



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

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

1 For the Year (YYYY) **2019**

2 For the Period From (MM/DD) To (MM/DD)

Part I Employee Information

3 Taxpayer Identification No. **223 143 270 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **VERGARA, CRISTINA RETUYA**

5 RDO Code **080**

6 Registered Address **SUN OK, TAYUD, CONSOLACION 8001 CEBU**

8A Zip Code

8B Local Home Address

8C Zip Code

8D Foreign Address

8E Zip Code

7 Date of Birth (MM/DD/YYYY) **12 20 1978**

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. **254 682 203 0000**

16 Employer's Name **HIGH END FASHION JEWELRY PRODUCTION**

17 Registered Address **NO. 23 CRESCENT ROAD CLIP - SEZ BASAK**

17A Zip Code **6015**

18 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 56)	307,328.07
22	Less: Total Non-Taxable/Exempt (Item 41)	39,496.07
23	Taxable Compensation Income from Present Employer (Item 55)	267,830.00
24	Add: Taxable Compensation Income from Previous Employer	
25	Gross Taxable Compensation Income	267,830.00
26	Less: Total Exemptions	0.00
27	Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	0.00
28	Net Taxable Compensation Income	267,830.00
29	Tax Due	3,566.00
30	Amount of Taxes Withheld	
30A	Present Employer	3,566.00
30B	Previous Employer	
31	Total Amount of Taxes Withheld As indicated	3,566.00

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

Amount

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
32	Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32
33	Holiday Pay (MWE)	33
34	Overtime Pay (MWE)	34
35	Night Shift Differential (MWE)	35
36	Hazard Pay (MWE)	36
37	13th Month Pay and Other Benefits	25,023.33
38	De Minimis Benefits	0.00
39	SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	14,272.74
40	Salaries & Other Forms of Compensation	200.00
41	Total Non-Taxable/Exempt Compensation Income	39,496.07

B. TAXABLE COMPENSATION INCOME REGULAR

42	Basic Salary	266,845.38
43	Representation	43
44	Transportation	44
45	Cost of Living Allowance	45
46	Fixed Housing Allowance	46
47	Others (Specify)	47
47A		984.62
47B		47B

SUPPLEMENTARY

48	Commission	48
49	Profit Sharing	49
50	Fees Including Director's Fees	50
51	Taxable 13th Month Pay and Other Benefits	0.00
52	Hazard Pay	52
53	Overtime Pay	53
54	Others (Specify)	54
54A		54A
54B		54B
55	Total Taxable Compensation Income	267,830.00

We declare, under the penalties of perjury, that the information herein stated 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 Section 248 of the Tax Code, as amended, and the regulations issued under authority thereof.

56 Present Employer's Authorized Agent: Signature Over Printed Name
CONFORME **CRISTINA RETUYA VERGARA**
CTC No. **23314860** Place of Issue **IC**

Date Signed: _____
Date of Issue: **01 21 2020** Amount Paid: **3,566.00**

I declare, under the penalties of perjury, that the information herein stated has been reported under BIR Form No. 2316-CP Form, as been filed with the Bureau of Internal Revenue.

58 **MARIE JO D. CALDOZA**
Present Employer's Authorized Agent: Signature Over Printed Name (Head of Accounts, Human Resource or Authorized Representative)

To be accomplished under substituted filing

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (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. 1604-CP filed by my employer in the BIR shall constitute as my income tax return, and that BIR Form No. 2316 shall serve the same purpose as a BIR Form No. 1700 had been filed pursuant to the provisions of Section 248 of the Tax Code, as amended.

59 **CRISTINA RETUYA VERGARA**
Employee's Signature Over Withheld Name