



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

July 2008 (ENCS)

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

1 For the Year (YYYY) **2016**

Part I Employee Information

3 Taxpayer Identification No. **467 208 269 000**

4 Employee's Name (Last Name, First Name, Middle Name) **Caballes, Michelle Dichos** 5 RDO Code

6 Registered Address **207-D Gorordo ave. Camputhaw Cebu City** 6A Zip Code

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) 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 Earning whose compensation is exempt from withholding tax and not subject to income tax

Part II Employer Information (Present)

15 Taxpayer Identification No. **007 964 541 000**

16 Employer's Name **VCUSTOMER PHILIPPINES, INC.**

17 Registered Address **90 GENERAL MAXILOM AVENUE, CEBU CITY** 17A Zip Code

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 55)	21	41,924.82
22	Less: Total Non-Taxable/Exempt (Item 41)	22	12,944.63
23	Taxable Compensation Income from Present Employer (Item 55)	23	28,980.19
24	Add: Taxable Compensation Income from Previous Employer	24	-
25	Gross Taxable Compensation Income	25	28,980.19
26	Less: Total Exemptions	26	50,000.00
27	Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27	-
28	Net Taxable Compensation Income	28	(21,019.81)
29	Tax Due	29	-
30	Amount of Taxes Withheld		
30A	Present Employer	30A	-
30B	Previous Employer	30B	-
31	Total Amount of Taxes Withheld As adjusted	31	-

2 For the Period From (MM/DD) **10 16** To (MM/DD) **12 26**

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 Earning (MWE)	32 <input type="text"/>
33 Holiday Pay (MWE)	33 <input type="text"/>
34 Overtime Pay (MWE)	34 <input type="text"/>
35 Night Shift Differential (MWE)	35 <input type="text"/>
36 Hazard Pay (MWE)	36 <input type="text"/>
37 13th Month Pay and Other Benefits	37 <input type="text"/> 1,726.03
38 De Minimis Benefits	38 <input type="text"/> 4,535.03
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 <input type="text"/> 1,662.60
40 Salaries & Other Forms of Compensation	40 <input type="text"/> 5,020.97
41 Total Non-Taxable/Exempt Compensation Income	41 <input type="text"/> 12,944.63
B. TAXABLE COMPENSATION INCOME REGULAR	
42 Basic Salary	42 <input type="text"/> 28,980.19
43 Representation	43 <input type="text"/>
44 Transportation	44 <input type="text"/>
45 Cost of Living Allowance	45 <input type="text"/>
46 Fixed Housing Allowance	46 <input type="text"/>
47 Others (Specify)	47 <input type="text"/>
47A	47A <input type="text"/>
47B	47B <input type="text"/>
SUPPLEMENTARY	
48 Commission	48 <input type="text"/>
49 Profit Sharing	49 <input type="text"/>
50 Fees Including Director's Fees	50 <input type="text"/>
51 Taxable 13th Month Pay and Other Benefits	51 <input type="text"/>
52 Hazard Pay	52 <input type="text"/>
53 Overtime Pay	53 <input type="text"/>
54 Others (Specify)	54 <input type="text"/>
54A SL CONVERSION	54A <input type="text"/>
54B VL CONVERSION	54B <input type="text"/>
55 Total Taxable Compensation Income	55 <input type="text"/> 28,980.19

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 Internal Revenue Code, as amended, and the regulations issued under authority thereof.

56 **MORRIS F. QUILONDRINO**
Present Employer/ Authorized Agent Signature Over Printed Name
CONFORME:
57 **Caballes, Michelle Dichos**
Employee Signature Over Printed Name
CTC No. of Employee Place of Issue

Date Signed

Date Signed

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.

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 Philippines 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 RR No. 3-2002, as amended.

58 **MORRIS F. QUILONDRINO**
Present Employer/ Authorized Agent Signature Over Printed Name
(Head of Accounting/ Human Resource or Authorized Representative)

59 **Caballes, Michelle Dichos**
Employee Signature Over Printed Name