



Certificate of Compensation Payment/Tax Withheld

1 For the Year (YYYY) 2018		2 For the Period From (MM/DD) 6/26 To (MM/DD) 12/31	
Part I Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 Taxpayer Identification No 324 - 457 - 074		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) Alpin Vergel Tampus		5 RDO Code	
6 Registered Address		6A Zip Code	
7B Local Home Address		6C Zip Code	
8D Foreign Address		6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 4/13/1990		8 Telephone Number	
9 Exemption Status Single <input checked="" type="checkbox"/> Married <input type="checkbox"/>		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32	
9A Is the wife claiming the additional exemption for qualified dependent children? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		33 Holiday Pay (MWE) 33	
10 Name of Qualified Dependent Children		34 Overtime Pay (MWE) 34	
11 Date of Birth (MM/DD/YYYY)		35 Night Shift Differential (MWE) 35	
12 Statutory Minimum Wage rate per day 12		36 Hazard Pay (MWE) 36	
13 Statutory Minimum Wage rate per month 13		37 13th Month Pay and Other Benefits 37 7,630.20	
14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		38 De Minimis Benefits 38 12,609.55	
Part II Employer Information (Present)		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 5,271.50	
15 Taxpayer Identification No 205366-921-000		40 Salaries & Other Forms of Compensation 40 8,137.97	
16 Employer's Name CONVERGYS PHILIPPINES INC		41 Total Non-Taxable/Exempt Compensation Income 41 33,649.22	
17 Registered Address		B. TAXABLE COMPENSATION INCOME REGULAR	
17A Zip Code		42 Basic Salary 42 72,889.76	
17B Main Employer <input checked="" type="checkbox"/> Secondary Employer <input type="checkbox"/>		43 Representation 43	
Part III Employer Information (Previous)		44 Transportation 44	
18 Taxpayer Identification No		45 Cost of Living Allowance 45	
19 Employer's Name		46 Fixed Housing Allowance 46	
20 Registered Address		47 Others (Specify) 47A	
20A Zip Code		47B 47B	
Part IV-A Summary		SUPPLEMENTARY	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 127,846.27		48 Commission 48	
22 Less: Total Non-Taxable/ Exempt (Item 41) 33,649.22		49 Profit Sharing 49	
23 Taxable Compensation Income from Present Employer (Item 55) 94,197.05		50 Fees Including Director's Fees 50	
24 Add: Taxable Compensation Income from Previous Employer 0.00		51 Taxable 13th Month Pay and Other Benefits 51 0.00	
25 Gross Taxable Compensation Income 94,197.05		52 Hazard Pay 52	
26 Less: Total Exemptions 0.00		53 Overtime Pay 53	
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)		54 Others (Specify) 54A 21,307.29	
28 Net Taxable Compensation Income 94,197.05		54B 54B	
29 Tax Due 0.00		55 Total Taxable Compensation Income 55 94,197.05	
30 Amount of Taxes Withheld			
30A Present Employer 0.00			
30B Previous Employer 0.00			
31 Total Amount of Taxes Withheld as adjusted 0.00			
56 I declare under the penalty 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 Tax Code, as amended, and the regulations issued thereunder, and the issuances of the Revenue Code, as amended, and the regulations issued thereunder, and the issuances of the Revenue Code, as amended, and the regulations issued thereunder.			
57 Alpin Vergel Tampus Employee Signature Over Printed Name		Date Signed	
58 Alpin Vergel Tampus Employee Signature Over Printed Name		Date Signed	
59 Alpin Vergel Tampus Employee Signature Over Printed Name		Amount Paid	
60 Alpin Vergel Tampus Employee Signature Over Printed Name		Date of Issue	
To be accomplished under substituted filing			
I declare under the penalty of perjury that the amount of taxes stated are reported pursuant to RA 7042, which has been filed with the Bureau of Internal Revenue.		I declare under the penalty of perjury that I am qualified under substituted filing of income tax returns (BIR Form No. 1200) 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 (the correct tax withheld) that the BIR Form No. 1604CP 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. 1200 had been filed pursuant to the provisions of RR No. 3-2002, as amended.	
61 Alpin Vergel Tampus Present Employer/Authorized Agent Signature Over Printed Name		62 Alpin Vergel Tampus Employee Signature Over Printed Name	
63 Alpin Vergel Tampus Authorized Representative Signature Over Printed Name		64 Alpin Vergel Tampus Employee Signature Over Printed Name	