27		
31 Net Taxable Compensation Income	28	<b>99,360.56</b>	
32 Tax Due	29	<b>0.00</b>	
33 Amount of Taxes Withheld	30	<b>0.00</b>	
34 Present Employer	31A	<b>0.00</b>	
35 Previous Employer	31B		
36 Total Amount of Taxes Withheld As Adjusted	31	<b>0.00</b>	
<b>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</b>			
<b>A. NON-TAXABLE BENEFIT COMPENSATION INCOME</b>			
37 Basic Salary/Statutory Minimum Wage/Minimum Wage Earner (MWE)	32		<b>0.00</b>
38 Holiday Pay (MWE)	33		<b>0.00</b>
39 Overtime Pay (MWE)	34		<b>0.00</b>
40 Night Shift Differential (MWE)	35		<b>0.00</b>
41 Hazard Pay (MWE)	36		<b>0.00</b>
42 13th Month Pay and Other Benefits	37	<b>11,390.22</b>	
43 De Minimis Benefits	38	<b>19,655.18</b>	
44 SSS, GSIS, PRC & Pag-IBIG Contributions & Union dues (Employee share only)	39	<b>4,664.18</b>	
45 Selected & Other forms of Compensation	40	<b>6,758.66</b>	
46 Total Non-Taxable/Exempt Compensation Income	41	<b>42,468.24</b>	
<b>B. TAXABLE COMPENSATION INCOME</b>			
<b>REGULAR</b>			
47 Basic Salary	42	<b>57,423.80</b>	
48 Representation	43	<b>0.00</b>	
49 Transportation	44	<b>0.00</b>	
50 Cost of Living Allowance	45	<b>0.00</b>	
51 Fixed Housing Allowance	46	<b>0.00</b>	
52 Others (Specify)	47		
53A	47A	<b>0.00</b>	
53B	47B	<b>0.00</b>	
<b>SUPPLEMENTARY</b>			
54 Commission	48		<b>0.00</b>
55 Profit Sharing	49		<b>0.00</b>
56 Fees Including Director's Fees	50		<b>0.00</b>
57 Taxable 13th Month Pay and Other Benefits	51		<b>0.00</b>
58 Hazard Pay	52		<b>0.00</b>
59 Overtime Pay	53	<b>19,408.02</b>	
60 Others (Specify)	54		
61A	54A	<b>EPGAL</b>	<b>22,528.74</b>
61B	54B		
62 Total Taxable Compensation Income	55	<b>99,360.56</b>	
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.			
Present Employer/Authorized Agent Signature Over Printed Name <b>ANNALYN Q. ABANGAN</b>		Date Signed <b>07 20 2019</b>	
CONFORME:			
67 <b>Abas, Trexsha</b>		Date Signed	
CTC No. _____ Employee Signature Over Printed Name		Date of Issue _____ Amount Paid _____	
Place of Issue _____			
<b>To be accomplished under substituted filing</b>			
I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF and have 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 3-2002, as amended.	
68 <b>ANNALYN Q. ABANGAN</b>		69 <b>Abas, Trexsha</b>	
Present Employer/Authorized Agent Signature Over Printed Name (Head of Accounting/Human Resource or Authorized Representative)		Employee Signature Over Printed Name	