BIR Form No.

Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld

GUARTE, DONNA M ORGANISHER Address GRAZID Code CROMUNEMN, MARKIN CITY, COUTHERN LEYTE GC ZID Code STA CRUP, BYREY CITY, LEYTE OL ZID Code GL	12 3		
4 Employers Name (Last Name, First Name, Middle Name) 5 ROD Code GUARTE, DONNA M 5 Registered Address 6 AZID Code 6 ROUNTHAK Mid-KIN CITY, COUTHERN LEYTE 6 C ZID Code 5 CAPULLER, BAYBRY CITY, LEYTE 6 C ZID Code 5 CAPULLER, BAYBRY CITY, LEYTE 7 Date of Birth (MM/DDYYYY) 9 Sistutiony Minmum Wage rate per day 11 X Minimum Wage rate per day 12 Taxbayer 13 Taxbayer 14 Taxbayer 15 Taxbayer 16 Registered Address 16 AZID Code 17 Taxbayer 18 Taxbayer 18 Taxbayer 18 Taxbayer 19 Gross Compensation Income from Present Employer Information (Previous) 16 Tax Dayer 16 Taxbayer 17 AReasianed Address 18 AZID Code 18 Taxbayer 19 Gross Compensation Income from Present Employer Information (Previous) 16 Tax Dayer 17 Taxbayer 18 Taxbayer 18 Taxbayer 19 Gross Compensation Income from Present Employer on Information (Previous) 18 Tax Dayer 19 Gross Compensation Income from Present Employer (Anno Items 36 and 50) 10 Cost of Living Allowance 10 Cost of	Withheld from Present Employer		
SUBSTREET SUBS			
Secaraterist Address	ant		
86 Jose James Address STA CRUP, REFORY CITY, LEFTE STATE CRUP, REFORY CRUP, REFORM CRUP, R			
STAL CRUP, BRYORY CITY, LEYTE 6, 5, 2, 1 80 Foreign Address 86 Zip Code 11			
6E Zip Code 7 Date of Girth (MMDDYYYC) 0 1 2 0 1 2 9 9 1 1 2 1 2 2 3 3 1 4 2 3 3 1 4 2 3 3 3 3 3 3 3 3 3			
Date of Birth (MMC)DYYYY) Secondary Employer			
9. Statutory Minimum Wage rate per day 9. Statutory Minimum Wage rate per day 10. Statutory Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income fax Part II - Employer Information (Present) 12 Taxpayer 12 Taxpayer 13 Emidover's Name 14 Examination State of the Statutory Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income fax Part II - Employer Information (Present) 12 Taxpayer 13 Emidover's Name 14 Examination State of the State of th	16,50		
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14 Registered Address PANGASUGAN BAYBAY LEYTE 15 Type of Employer Part III - Employer Information (Previous) 16 TIN 17 Employer's Name 18 Registered Address 19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 36) 21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 22 Add: Taxable Compensation Income From Previous Employer, if applicable 23 Gross Taxable Compensation Income From Previous Employer, if applicable 24 Tax Due 25 Amount of Taxes Withheld 25A Present Employer 25 B Previous Employer 39 Transportation 40 Cost of Living Allowance (COLA) 42 Cothers (Specify) 42A 42B SuppleMENTARY SuppleMENTARY 42 Commission 44 Profit Sharing 45 Fees Including Director's	99,25		
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(Sum of Items 21 and 22) 393,238.13			
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25A Present Employer 0.00 49A 25B Previous Employer 0.00 49B			
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00 - 112 123 100 11 12 12 1			
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 50 Total Taxable Compensation Income (Sum of Items 37 and 49B)	99,25		
I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and to the best of my/our knowledge and belief, is true and correct the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of my/our.			
as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.			
NICK FREDDY R. BELLO Present Employer/ Authorized Agent Signature Over Printed Name Date Signed			
CONFORME:			
DONNA M GUARTE			
	Paid, if CTC		
CTC/Valid ID N P8232550A Place of of Employee Place of Issue			