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PayrollPinas.com is the 1st web-based payroll provider in the Philippines. The employer surely control all the employee data anytime anywhere in the world. PayrollPinas.com is tailor-made to Philippines standard payroll practices. Witholding tax, sss, pag-ibig and other gov't computation can be processed in one day only.

We provide the friendliest and simplest payroll experience in the Philippines.



Payroll Kit

www.payrollpinas.com



Republika ng Pilipinas Kagawaran ng Pananalapi

Certificate of Compensation

BIR Form No. 2216

For Compensation Payment With or Without Tax Withheld	ment/Tax Withheld	23 TO July 2008 (ENCS)
Fill in all acolicable spaces. Mark all appropriate boxes with an "X" 1 For the Year 2008	2 For the Period 0101	To (MM/DD) 1231
Part I Employee Information	- rion (www.go)	To (MWDD) 1251
3 Taxpayer 170 079 560	A. NON-TAXABLE/EXEMPT COMPENSA	Amount ITION INCOME
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO (EPINO, ROMMEL VIBAR	32 Basic Salary/ 32	
6 Registered Address 6A Zip Coi	de Statutory Minimum Wage Minimum Wage Earner (MWE)	
c/o ABS-CBN BROADCASTING CORP 68 Local Home Address 6C Zip Cox		
• CZB CO	34 Overtime Pay (MWE) 34	
6D Foreign Address 6E Zip Cox	35 Night Shift Differential (MWE)	
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number	36 Hazard Pay (MWE) 36	
02 0,7 1,9 , 69	37 13th Month Pay 37	25,875.00
9 Exemption Status Single Married 9A is the wife claiming the additional exemption for qualified dependent children?	and Other Benefits	
Yes No		
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YY	39 SSS, GSIS, PHIC & Pag-ibig 39	18,787.50
	(Employee share only)	
12 Statutory Minimum Wage rate per day 12	40 Salaries & Other Forms of 40	0.00
13 Statutory Minimum Wage rate per month 13	Compensation 41 Total Non-Taxable/Exempt 41	44,662.50
14 Minimum Wage Earner whose compensation is exempt from	Compensation Income	44,002.50
Part II Employer Information (Present)	B. TAXABLE COMPENSATION INCOME REGULAR	
15 Taxpayer Identification No. ▶ 0.06 9,44 7,42	42 Basic Salary 42	504,775.47
ABS-CBN BROADCASTING CORP	43 Representation 43	0.00
17 Registered Address 17A Zip Co	ode 44 Transportation 44	0.00
Main Employer Secondary Employer	45 Cost of Living Allowance 45	0.00
Part III Employer Information (Previous) 18 Taxpayer	46 Fixed Housing Allowance 46	0.00
Identification No. 19 Employer's Name	47 Others (Specify) 47 A Solories and Other Forms 47 A	28,924.13
20 Registered Address 20A Zip Co	Salaires and Other Points	0.00
	SUPPLEMENTARY	
Part IV-A Summary 21 Gross Compensation Income from 21 322, 652.	71 48 Commission 48	0.00
22 Less Total Non-Taxable/ 22 Exempt (tiem 41)	49 Profit Sharing 49	0.00
23 Taxable Compensation Income trom Present Employer (Nem 55) 24 Add Taxable Compensation 24 211 046	50 Fees Including Director's 50	0.00
24 Add. Taxable Compensation Income from Previous Employer 25 Gross Taxable 25 533, 699.	60 51 Taxable 13th Month Pay 51	0.00
Compensation Income 26 Less: Total Exemptions 26 35,000.	and Other Benefits	
27 Less Premium Paid on Health 27 andlor Hospital Insurance (It applicable)		0.00
28 Net Taxable 28 498, 699. Compensation Income 29 134 609		0.00
124,609.	00	0.00
30A Present Employer 30A 61,295. 30B Previous Employer 30B 42,658.	man man	0.00
31 Total Amount of Taxes Withheld 31 103, 954	60 55 Total Taxable Compensation 55	533,699.60
As adjusted We declare, under the penalties of perjury, that this certificate has been made pursuant to the provisions of the National Internal Revenue Code, as amended, an	income an good faith, verified by us, and to the best of our knowle	adge and belief, is true and correct
56 Present Employer/ Authorized Agent Signature Over Printed Name CONFORME:	Date Signed	
CTC No. Employee Signature Over Printed Name	Date Signed	Amount Paid
of Employee Place of Issue To be accomplish	Oate of Issue	
I declare, under the penalties of perjury, that the information herein stated are repounder BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue	orted I declare, under the penalties of perjury that I am one Income Tax Returns (BIR Form No. 1700), since I r	eceived purely compensation income
58Michael J. Fox (ACCOUNTING MANAGER)	from only one employer in the Phils for the ca correctly withheld by my employer (tax due equals No. 1604CF filed by my employer to the BIR shall	tax withheld; that the BIR Form

Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting' Human Resource or Authorized Representative)



Republic of the Philippines SOCIAL SECURITY SYSTEM

CONTRIBUTION COLLECTION LIST

EMPLOYER ID NU 0 0 - 0 0	JMBER 0 0 0 0 0 - 0	REGISTER ABC CO	ED EMPLOYER NAME MPANY				QUARTER EN	NDING	2.7		B 0 2 0 1 5
TEL NO. 0000000		ADDRESS: 1	1807 West Tower, PSE, Ortigas Cer	nter, Pasig C	City		TYPE OF EN	MPLO'		Энс	ousehold
		NAME	OF MEMBER		so	CIAL SEC	URITY	EMPLOYEE CO		OMP.	Separation Date
SSS NUMBER	SURNAME		GIVEN NAME	МІ	1st Month	2nd Mont	th 3rd Month	1st Month	2nd Month	3rd Month	(MMDDYYYY)
3 3 7 4 5 2 4 6 2 0	ASUNCION	7	ROMARIE	R			_ 1 7 6 0	_LL	_LLL	_ 3 0	
3 4 3 4 5 0 9 5 3 0	ATIENZA		JADE				_ _ 1 7 6 0	_ _ _		_ 3 0	
3 4 1 7 0 4 5 0 5 3	BALANGUE		KATHERINE RUSSEL	E			_ _ 1 7 6 0	_ _ _	_L_L	_ 3 0	
3 4 1 3 2 4 4 2 7 2	ESCUDERO		CERISE	M			_ _ 1 7 6 0	_ _ _	_LLL	_ 3 0	
3 4 3 8 7 7 4 0 4 4	GREGANA		ERNEST JOHN	M			_ _ 1 6 5 0			_ 3 0	
3 4 1 1 4 6 9 7 6 1	LAMBERTE		SARAH VICTORIA	Т			_ _ 1 7 6 0		_LLL	_ 3 0	
0 4 1 7 8 7 3 8 5 9	MARGALLO		AMANDA KRIS	M			_ _ 1 7 6 0		_ _ _	_ 3 0	
	MIRANDA		MA. LORRAINE	M			_ _ 1 7 6 0		_LLL	_ 3 0	
3 4 3 1 3 6 4 1 9 2	PEDERICO		ALFRED	В			_ _ 1 7 6 0			_ 3 0	
3 4 1 3 6 3 5 7 7 1	PEDERICO		KATRINA MAY	R			_ _ 1 7 6 0			_ 3 0	

10 TOTAL	S FOR THIS PA	GE (To be filled	out every page)			>>>				_ _ _ 3 0 0		
G	RAND TOTAL P	ER COLLECTION	LIST	Р	'AYMENTS D	DETAIL	ADJUSTMENT T	YPE:	CERTIFIED CORRECT AND PAID :	A. Company	Dago	1
Appl. Mo.	Social Security	Employee Compensation	Grand Total	TR/SBR No.	Date Paid	AMOUNT PAID	Addition to Pre		XXX Signature Over Printed N	ame	Page	_
1st	0.00	23	0.00		, ala	-	Deduction fron	n	20 A 11 4 12		OF	
2nd	0.00	Average of	770000000				Previously Submitted R-3		XXX Official Designation	05/17/2016 Date	Pages	1
3rd	17,490.00	TAXABLE					Gubilikiou iv o	9				-
FOR SSS USE		BY / DATE :	ENCODE	D BY / DATE : Signature Ove		OTHER NOTATION	ONS :		RECEIVED BY / DATE :			

