

CERTIFICATION

The person whose name and signature appear on this card is a benificiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and priviliges of the Program by virtue of Republic Act No. 7875, as amended.

BGEN. RICARDO C. MORALES, AFP (RET) FICD President and Chief Executive Officer (CEO)

33

2316

January 2018 (ENCS)



Republic of the Philippines Department of Finance Bureau of Internal Revenue

Certificate of Compensation Payment/Tax Withheld

for the Year 2020			PAYE AN	7 0 1 5 1	7415-15		2316 (01/18ENCS
			2 For the Peri	iod 01	01		09	05
TIN Part 1 - Employee Informa 234 906 418 non	tion				ompensation i	To MANDI Scome & Tax Wishin	"	
mployee's Name (Last Name, First Name, Middle Name)	1.00	RDO Code	A NON-TAXABLE	EXEMPT COM	PENSATION PIC	DME	Amou	
CASINILLO, LUZ D		Noocode	27 Basic Salary (or the Statutor	including the m ry Minimum Wa		below)		93,106,13
Registered Address	2000 5 4 5 5 5 5	AZP Code	28 Holiday Pay					93,106,13
Local Home Address			29 Overtime P	ay (MWE)				
		6C 2P Code	38 Night Shift		AWE)			~~~
Foreign Address			31 Hazerd Pay					
D. A. (D.)								
Date of Birth (MM/DD/YYY) 8 Conta	act Number		32 13th Month (maximum u	Pay and Ott (P90,000)	ner Benefits			16,229.91
			33 De Minimis	Benefits				32,949.38
Statutory Minimum Wage rate per day			34 SSS, GSIS	S, PHIC & PA	G-IBIG Contrib	utions		
Statutory Minimum Wage rate per month			and Union 35 Salaties ar	Dues (Empl	oyee share onl	y)		7,042.50
Minimum Wage Earner (MWE) whose comp	ensation is eye	npt from withholding to						833.00
end not subject to Part II - Employer Information	income tax		36 Income (S	ium of tems 2	mot Compensi 7 to 35)	nous		150,160.92
2 TIN 248 414 585 000			B. TAXABLE CON	IPENSATION I	NCOME REGULA	R		
3 Employer's Name			37 Basic Sala	ary				
Firstsource Solutions 4 Registered Address	Limited	14A ZIP Code	38 Represent	tation				
			39 Transport	ation				
5 Type of Employer x Main Employer		Secondary Employer						
Part III - Employer Information	n (Previous)		49 Cost of Li	ving Allowan	ce (COLA)			
IG TIN	7		41 Fixed Hot	using Allowar	nce			
17 Employer's Name			42 Others (s	necify)				100000
			42A		OTHER IN	COME	$\neg \Gamma$	
18 Registered Address		18A ZIP Code	42B					
Part IVA - Summar				MENTARY				
Present Employer (Sum of Items 36 and 50)	<u></u>	150,160.92	43 Commiss	ion				
Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From them 36)		150,160.92	44 Profit Sha	aring				
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)		-1	45 Fees Inc	Juding Dirac	or's F ee s			
22 Add: Texable Compensation Income from Previous Employer, if applicable			46 Taxable	13th Month I	3enefits			
23 Gross Taxable Compensation Income							<u> </u>	
(Sum of Items 21 and 22)		-	47 Hazard F				3.	
24 Tax Due			49 Others (
25 Amount of Taxes Withheld 25A Present Employer	T				01.0015			
25B Previous Employer, if applicable			49A 49B		SL CON	/ERSION		
Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 258)	Γ		50 Total Ta	xable Comp	ensation Inco	ne	ᆛ늗	
We declare, under the penalties of regions that like and the	lias been made	in good faith, verified by n	(Sum of	ftems 37 to	498)			
the provisions of the Netional Internal Revenue code, as amende as contemplated under the "Data Privacy Acroft 2012 (R.A. No. 1)	d, and the regula 0173) for legitima	dions issued under authorit de and lawful purposes.	y thereof. Further,	I'we give my	nowledge and b	elief, is true and co se processing of my	rreck, pursuant to notisemation	
51MOHAMMAD ZIAUL H.	AO MIRZA							
Present Employer/ Authorized Agent Sig	nature over Pri	nted Name		C	ate Signed			
52 CASINILLO, LU Employee Signature over F	Z D rinted Name			τ	ate Signed			\exists
TC/Valid ID No.	Place of							Amount paid
	Issue				Date Signed			
I declare, under the penalties of perjury that the informat reported under BIR Form No. 1604-9 Which has been Internal Revenue.	ion herein state	To be accomplished				LI am qualified under s		

MOHANDHAD ZIAUL HAQ MIRZA

Present Employed bythorized Agent Signature over Printed Name
(Head of Accounting/Human Resource or Authorized Representative) *NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)

the BIR Funn No. 1504-C filed by my employer 1, at due equals tax withheld by my employer (ax due equals tax withheld); that Form No. 1516 drail serve the same purpose as 1 BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

54 CASINILLO, LUZ D
Employee Signature over Printed Name