

Compensation Payment With or Without Tax Withheld

For the Year (YYYY) **2017**

For the Period From (MM/DD) **0302** To (MM/DD) **0718**

Part I Employee Information

1 Taxpayer Identification No. **426713468**

4 Employee's Name (Last Name, First Name, Middle Name) **Pagobo, Sheryl Bojos** 5 RDO Code

6 Registered Address 6A Zip Code

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) **06221989** 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 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	37 4,569.86
38 De Minimis Benefits	38 4,929.90
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 3,375.50
40 Salaries & Other Forms of Compensation	40 0.00
41 Total Non-Taxable/Exempt Compensation Income	41 12,875.26
B. TAXABLE COMPENSATION INCOME REGULAR	
42 Basic Salary	42 34,190.71
43 Representation	43
44 Transportation	44 0.00
45 Cost of Living Allowance	45 0.00
46 Fixed Housing Allowance	46
47 Others (Specify)	47
47A	47A
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	51 0.00
52 Hazard Pay	52
53 Overtime Pay	53 6,435.18
54 Others (Specify)	54
54A Co. Incentives	54A 6,193.14
54B	54B
55 Total Taxable Compensation Income	55 46,819.03

Part II Employer Information (Present)

15 Taxpayer Identification No. **217569500**

16 Employer's Name **Teletech Customer Care Mgt., Phils. Inc.**

17 Registered Address Bldg F SM Corp Offices 17A Zip Code **SM Central, Pasay City**

Main Employer Secondary Employer

Part IV-A Summary

21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21 59,694.29
22 Less: Total Non-Taxable/Exempt (Item 41)	22 12,875.26
23 Taxable Compensation Income from Present Employer (Item 55)	23 46,819.03
24 Add: Taxable Compensation Income from Previous Employer	24 0.00
25 Gross Taxable Compensation Income	25 46,819.03
26 Less: Total Exemptions	26 50,000.00
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27 0.00
28 Net Taxable Compensation Income	28 0.00
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 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)

22 Less: Total Non-Taxable/Exempt (Item 41)

23 Taxable Compensation Income from Present Employer (Item 55)

24 Add: Taxable Compensation Income from Previous Employer

25 Gross Taxable Compensation Income

26 Less: Total Exemptions

27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)

28 Net Taxable Compensation Income

29 Tax Due

30 Amount of Taxes Withheld

30A Present Employer

30B Previous Employer

31 Total Amount of Taxes Withheld As adjusted

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.

56 Bautista, Rod Present Employer/ Authorized Agent Signature Over Printed Name Date Signed **08232017**

CONFORME 57 Pagobo, Sheryl Bojos Employee Signature Over Printed Name Date Signed

CTC No. of Employee Place of Issue 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.

58 Bautista, Rod 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), since I received purely compensation income from only one employer in the Phils. 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 R.R. No. 3-2002, as amended.

59 Pagobo, Sheryl Bojos Employee Signature Over Printed Name