

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 (YYYY) 2022

Part I Employer Information
1 Taxpayer Identification No. 944 575 724 000
2 Employer's Name (Last Name, First Name, Middle Name) JAVIER GARRY SUMAYA
3 Registered Address PLARIDEL, LIPA CITY, BATANGAS
4 Local Home Address PLARIDEL, LIPA CITY, BATANGAS
5 Date of Birth (MM/DD/YYYY) 12/07/1981
6 Exemption Status Single
7 Name of Qualified Dependent Children
8 Statutory Minimum Wage rate per day 12
9 Statutory Minimum Wage rate per month 13
10 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

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)
33 Holiday Pay (MWE)
34 Overtime Pay (MWE)
35 Night Shift Differential (MWE)
36 Hazard Pay (MWE)
37 13th Month Pay and Other Benefits
38 De Minimis Benefits
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)
40 Salaries & Other Forms of Compensation
41 Total Non-Taxable/Exempt Compensation Income
B. TAXABLE COMPENSATION INCOME REGULAR
42 Basic Salary
43 Representation
44 Transportation
45 Cost of Living Allowance
46 Fixed Housing Allowance
47 Others (Specify)
47A
47B
48 Commission
49 Profit Sharing
50 Fees Including Director's Fees
51 Taxable 13th Month Pay and Other Benefits
52 Hazard Pay
53 Overtime Pay
54 Others (Specify)
54A
54B
55 Total Taxable Compensation Income

Part II Employer Information (Present)
15 Taxpayer Identification No. 000 697 503 000
16 Employer's Name EXAN BUILDERS CORPORATION
17 Registered Address #72 Int C Santos St. Evangelista Avenue, 1610
18 Taxpayer Identification No.
19 Employer's Name
20 Registered Address
20A Zip Code

42 Basic Salary
43 Representation
44 Transportation
45 Cost of Living Allowance
46 Fixed Housing Allowance
47 Others (Specify)
47A
47B
48 Commission
49 Profit Sharing
50 Fees Including Director's Fees
51 Taxable 13th Month Pay and Other Benefits
52 Hazard Pay
53 Overtime Pay
54 Others (Specify)
54A
54B
55 Total Taxable Compensation Income

Part IV-A Summary
21 Gross Compensation Income from Present Employer (Item 41 plus item 55) 182,396.76
22 Less Total Non-Taxable/Exempt (Item 41) 24,375.16
23 Taxable Compensation Income from Present Employer (Item 55) 158,021.70
24 Add Taxable Compensation Income from Previous Employer
25 Gross Taxable Compensation Income
26 Less Total Exemptions
27 Less Premium Paid on Health and/or Hospital Insurance (if applicable)
28 Net Taxable Compensation Income 158,021.70
29 Tax Due -0-
30 Amount of Taxes Withheld
30A Present Employer
30B Previous Employer
31 Total Amount of Taxes Withheld As adjusted -0-

48 Commission
49 Profit Sharing
50 Fees Including Director's Fees
51 Taxable 13th Month Pay and Other Benefits
52 Hazard Pay
53 Overtime Pay
54 Others (Specify)
54A
54B
55 Total Taxable Compensation Income

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 MA BERNADETTE L VILLEGAS Present Employer/ Authorized Agent Signature Over Printed Name Date Signed
57 GARRY S. JAVIER Employee Signature Over Printed Name Date Signed
CTC No. of Employer Date of Issue Amount Paid -0-

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 MA BERNADETTE L VILLEGAS 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 Philippines 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 have the same purpose as if BIR Form No. 1700 had been filed pursuant to the provisions of RR No. 3-2002, as amended.
59 GARRY S. JAVIER Employee Signature Over Printed Name