RF	-1	ONLY CORPORATION	V 15 VV 26 TI 15 46V	EMPLOYER'S R	EMITTANCES REPORT			THIS PO	RTION TO BE	FILLED UP BY PHIL	the state of the s	maybe reproduced and is NOT FOR SALI
1	PHILHEALTH NO. 2 EMPLOYER TIN 0	0 - 1 7 4 0 4 - 4 7	3 0 2 8 8 1 5 2 - 1 2 1 0 0	0		Date Received By:			=	1	Action Taken:	
2	COMPLETE EMPLOYER NAME:	32		ABC COMPANY		3	Signature Over Printed Name EMPLOYER TYPE	4	REGULAR	R TYPE	5 A	PPLICABLE PERIOD
	COMPLETE MAILING ADDRESS;	1807, 18TH FLO	OR WEST TOWER, PHILIPPINE	STOCK EXCHANGE CENTRE,	EXCHANGE ROAD, ORTIGAS CENTER		PRIVATE GOVERNMENT		REGULAR RF-1 ADDITION TO PRES	MOUS DE 1	April-	2015
	TELEPHONE NO.;	637-5656		EMAIL ADDRESS:	li e	_ -	HOUSEHOLD		DEDUCTION TO PR	REVIOUS RF-1	April	2013
6	PHILHEALTH IDENTIFICATI	ON NUMBER	7	EMPLOY	EE/S IMFORMATION		8 has not yet been issued his,		9	10 NHIP PREMIUI	M CONTRIBUTION	11 EMPLOYEE STATUS
	(PIN)		LAST NAME	NAME SUFFIX	FIRST NAME	MIDDLE NAME	DATE OF BIRTH (mm-dd-yyyy)	SEX (M/F)	Monthly Salary Bracket (MSR)	PS	ES	S-Separated, NE-No Earnings, NH-Newly Hired / Effectivity Date
	3302719353		CARDINAL		RICHARD RYAN	MENDOZA	08-21-1977		14	212.50	212.50	
	3365377815		CONCEPCION		ROWELL	GALVEZ	11-11-1978		14	287.50	287.50	
	0430724354		DIONAMPO		VICTOR	ESCALANTE	07-24-1976		13	200.00	200.00	
	0410862155		FRESNIDO		JOLAN	GABAD	07-04-1978		13	200.00	200.00	
	33526000485		JAYAN		MARK	MACUGAY	11-11-1978]]	14	212.50	212.50	
	0716735494		LAPUOS	<u> </u>	MELBON	VILLORENTE	02-21-1975		11	175.00	175.00	
	3357951838		VALENCIA		RICHARD	LEA	11-20-1979		13	200.00	200.00	
	3334913747		ZARI		DENNIS KARL	NERIC	04-12-1973		13	200.00	200.00	
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			ĺ,									
						***	1					
12	13		ACKNOWLEDGEME	ENT RECEIPT (PAR/POR/TRAN	ISACTION REFENCE NUMBER)	_	14 SUBTOTAL		(PS + ES)	1,687.50	1,687.50	15 PREPARED BY:
	20	ABLE PERIOD	REMITTED AMOUNT	ACKNOWLEDGEMENT	TRANSACTION DATE	NO. OF EMPLOYEES	(To be accountable of some		\longrightarrow		3,375.00	ROMMEL V. EPINO
- 5	ndicate Total	ABLE PERIOD	NEMITTED AMOUNT	RECEIPT NO.	TRANSACTION DATE	NO. OF EMPLOYEES	(To be accomplished every page)		25350000000		3,373.00	SQUATURE OVER PRINTED NAME HR MANAGER
	Number of loyees' per page			500000000000000000000000000000000000000			GRAND TOTAL		(PS + ES)			OFFICIAL DESIGNATION
									> │			
							(To be accomplished if this page is th	e (ast page)	95%		5: 3	DATE
10				INDER THE CO.	TWO THE LAW I DESCRIPTION ASSESSMENT	T THE ABOVE INFORMATIONS	DDOMDED HEDEIN 405 TOUR 445	CORPTE				
16				UNDER THE PENA	LTYOF THE LAW, I HEREBY ATTEST THA	I THE ABOVE INFORMATIONS	PROVIDED HEREIN ARE TRUE AND	CORRECT				
					ROMMEL V. EPINO	HR MANAGER						
				10 1	Signature over printed name	Official Designat	ion Date					
					PLEASE READ INSTRUCTIONS (FOR EACH NU						17 PAGE	1 OF 9 PAGE



