



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) **2022**

2 For the Period From (MM/DD) **01 01** To (MM/DD) **02 28**

Part I Employee Information

3 Taxpayer Identification No. **394 809 602 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **HERNANDEZ, RECHELLE MAE DENUYO** 5 RDO Code **081**

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

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 Earner whose compensation is exempt from withholding tax and not subject to income tax

Part II Employer Information (Present)

15 Taxpayer Identification No. **477 639 448 0000**

16 Employer's Name **G ECOMMERCE SERVICES, INC.**

17 Registered Address 17A Zip Code **NORTHGATE CENTER GOV. CUENCO AVE. 6000**

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	16,973.21
22	Less: Total Non-Taxable/Exempt (Item 41)	22	7,025.71
23	Taxable Compensation Income from Present Employer (Item 55)	23	0.00
24	Add: Taxable Compensation Income from Previous Employer	24	
25	Gross Taxable Compensation Income	25	0.00
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	0.00
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

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

32	Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32	
33	Holiday Pay (MWE)	33	
34	Overtime Pay (MWE)	34	
35	Night Shift Differential (MWE)	35	
36	Hazard Pay (MWE)	36	
37	13th Month Pay and Other Benefits	37	1,398.81
38	De Minimis Benefits	38	3,626.90
39	SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	2,000.00
40	Salaries & Other Forms of Compensation	40	0.00
41	Total Non-Taxable/Exempt Compensation Income	41	7,025.71

B. TAXABLE COMPENSATION INCOME REGULAR

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		47A	0.00
47B		47B	

SUPPLEMENTARY

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		54A	
54B		54B	
55	Total Taxable Compensation Income	55	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 **LEE ANN BORNEO**
Present Employer/ Authorized Agent Signature Over Printed Name
CONFORME: **RECHELLE MAE DENUYO HERNANDEZ**
57 Employee Signature Over Printed Name
CTC No. _____ 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.

58 **LEE ANN BORNEO**
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 (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.

59 **RECHELLE MAE DENUYO HERNANDEZ**
Employee Signature Over Printed Name