



# Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

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

**Part I Employee Information**

1 For the Year (YYYY) **2018**

3 Taxpayer Identification No. **265 447 914**

4 Employee's Name (Last Name, First Name, Middle Name) **Oyao, Maricel Abarquez**

5 RDO Code

6 Registered Address **#15 Zone, Lato Kalawisan, Lapu-Lapu City**

6A Zip Code

6B Local Home Address

6C Zip Code

6D Foreign Address

6E Zip Code

7 Date of Birth (MM/DD/YYYY) **03 | 08 | 1988**

8 Telephone Number

9 Exemption Status

9A  Single  Married  
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 **Conduent 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)	21	217,369.50
22 Less: Total Non-Taxable/Exempt (Item 41)	22	113,493.43
23 Taxable Compensation Income from Present Employer (Item 55)	23	103,876.07
24 Add: Taxable Compensation Income from Previous Employer	24	0.00
25 Gross Taxable Compensation Income	25	103,876.07
26 Less: Total Exemptions	26	0.00
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27	0.00
28 Net Taxable Compensation Income	28	103,876.07
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

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

	Amount
<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32 0.00
33 Holiday Pay (MWE)	33 0.00
34 Overtime Pay (MWE)	34 0.00
35 Night Shift Differential (MWE)	35 0.00
36 Hazard Pay (MWE)	36 0.00
37 13th Month Pay and Other Benefits	37 90,000.00
38 De Minimis Benefits	38 16,732.83
39 SSS, GSIS, PHIC & Pag-Ibig Contributions, & Union Dues (Employee share only)	39 6,760.60
40 Salaries & Other Forms of Compensation	40 0.00
41 Total Non Taxable/Exempt Compensation Income	41 113,493.43

<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	
42 Basic Salary	42 76,609.34
43 Representation	43 0.00
44 Transportation	44 0.00
45 Cost of Living Allowance	45 0.00
46 Fixed Housing Allowance	46 0.00
47 Others (Specify)	
47A	47A 2,233.34
47B	47B 0.00
<b>SUPPLEMENTARY</b>	
48 Commission	48 0.00
49 Profit Sharing	49 0.00
50 Fees Including Director's Fees	50 0.00
51 Taxable 13th Month Pay and Other Benefits	51 1,375.67
52 Hazard Pay	52 0.00
53 Overline Pay	53 23,657.72
54 Others (Specify)	
54A	54A 0.00
54B	54B 0.00
55 Total Taxable Compensation Income	55 103,876.07

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.

*[Signature]*

66 **Roberto Apostol**  
Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME: 57 **Maricel A. Oyao**  
Employee Signature Over Printed Name

Date Signed

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. 1804CF which has been filed with the Bureau of Internal Revenue.

*[Signature]*

68 **Roberto Apostol**  
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ 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), and 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. 1804CF 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. 3-2002, as amended.

*[Signature]*  
59 **Maricel A. Oyao**  
Employee Signature Over Printed Name