EMPLOYER/BUSINESS NAME

MEMBER'S CONTRIBUTION REMITTANCE FORM (MCRF)

Pag-IBIG EMPLOYER'S ID NUMBER

13456789012

NOTE: PLEASE READ INSTRUCTIONS AT THE BACK

EMPLOYER/BUSINESS NAME **ABC COMPANY**

Unit/Room No., Floor

Building Name Lot No., Block No., Phase No. House No Street Name
UNIT WS1807, 18TH FLOOR WEST TOWER, PHILIPPINE STOCK EXCHANGE CENTRE, EXCHANGE ROAD, ORTIGAS CENTER PASIG CITY

Barangay Province/State/Country (if abroad) Subdivision Municipality/City

Pag-IBIG MID	ACCOUNT	MEMBERSHIP		NAME OF EMP	LOYEES PERIOD COVERED		MONTHLY	MEMBERS	S			
NO/RTN	NO.	PROGRAM	Last Name	First Name	NAME EXT. (JR., III, ETC)	Middle Name		COMPENSATION	EE SHARE	ER SHARE	TOTAL	REMARKS
/12/1973			ZARI	DENNIS KARL		NERIC	Apr 2015		100.00	100.00	200.00	
/21/1977			CARDINAL	RICHARD RYAN		MENDOZA	Apr 2015		100.00	100.00	200.00	
1/11/1978			JAYAN	MARK		MACUGAY	Apr 2015		100.00	100.00	200.00	
/24/1976			DIOMAMPO	VICTOR		ESCALANTE	Apr 2015		100.00	100.00	200.00	
1/11/1978			CONCEPCION	ROWELL		GALVEZ	Apr 2015		100.00	100.00	200.00	
/21/1975			LAPUOS	MELBON		VILLORENTE	Apr 2015		100.00	100.00	200.00	
/4/1978			FRESNIDO	JOLAN		GABAD	Apr 2015		100.00	100.00	200.00	
1/20/1979			VALENCIA	RICHARD		LEA	Apr 2015		100.00	100.00	200.00	

TOTAL FOR THIS PAGE					800.00	800.00	1,600.00	
GRAND TOTAL (if last page)			12				1,600.00	
	-							

EMPLOYER CERTIFICATION

I hereby certify under pain of perjury that the information given and all statements made herein are true and correct to the best of my knowledge and belief. I further certify that my signature appearing herein is genuine and authentic.

ROMMEL V. EPINO HEAD OF OFFICE OR AUTHORIZED REPRESENTATIVE

HR MANAGER DESIGNATION/POSITION

(Signature Over Printed Name)

DATE



For the Pay Date: 1/1/2009

Employee: Epino, Rommel V.

SSS No: 11-11111-11 TIN: 178-591-495

Tax Status: ME

Department: Finance Department

Position: Accounting Manager

EARNINGS	days/hours	CURRENT	YTD	DEDUCTIONS	days/hours	CURRENT	YTD	BALANCE
BASIC PAY SC1 LH-OT NITE-DIFF SH-OT	16.00 16.00	8,108.50 5,000.00 1,066.32 239.92 319.90		WITHTAX CTLEDGER PKCASH PKSAV PKSTORE PAG MPL PKSAL1 PKSAL2 PKSAL3 SSS SL		2,753.72 0.00 0.00 1,000.00 0.00 344.65 5,155.61 1,886.46 944.79 525.00		9,655.35 4,844.39 8,113.54 9,055.21 9,475.00
GROSS EARNING:		14,734.64	0.00	GROSS DEDUCTI	ONS:	12,610.23	0.00	
NET PAY:		2,124.41						
	No	te: This is a com	puter generate	d file. No signature is re	equired.			



