



# Certificate of Compensation Payment/Tax Withheld

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) <input type="text"/>	2 For the Period From (MM/DD) <input type="text"/> To (MM/DD) <input type="text"/>
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**Part I Employee Information**

3 Taxpayer Identification No.

4 Employee's Name (Last Name, First Name, Middle Name)  5 RDO Code

6 Registered Address  6A Zip Code

6B Local Home Address  6C Zip Code

6D Foreign Address  6E Zip Code

7 Date of Birth (MM/DD/YYYY)  8 Telephone Number

9 Exemption Status  
 Single  Married  
 9A Is the wife claiming the additional exemption for qualified dependent children?  
 Yes  No

10 Name of Qualified Dependent Children  11 Date of Birth (MM/DD/YYYY)

12 Statutory Minimum Wage rate per day  12

13 Statutory Minimum Wage rate per month  13

14  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**

Amount

**A. NON-TAXABLE/EXEMPT COMPENSATION INCOME**

32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32

33 Holiday Pay (MWE) 33

34 Overtime Pay (MWE) 34

35 Night Shift Differential (MWE) 35

36 Hazard Pay (MWE) 36

37 13th Month Pay and Other Benefits 37

38 De Minimis Benefits 38

39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39

40 Salaries & Other Forms of Compensation 40

41 Total Non-Taxable/Exempt Compensation Income 41

**Part II Employer Information (Present)**

15 Taxpayer Identification No.

16 Employer's Name

17 Registered Address  17A Zip Code

Main Employer  Secondary Employer

**B. TAXABLE COMPENSATION INCOME REGULAR**

42 Basic Salary 42

43 Representation 43

44 Transportation 44

45 Cost of Living Allowance 45

46 Fixed Housing Allowance 46

47 Others (Specify)

47A  47A

47B  47B

**Part III Employer Information (Previous)**

18 Taxpayer Identification No.

19 Employer's Name

20 Registered Address  20A Zip Code

**SUPPLEMENTARY**

48 Commission 48

49 Profit Sharing 49

50 Fees Including Director's Fees 50

51 Taxable 13th Month Pay and Other Benefits 51

52 Hazard Pay 52

53 Overtime Pay 53

54 Others (Specify)

54A  54A

54B  54B

55 Total Taxable Compensation Income 55

**Part IV-A Summary**

21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21

22 Less: Total Non-Taxable/Exempt (Item 41) 22

23 Taxable Compensation Income from Present Employer (Item 55) 23

24 Add: Taxable Compensation Income from Previous Employer 24

25 Gross Taxable Compensation Income 25

26 Less: Total Exemptions 26

27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27

28 Net Taxable Compensation Income 28

29 Tax Due 29

30 Amount of Taxes Withheld

30A Present Employer 30A

30B Previous Employer 30B

31 Total Amount of Taxes Withheld As adjusted 31

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  Present Employer/ Authorized Agent Signature Over Printed Name Date Signed

CONFORME:

57  Employee Signature Over Printed Name Date Signed

CTC No.  Place of Issue  Date of Issue  Amount Paid

**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  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 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 No. 3-2002, as amended.

59  Employee Signature Over Printed Name