

Certificate of Compensation Payment/Tax Withheld



September 2021 (ENCS)

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) 2023

2 For the Period From (MM/DD) 01 01 To (MM/DD) 12 31

Part I - Employee Information

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

3 TIN 931 061 812 0000
4 Employee's Name (Last Name, First Name, Middle Name) GARINO, JAMILY A.
6 Registered Address ANHAUON, PANAY, CAPIZ
6B Local Home Address ANHAUON, PANAY, CAPIZ
7 Date of Birth (MM/DD/YYYY) 08 11 51 9 7 9
8 Telephone Number 0917495448
9 Statutory Minimum Wage rate per day 0.00
10 Statutory Minimum Wage rate per month 0.00
11 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME
Table with columns: Item, Amount
29 Basic Salary (including the exempt P250,000 & half or the Statutory Minimum Wage of the MWE) 0.00
30 Holiday Pay (MWE) 0.00
31 Overtime Pay (MWE) 0.00
32 Night Shift Differential (MWE) 0.00
33 Hazard Pay (MWE) 0.00
34 13th Month Pay and Other Benefits (maximum of P90,000) 90,000.00
35 De Minimis Benefits 16,000.00
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 43,205.00
37 Salaries and Other Forms of Compensation 24,000.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 173,205.00

Part II - Employer Information (Present)

B. TAXABLE COMPENSATION INCOME REGULAR

12 Taxpayer 000 863 958 0586
13 Employer's Name Department of Education, Schools Division of CapiZ
14 Registered Address DANICA, ROXAS CITY
15 Type of Employer Main Employer Secondary Employer

Table with columns: Item, Amount
39 Basic Salary 338,661.00
40 Representation
41 Transportation
42 Cost of Living Allowance (COLA)
43 Fixed Housing Allowance
44 Others (Specify)
44A 0.00
44B

Part III - Employer Information (Previous)

SUPPLEMENTARY

16 TIN
17 Employer's Name
18 Registered Address
18A Zip Code

Table with columns: Item, Amount
45 Commission
46 Profit Sharing
47 Fees including Director's Fees
48 Taxable 13th Month Pay Benefits 19,906.00
49 Hazard Pay
50 Overtime Pay
51 Others (Specify)
51A
51B
52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 358,567.00

Part IVA - Summary

Table with columns: Item, Amount
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 52) 531,772.00
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 173,205.00
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 358,567.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 358,567.00
24 Tax Due 16,285.00
25 Amount of Taxes Withheld
25A Present Employer 16,285.00
25B Previous Employer 0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 16,285.00
27 5% Tax Credit (PERA Act of 2008) 0.00
28 Total Taxes Withheld (sum of Items 25 and 27) 16,285.00

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. Further, we give our consent to the processing of our information as contemplated under the Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

61 Present Employer/ Authorized Agent Signature Over Printed Name KENNETH D. ANOCHE
62 Employee Signature Over Printed Name JAMILY A. GARINO
CTC/Valid ID No. of Employee 29328647 Place of Issue Panay, CapiZ
Date Signed
Date of Issue 01 02 20 24
Amount Paid, if CTC 362.00

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1804C which has been filed with the Bureau of Internal Revenue

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 Philippines for the calendar year that taxes have been correctly withheld by my employer (tax due equals tax withheld). That the BIR Form No. 1804-C 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 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

63 Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative) KENNETH D. ANOCHE

64 JAMILY A. GARINO