For the Pay Date: 1/1/2009

Employee: Epino, Rommel V.

SSS No: 11-11111-11 TIN: 178-591-495

Tax Status: ME1

GROSS EARNING:

NET PAY:

YTD **EARNINGS** days/hours CURRENT YTD **DEDUCTIONS** days/hours CURRENT BALANCE BASIC PAY 7,304.50 WITHTAX 1,774.13 SC1 5,000.00 CTLEDGER 0.00 0.00 **PKCASH PKSAV** 500.00 **PKSTORE** 0.00

GROSS DEDUCTIONS:

Department:

Position: Accounting Manager

Finance Department

2,274.13

0.00

Note: This is a computer generated file. No signature is required.

0.00

12,304.50

10,030.37

TRANSCOM WORLDWIDE PHILIPPINES INC TRANSCOM CENTER BUILDING LAST FIESTAS, FROTERA VERDE COMPOUND PASIG CITY

Employee No 92-00001

From 1/16/2009 to 1/31/2009 Tax Status: S

SSS No.

ANGUSTIA, RANDY V Employee Name 1111111111-1 COMCAST TIN Department 178-591-495

Employer Contribution **Deduction Details** Amounts Income Details Hrs Amounts SSS Premuim 545.00 SSS PREMIUM 250.00 BASIC 8.000.00 Philhealth 162.50 **PHILHEALTH** 162.50 **ABSENT** (727.27)8.00 Pag-Ibig 50.00 HDMF PREMUIM 50.00 ND-REG 2.00 34.09 Year-To-Date WITHOLDING TAX 961.38 NITE-DIFF 69.00 940.91 Ytd W/H Tax: 3,269.60 **REG-OT** 227.27 2.00 Ytd Taxable Inc. 20,220.12 MEAL ALLOW. 1,000.00 Ytd SSS 500.00 TRANS ALLOW 1,000.00 Ytd Philhealth 287.50 Ytd Pag-Ibig 100.00

10,475.00 TOTAL Deductions: TOTAL Earnings: 1,423.88

Take Home Pay 9,051.12

@ 2009 www.payrollpinas.com

1111111111-1

178-591-495

From 1/16/2009 to 1/31/2009

Tax Status:

TRANSCOM WORLDWIDE PHILIPPINES INC

TRANSCOM CENTER BUILDING LAST FIESTAS, FROTERA VERDE COMPOUND PASIG CITY

Employee No 92-00001

Employee Name Department

SSS No. ANGUSTIA, RANDY V COMCAST TIN

Income Details	Hrs	Amounts	Deduction Details	Amounts	Employer Contribu	ution
BASIC	40.00	8,000.00	SSS PREMIUM PHILHEALTH	250.00 100.00	SSS Premuim Philhealth	545.00 100.00
ABSENT	40.00	(3,636.36)	HDMF PREMUIM	50.00	Pag-Ibig	50.00
NITE-DIFF REG-OT	22.50 1.00	306.82 113.64	WITHOLDING TAX	261.84	Year-To-Date Ytd W/H Tax:	2,132.47
MEAL ALLOW. TRANS ALLOW		1,000.00 1,000.00			Ytd Taxable Inc. Ytd SSS Ytd Philhealth	14,991.60 500.00 212.50
					Ytd Pag-Ibig	100.00

TOTAL Earnings: 6,784.10 **TOTAL Deductions:** 661.84

6,122.26 Take Home Pay

TRANSCOM WORLDWIDE PHILIPPINES INC

TRANSCOM CENTER BUILDING LAST FIESTAS, FROTERA VERDE COMPOUND PASIG CITY

32.00

2.00

2.00

52.00

INCOME DETAILS	HRS	
Department	CALL CENTER OPS	
Employee Name	BEJO, JAY V.	
Employee No	920-0101	Tax
	FROM 1/16/2009 TO 1/3	

BASIC

ABSENT

ND-REG

REG-OT

NITE-DIFF

MEAL ALLOW.

