



# Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

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

For the Year 2019		For the Period From (MM/DD) 01 01 To (MM/DD) 12 31	
<b>Part I Employee Information</b>		<b>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</b>	
1. Identification No. 725 382 335 0000 2. Employee's Name (Last Name, First Name, Middle Name) <b>BERCERO, RACHEL ANNE E</b> 3. Registered Address SA Zip Code 4. Local Phone Numbers BC Zip Code 5. Foreign Address FE Zip Code 6. Date of Birth (MM/DD/YYYY) 7. Telephone Number 8. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married 9. Is the employee the actual guardian for qualified dependent children? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 10. Name of Qualified Dependent Children 11. Date of Birth (MM/DD/YYYY) 12. Statutory Minimum Wage rate per day -12 386.00 13. Statutory Minimum Wage rate per month -13 10,068.17 14. <input checked="" type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b> 32. Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 140,221.16 33. Holiday Pay (MWE) 33 0.00 34. Overtime Pay (MWE) 34 7,011.06 35. Night Shift Differential (MWE) 35 0.00 36. Hazard Pay (MWE) 36 0.00 37. 13th Month Pay and Other Benefits 37 11,685.10 38. De Minimis Benefits 38 0.00 39. SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 8,689.31 40. Salaries & Other Forms of Compensation 40 0.00 41. Total Non-Taxable/Exempt Compensation Income 41 167,606.63	
<b>Part II Employer Information (Present)</b>		<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	
15. Company Identification No. 008 074 197 0000 16. Employer's Name <b>CROWNLIFESTYLE NET INC</b> 17. Registered Address 17A Zip Code <b>PUROK BALANGHOY GUN OB LAPU LAPU CITY 6014</b> 18. Main Employer <input type="checkbox"/> Secondary Employer <input type="checkbox"/>		42. Basic Salary 42 0.00 43. Representation 43 44. Transportation 44 45. Cost of Living Allowance 45 46. Fixed Housing Allowance 46 47. Others (Specify) 47A 47B 0.00 <b>SUPPLEMENTARY</b> 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 54. Others (Specify) 54A 54B 0.00 55. Total Taxable Compensation Income 55 0.00	
<b>Part III Employer Information (Previous)</b>			
19. Taxpayer Identification No. 20. Employer's Name 21. Registered Address 20A Zip Code			
<b>Part IV-A Summary</b>			
22. Gross Compensation Income from Present Employer (Item 41 plus item 55) 167,606.63 23. Total Non-Taxable/Exempt Compensation Income (Item 41) 167,606.63 24. Total Taxable Compensation Income (Item 55) 0.00 25. Total Compensation Income (Item 41 plus item 55) 0.00 26. Total Taxable Compensation Income (Item 55) 0.00 27. Gross Payable (Item 22 minus item 25) 0.00 28. Total Taxable Compensation Income (Item 55) 0.00 29. Total Payable (Item 27 plus item 28) 0.00 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			
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. <b>WELMIE G. DELA PEÑA</b> Present Employer/ Authorized Agent Signature Over Printed Name CONFORME: <b>RACHEL ANNE E BERCERO</b> 67. Employee Signature Over Printed Name CTC No. _____ Date of Issue _____ of Employee _____ Piece of Issue _____		I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1804CF which has been filed with the Bureau of Internal Revenue. 58. <b>WELMIE G. DELA PEÑA</b> Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative) Date Signed _____ Amount Paid _____ Date of Issue _____	
I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1804CF which has been filed with the Bureau of Internal Revenue. 59. <b>RACHEL ANNE E BERCERO</b> Employee Signature Over Printed Name			