



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

October 2002 (ENCS)

<p>1 For the Year (YYYY) <input type="text"/></p> <p>Part I Employee Information</p> <p>3 Taxpayer Identification No. <input type="text"/> 0,0,0</p> <p>4 Employee's Name (Last Name, First Name, Middle Name) <input type="text"/> 5 RDO Code <input type="text"/></p> <p>6 Registered Address <input type="text"/> 6A Zip Code <input type="text"/></p> <p>6B Local Home Address <input type="text"/> 6C Zip Code <input type="text"/></p> <p>6D Foreign Address <input type="text"/> 6E Zip Code <input type="text"/></p> <p>7 Date of Birth (MM/DD/YYYY) <input type="text"/> 8 Telephone Number <input type="text"/></p> <p>9 Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Head of the Family <input type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10 Name of Qualified Dependent Children <input type="text"/> 11 Date of Birth (MM/DD/YYYY) <input type="text"/></p> <p>12 Other Dependent (to be accomplished if taxpayer is head of the family) Name of Dependent <input type="text"/> Relationship <input type="text"/> Date of Birth (MM/DD/YYYY) <input type="text"/></p> <p>Part II Employer Information (Present)</p> <p>13 Taxpayer Identification No. <input type="text"/></p> <p>14 Employer's Name <input type="text"/></p> <p>15 Registered Address <input type="text"/> 15A Zip code <input type="text"/></p> <p><input type="checkbox"/> main employer <input type="checkbox"/> secondary employer</p> <p>Part III Employer Information (Previous)-1</p> <p>16 Taxpayer Identification No. <input type="text"/></p> <p>17 Employer's Name <input type="text"/></p> <p>18 Registered Address <input type="text"/> 18A Zip code <input type="text"/></p> <p>Employer Information (Previous)-2</p> <p>19 Taxpayer Identification No. <input type="text"/></p> <p>20 Employer's Name <input type="text"/></p> <p>21 Registered Address <input type="text"/> 21A Zip code <input type="text"/></p> <p>Employer Information (Previous)-3</p> <p>22 Taxpayer Identification No. <input type="text"/></p> <p>23 Employer's Name <input type="text"/></p> <p>24 Registered Address <input type="text"/> 24A Zip code <input type="text"/></p>	<p>2 For the Period From (MM/DD) <input type="text"/> To (MM/DD) <input type="text"/></p> <p>Part IV Details of Compensation Income and Tax Withheld from Present Employer</p> <p>A. Non-Taxable/Exempt Compensation Income</p> <p>25 13th Month Pay and Other Benefits 25 <input type="text"/></p> <p>26 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union dues 26 <input type="text"/></p> <p>27 Salaries & Other Forms of Compensation 27 <input type="text"/></p> <p>28 Total Non-Taxable/Exempt Compensation Income 28 <input type="text"/></p> <p>B. Taxable Compensation Income</p> <p>REGULAR</p> <p>29 Basic Salary 29 <input type="text"/></p> <p>30 Representation 30 <input type="text"/></p> <p>31 Transportation 31 <input type="text"/></p> <p>32 Cost of Living Allowance 32 <input type="text"/></p> <p>33 Fixed Housing Allowance 33 <input type="text"/></p> <p>34 Others (Specify) <input type="text"/></p> <p>34A <input type="text"/> 34A <input type="text"/></p> <p>34B <input type="text"/> 34B <input type="text"/></p> <p>SUPPLEMENTARY</p> <p>35 Commission 35 <input type="text"/></p> <p>36 Profit Sharing 36 <input type="text"/></p> <p>37 Fees Including Director's Fees 37 <input type="text"/></p> <p>38 Taxable 13th Month Pay and Other Benefits 38 <input type="text"/></p> <p>39 Hazard Pay 39 <input type="text"/></p> <p>40 Others (Specify) <input type="text"/></p> <p>40A <input type="text"/> 40A <input type="text"/></p> <p>40B <input type="text"/> 40B <input type="text"/></p> <p>41 Total Taxable Compensation Income 41 <input type="text"/></p> <p style="text-align: right;">► Summary</p> <p>42 Taxable Compensation Income from Present Employer 42 <input type="text"/></p> <p>43 Add: Taxable Compensation from Previous Employer (s) 43 <input type="text"/></p> <p>44 Gross Taxable Compensation Income 44 <input type="text"/></p> <p>45 Less: Total Exemptions 45 <input type="text"/></p> <p>46 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 46 <input type="text"/></p> <p>47 Taxable Compensation Income 47 <input type="text"/></p> <p>48 Tax Due 48 <input type="text"/></p> <p>49 Amount of Taxes Withheld</p> <p>49A Present Employer 49A <input type="text"/></p> <p>49B Previous Employer(s) 49B <input type="text"/></p> <p>50 Total Amount of Taxes Withheld 50 <input type="text"/></p>
<p>I 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.</p> <p>51 <input type="text"/> Date Signed <input type="text"/></p> <p>Present Employer/ Authorized Agent Signature Over Printed Name</p> <p>CONFORME:</p> <p>52 <input type="text"/> Date Signed <input type="text"/></p> <p>Employee Signature Over Printed Name</p> <p>CTC No. <input type="text"/> Place of Issue <input type="text"/> Date of Issue <input type="text"/> Amount Paid <input type="text"/></p>	
To be accomplished under substituted filing	
<p>I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which have been filed with the Bureau of Internal Revenue.</p> <p>53 <input type="text"/></p> <p>Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)</p>	
<p>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 3-2002, as amended.</p> <p>54 <input type="text"/></p> <p>Employee Signature Over Printed Name</p>	