TRANS ALLOW

TOTAL Earnings:

SSS PREMIUM

HDMF PREMUIM

WITHOLDING TAX

TOTAL Deductions:

EMPLOYER CONTRIBUTION

Take Home Pay

SSS PREMUIM

HDMF PREMUIM

PHILHEALTH

YEAR-TO-DATES

GROSS INCOME

WITHOLDING TAX

SSS/PHILHEALTH/PAG-IBIG

PHILHEALTH

DEDUCTIONS DETAILS

Payroll Type :SEMI-MC FROM 1/16/2009 TO 1/	ONTHLY	
20-0101 EJO, JAY V. ALL CENTER OPS	Tax Code	S
HRS	Al	MOUNTS

8,000.00

(2,909.09)

34.09

709.09 227.27

1,000.00

1,000.00

8,061.36

250.00

112.50

50.00

483.94

896.44

7,164.92

545.00

112.50

50.00

15,851.63

2,150.26

@ 2009 www.payrollpinas.com

825.00

ABX-COMPANY PAYROLL REGISTER #365 04/04/2007 04/45/2007

HRS

WRK

JIP - BUSINESS SECTOR 3

SALARY

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NAME ID#

2370B3-2-AF002

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68,084.00 0027 XXXXXXXXXXXX

55,000,00 0020 XXXXXXXXXXXX

165,880.00 0007 XXXXXXXXXXXX

106,279.00 0021 XXXXXXXXXXXXX

68,040.00

0002 XXXXXXXXXXXX

10,000,00 0044 XXXXXXXXXXXX

21.726.00 0006 XXXXXXXXXXXX

164,459.00

166,322.00

75 XXXXXXXXXXXXXXX

TOTAL/DEPT

TOTAL/DEPT

D0010-0-00000

Run Date : 6/12/2009 Page

PAG-IBIG

0.00

0.00

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DEDTN

LOANS

TOTAL

DED.

186,928.66

256,445.51

737,964.00

582,074.16

263.387.27

929,421.39

58,530.19

671,502.34

679,128.53

0.00 2.338.582.45

0.00 2.026,799.60

BANK

ACCT#

1230729-012-1

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TOTAL/DEPT	2	0.00	0.00	0.00	0.00	0.00	952,938.01	952,938.01	212,276.38	12,325.00	0.00	0.00	0.00	0.00	224,601.38	0.00	
1232 XXXXXXXX 28,842.00		88,888.88	0.00				308,739.16	308,739.16	56,716.75	3,625.00					60,341.75		1230729-012-1

TOTAL

INCOME

W/TAX

721,202.06 181,128.66 5,800.00

956,279.72 247,745.51 8,700.00

2,445,024.99 729,264.00 8,700.00

1,957,869.26 573,374.16 8,700.00

977,675.84 258,312.27 5,075.00

7,058,051.88 ,989,824.60 36,975.00

3,059,329.34 920,721.39 8,700.00

307,020.77 49,830.19 8,700.00

2,237,332.32 662,802.34 8,700.00

2,277,164.16 670,428.53 8,700.00

0.00 7,880,846.59 7,880,846.59 ,303,782.45 34,800.00

SSS

MCR

GROSS

INCOME

721,202.06

956,279,73

2,445,024.99

1,957,869.26

977,675,84

3,059,329.34

307,020.77

2,237,332.32

2.277,164.16

0.00 7,058,051.88

TOTALDELT	5.	0.00
11110-2-00000	BASIC & ALLO	OWANCES - CO

5

BASIC & ALLOWANCES - OP



SHORT-TERM LOAN REMITTANCE FORM (STLRF)

