



Certificate of Compensation Payment/Tax Withheld

2316

July 2008 (ENCS)

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) **2017**

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

Part I Employee Information

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

3 Taxpayer Identification No. **341 248 226 0000**

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

4 Employee's Name (Last Name, First Name, Middle Name) **PERFAS, KARL KENNETH FUTO**

5 RDO Code **081**

6 Registered Address **6A Zip Code**

32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) **32**

6B Local Home Address **6C Zip Code**

33 Holiday Pay (MWE) **33**

6D Foreign Address **6E Zip Code**

34 Overtime Pay (MWE) **34**

7 Date of Birth (MM/DD/YYYY)

35 Night Shift Differential (MWE) **35**

8 Telephone Number

36 Hazard Pay (MWE) **36**

9 Exemption Status Single Married

37 13th Month Pay and Other Benefits **37 5,604.78**

9A Is the wife claiming the additional exemption for qualified dependent children? Yes No

38 De Minimis Benefits **38 7,000.00**

10 Name of Qualified Dependent Children

39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) **39 2,404.30**

11 Date of Birth (MM/DD/YYYY)

40 Salaries & Other Forms of Compensation **40 0.00**

12 Statutory Minimum Wage rate per day **12**

41 Total Non-Taxable/Exempt Compensation Income **41 15,009.08**

13 Statutory Minimum Wage rate per month **13**

B. TAXABLE COMPENSATION INCOME REGULAR

14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

42 Basic Salary **42 45,192.09**

Part II Employer Information (Present)

43 Representation **43**

15 Taxpayer Identification No. **007 964 541 0000**

44 Transportation **44**

16 Employer's Name **VCUSTOMER PHILIPPINES (CEBU), INC.**

45 Cost of Living Allowance **45**

17 Registered Address **50 GEN MAXILOM AVE CEBU CITY CEBU**

46 Fixed Housing Allowance **46**

17A Zip Code **6000**

47 Others (Specify) **47A 0.00**

Main Employer Secondary Employer

47B **47B**

Part III Employer Information (Previous)

48 Commission **48**

18 Taxpayer Identification No.

49 Profit Sharing **49**

19 Employer's Name

50 Fees Including Director's Fees **50**

20 Registered Address

51 Taxable 13th Month Pay and Other Benefits **51 0.00**

20A Zip Code

52 Hazard Pay **52**

21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) **21 60,201.17**

53 Overtime Pay **53**

22 Less: Total Non-Taxable/Exempt (Item 41) **22 15,009.08**

54 Others (Specify) **54A 54B**

23 Taxable Compensation Income from Present Employer (Item 55) **23 45,192.09**

55 Total Taxable Compensation Income **55 45,192.09**

24 Add: Taxable Compensation Income from Previous Employer **24**

25 Gross Taxable Compensation Income **25 45,192.09**

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 0.00**

30B Present Employer **30B**

31 Total Amount of Taxes Withheld As adjusted **31 0.00**

30A Present Employer **30A 0.00**

30B Previous Employer **30B**

31 Total Amount of Taxes Withheld As adjusted **31 0.00**

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 Present Employer/ Authorized Agent Signature Over Printed Name
MORRIS F. QUIDORING

Date Signed

57 Employee Signature Over Printed Name
KARL KENNETH FUTO PERFAS

Date Signed

CTC No. of Employee **Place of Issue**

Date of Issue **Amount Paid**