

BIR Form No.

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

January 2018 (ENCS)

The second secon	
1	2246 04/40 ENO

1 For the Year (YYYY)  2021	2 For the Period 01 01	To (MM/DD) 12 3
Part I - Employee Information	Part IV-B Details of Compensation Income and Tax	
3 TIN         104         769         137         0000           4 Employee's Name (Last Name, First Name, Middle Name)         5 RDO Cor	A. NON-TAXABLE/EXEMPT COMPENSATION INC	
MONTES JR, HUMBERTO R 089	27 Basic Salary(including the exempt P250,000 & t	Amount
6 Registered Address 6A Zip Code	of the Statutory Minimum Wage of the MWE  28 Holiday Pay (MWE)	
Apt. 11, Kilbourne St., VSU, Baybay City a. T. a		
6B Local Home Address 6C Zip Code	29 Overtime Pay (MWE)	
Apt. 11, Kilbourne St., VSU, Baybay City 4, T, a 6B Local Home Address 6C Zip Code 144 San Isidro St., Matalom, Layte	30 Night Shift Differential (MWE)	
6D Foreign Address 6E Zip Code	31 Hazard Pay (MWE)	
	32 13th Month Pay and Other Benefits	
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number	(maximum of P90,000)	90,00
0.8 0 41.9.5.9 0908487441)	33 De Minimis Benefits	
9 Statutory Minimum Wage rate per day 0.0	34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only)	134,65
10 Statutory Minimum Wage rate per month 0.1	35 Salaripe & Other Forms of Companyation	
11 Minimum Wage Earner whose compensation is exempt from	36 Total Non-Taxable/Exempt Compensation	
withholding tax and not subject to income tax	Income (Sum of Items 27 to 35)	224,65
Part II - Employer Information (Present)  12 Taxpayer	Security of Control of	
001 394 498 0000	B. TAXABLE COMPENSATION INCOME REGULA	R
13 Employer's Name VISAYAS STATE UNIVERSITY	37 Basic Salarv	1,228,12
	38 Representation	
PANGASUGAN BAYBAY LEYTE 14A Zip Code 6521	39 Transportation	
15 Type of Employer Main Employer Secondary Employer	40 Cost of Living Allowance (COLA)	
Part III - Employer Information (Previous) 16 TIN	41 Fixed Housing Allowance	
17 Employer's Name	42 Others (Specify)	
18 Registered Address 18A Zip Code	428	
	SUPPLEMENTARY	
Part IVA - Summary		
	43 Commission	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	20 44 Profit Sharing	
21 Taxable Compensation Income from Present 1 390 259 6	20 44 Profit Sharing 80 45 Fees Including Director's Fees	
Previous Employer, if applicable		162,130
(Sum of Items 21 and 22) 1,390,259.8	80 47 Hazard Pay	
24 Tax Due 307,077.s	94 48 Overtime Pay	388 F A 1999 B A 1995 A 19
25 Amount of Taxes Withheld	49 Others (Specify)	
25A Present Employer 307,077.S	94 49A	
25B Previous Employer 0.0	00 49B	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 307,077.5	50 Total Taxable Compensation Income (Sum of Items 37 and 49B)	1,390,259
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 mylour knowledge and belief	
the provisions of the National Internal Revenue Code, as amended, and the regulations issue as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and law	ed under authority thereof. Further, live give my/our consent to the r	rocessing of my/our information
NICK FREDDY R. BELLO	rom Parketones.	
Present Employer/ Authorized Agent Signature Over Printed Name	Date Signed	
		1
HUMBERTO R MONTES JR		
Employee Signature Over Printed Name	Date Signed 0 2 0 8 2 0 0 2	Amount Brid 1/ 277
CTC/Valid ID N Place of	Date of Issue	Amount Paid, if CTC
7,000	ed under substituted filing	