

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE



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MALAZARTE, CHEYENE MURILLO

TIN: 315-239-292-000

14 M DACALOS ST., POBLACION PARDO

CEBU CITY

DATE OF BIRTH: APRIL 13, 1995

DATE OF ISSUE: AUGUST 22, 2016



Malazarte

SIGNATURE

011332974

- This card bears your permanent Taxpayer Identification Number (TIN). Always indicate your TIN on all returns / documents filed with the BIR.
- Report immediately to your Revenue District Officer, the loss of this card and change of name or address.
- Any person who secures and / or uses more than one TIN shall be criminally liable and shall be punishable by fine and imprisonment



BUREAU OF INTERNAL REVENUE
REVENUE DISTRICT NO. 081
CEBU CITY NORTH
CLIENT SUPPORT SECTION
TIN VERIFICATION SLIP

TIN: 315-239-292-000 /

LAST NAME: MALAZARTE /

FIRST NAME: CHEYENE /

MIDDLE NAME: MURILLO /

DATE OF BIRTH: APRIL 13, 1995 /

RDO: 086 - Mandaue City

TAXPAYER
CLASSIFICATION: Local Employee

[Signature]
MARCELO L. ABAD, CPA
Revenue Officer

BIR Authorized Signature

NOTE: PLEASE READ/ PALIHUG BASAHA
Please present BIRTH CERTIFICATE or ID or any
Document showing NAME and BIRTHDATE



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"

1 For the Year (YYYY) 2020	2 For the Period From (MM/DD) 01 01 To (MM/DD) 05 31
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Part I Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 Taxpayer Identification No. 351 239 292 0000		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) MALAZARTE, CHEYENE M		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
5 RDO Code 081		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32
6 Registered Address		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	33 Holiday Pay (MWE)	33
9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married		34 Overtime Pay (MWE)	34
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		35 Night Shift Differential (MWE)	35
10 Name of Qualified Dependent Children	11 Date of Birth (MM/DD/YYYY)	36 Hazard Pay (MWE)	36
		37 13th Month Pay and Other Benefits	37 5,692.49
		38 De Minimis Benefits	38 10,000.00
		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 4,437.70
12 Statutory Minimum Wage rate per day	12	40 Salaries & Other Forms of Compensation	40 0.00
13 Statutory Minimum Wage rate per month	13	41 Total Non-Taxable/Exempt Compensation Income	41 20,130.19
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		B. TAXABLE COMPENSATION INCOME REGULAR	

Part II Employer Information (Present)		42 Basic Salary		42 80,480.67
15 Taxpayer Identification No. 009 355 508 0000		43 Representation		43
16 Employer's Name ATOX BUSINESS SOLUTIONS INC.		44 Transportation		44
17 Registered Address UNIT 003 4/F JY SQUARE MALL GORORDO AVE		45 Cost of Living Allowance		45
17A Zip Code 6000		46 Fixed Housing Allowance		46
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		47 Others (Specify)		47A 0.00
		47B		47B
Part III Employer Information (Previous)		SUPPLEMENTARY		
18 Taxpayer Identification No.		48 Commission		48
19 Employer's Name		49 Profit Sharing		49
20 Registered Address		50 Fees Including Director's Fees		50
20A Zip Code		51 Taxable 13th Month Pay and Other Benefits		51 0.00
		52 Hazard Pay		52
		53 Overtime Pay		53
		54 Others (Specify)		54A
		54B		54B

Part IV-A Summary		55 Total Taxable Compensation Income		55 80,480.67
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21 100,610.86			
22 Less: Total Non-Taxable/Exempt (Item 41)	22 20,130.19			
23 Taxable Compensation Income from Present Employer (Item 55)	23 80,480.67			
24 Add: Taxable Compensation Income from Previous Employer	24			
25 Gross Taxable Compensation Income	25 80,480.67			
26 Less: Total Exemptions	26 0.00			
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27 0.00			
28 Net Taxable Compensation Income	28 80,480.67			
29 Tax Due	29 0.00			
30 Amount of Taxes Withheld				
30A Present Employer	30A 0.00			
30B Previous Employer	30B			
31 Total Amount of Taxes Withheld As adjusted	31 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 Internal Revenue Code, as amended, and the regulations issued under authority thereof.

56 Present Employer/ Authorized Agent Signature Over Printed Name **CHEYENE M MALAZARTE** Date Signed _____

57 Employee Signature Over Printed Name _____ Date Signed _____

CTC No. _____ Date of Issue _____

of Employee _____ Place 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.

58 **GERALD YUVALLOS** Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

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 Phils. for the calendar year; that taxes have been correctly withheld by my employer in the Phils. for the calendar year; 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.

59 **CHEYENE M MALAZARTE** Employee Signature Over Printed Name



CERTIFICATE OF EMPLOYMENT

To Whom It May Concern:

This is to certify that **Ms. Cheyene M. Malazarte** was employed with AtoX Business Solutions, Inc. as a **Services Operations Coordinator with Mavenlink**. She has been exercising the functions and performing the duties of the office since December 9, 2019 to May 31, 2020.

This certification is issued to Ms. Malazarte for whatever legal purposes it may serve her best.

If you have any questions regarding her employment, you may reach me at 0998-5895805.

Issued this 12th day of October 2020 at the City of Cebu, Philippines.

By:


Mrs. Marie Adielle M. Balo
Office Manager