



Certificate of Compens Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

In all applicable spaces, Mark all appropriate boxes with an "X"

For the year **2017**

Part I Employee Information

Taxpayer Identification No. **260 605 269 0000**

Employer's Name

NSO, ASTRID SAMEON **081**

Registered Address

Local Home Address

Foreign Address

Foreign Address

Foreign Address

Foreign Address

Date of Birth (MM/DD/YYYY)

Identification Number

Marital Status Single Married

Is the wife claiming the additional exemption for qualified dependent children?

Yes No

Name of Qualified Dependent Child

Date of Birth (MM/DD/YYYY)

Statutory Minimum Wage rate per day **12**

Statutory Minimum Wage rate per month **13**

Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to a 20% tax

Part II Employer Information (Present)

Taxpayer Identification No. **484 634 961 0000**

Employer's Name

PLOY INC.

Registered Address

11F MSY TOWER PESCADORES RD CEBU **6000**

Main Employer Secondary Employer

Part III Employer Information (Previous)

Taxpayer Identification No.

Employer's Name

Registered Address

20A Zip Code

Part IV-A Summary

Gross Compensation Income from Present Employer (Item 41 plus Item 55)

Less: Total Non-Taxable Exempt (Item 41)

Taxable Compensation Income from Present Employer (Item 55)

Add: Taxable Compensation Income from Previous Employer

Less: Total Exemptions

Less: Premium Paid on Health Insurance (If Applicable)

Net Taxable Compensation Income

Less: Total Exemptions

Less: Premium Paid on Health Insurance (If Applicable)

Net Taxable Compensation Income

Less: Total Exemptions

Less: Premium Paid on Health Insurance (If Applicable)

Net Taxable Compensation Income

Less: Total Exemptions

Less: Premium Paid on Health Insurance (If Applicable)

Net Taxable Compensation Income

Less: Total Exemptions

Less: Premium Paid on Health Insurance (If Applicable)

Net Taxable Compensation Income

Less: Total Exemptions

Less: Premium Paid on Health Insurance (If Applicable)

Net Taxable Compensation Income

Less: Total Exemptions

Less: Premium Paid on Health Insurance (If Applicable)

Net Taxable Compensation Income

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

REGULAR

41 Total Non-Taxable/Exempt Compensation Income **64,242.46**

42 Basic Salary **208,463.92**

43 Representation

44 Transportation

45 Cost of Living Allowance

46 Fixed Housing Allowance

47 Others (Specify)

47A **20,901.05**

47B

48 Commission

49 Profit Sharing

50 Fees including Director's Fees

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

52 Hazard Pay

53 Overtime Pay

54 Others (Specify)

54A

54B

55 Total Taxable Compensation Income **229,364.97**

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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 Present Employer/Authorized Agent Signature Over Printed Name

CONFORME: **ASTRID SAMEON INSO**

57 Employee Signature Over Printed Name

CTC No. of Employee **0628036878** Place of Issue **CC.**

Date Signed **31 JAN 2018**

Date Signed **31 JAN 2018**

Date of Issue

Amount Paid

I declare, under the penalties of perjury, that the information herein stated are reported

I declare under the penalties of perjury that I am qualified under substituted filing of