Pag-IBIG EMPLOYER'S ID NUMBER	

PLOYER/BUSINESS ADDI /Room No., Floor	Building Name			Block No., Phase No.		Street Name	PERIOD COVERED Apr-15 TELEPHONE NUMBER		
	rangay	Municipality/City	OCK EXCHANGE CENTRE, EXCHA	nce/State/Country (if a		Zip Code			
00-490000.00	APPLICATION/		NAME OF BORE	OWER	Q-D mmm		ADD TO CHANGE		
MID NO.	AGREEMENT NO.	Last Name	First Name	NAME EXT. (R. H. ETC)	Middle Name	LOAN TYPE	AMOUNT	EMPLOYER REMAR	
2/1978		CRUZ	ELIZABETH		CRISOSTOMO	CALAMITY LOAN	1,382.36		
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TAL FOR THIS PAGE		8.			-		1,382.36		
AND TOTAL (if last							1,382.36		
	016		EMPLOYER CER	TIFICATION					

MAY DEPRODUCED HOT FOR CALE

HR MANAGER

DESIGNATION/POSITION

ROMMEL V. EPINO

HEAD OF OFFICE OR AUTHORIZED REPRESENTATIVE

DATE



Republic of the Philippines

SOCIAL SECURITY SYSTEM

SALARY/CALAMITY/EDUCATIONAL/EMERGENCY LOAN COLLECTION LIST

As of September 30, 2015

Employer Name :

ABC Company

Page 1 of 1 Pages

Employer	ID Number :	03-9119682-7

SSS Number	Name of Borrower	Loan	Date	Amount of	Amount	Due	TOTAL	REMARKS
3.555.0050.054		Туре	Granted	Loan	Current	Over Due	i istraliateli	101001300 DICHSE
04-3084657-5	NUEZ, ANABEL N.	С	09-17-2014	32,000.00	738.32	0.00	738.32	

CERTIFIED CORRECT:

ROMMEL V. EPINO

TELEPHONE NUMBER: 655-3763

TOTAL AMT DUE

738.32

0.00

738.32

1807. 18TH FLOOR WEST TOWER, PHILIPPINE STOCK EXCHANGE CENTRE, EXCHANGE ROAD, ORTIGAS CENTER PA COMPLETE MAILING ADDRESS: TELEPHONE NO.: 637-5656 EMAIL ADDRESS:

2 0 - 1 7 4 3 0 2 8 8 1 9

FRESNIDO

JAYAN

ZARI

LAPUOS

VALENCIA

REMITTED AMOUNT

RF-1

12

20

Indicate Total

Number of

employees' per page

PHILHEALTH NO.

0410862155

33526000485

0716735494

3357951838

3334913747

13

APPLICABLE PERIOD

EMPLOYEE/S IMFORMATION

MARK

ACKNOWLEDGEMENT RECEIPT (PAR/POR/TRANSACTION REFENCE NUMBER)

ACKNOWLEDGEMENT

RECEIPT NO.

MELBON

RICHARD

DENNIS KARL

TRANSACTION DATE

ROMMEL V. EPINO

Signature over printed name

EMPLOYER'S REMITTANCES REPORT

GOVERNMENT HOUSEHOLD

PRIVATE

14

Date Received:

ADDITION TO PREVIOUS RF-1

07-04-1978

11-11-1978

02-21-1975

11-20-1979

04-12-1973

SUBTOTAL

GRAND TOTAL

(To be accomplished if this page is the last page)

(To be accomplished every page)

REGULAR RF-1

13

14

11

13

13

(P5 + E5)

(PS + ES)

DEDUCTION TO PREVIOUS RF-1

200.00

212.50

175.00

200.00

200.00

1.687.50

17

THIS PORTION TO BE FILLED UP BY PHILHEALTH

ES

200.00

212.50

175.00

200.00

200.00

1.687.50

3,375.00

15 PREPARED BY:

PAGE 1 OF

ROMMEL V. EPINO

SEAUTURE CHER PRINTED NAME

HR MANAGER

OFFICIAL DESIGNATION

9

PAGES

April-2015

Action Taken:

This form maybe reproduced and is NOT FOR SALE

EMPLOYEE STATUS

Hired / Effectivity Date

Il-out this portion only if declared employee/s NHIP PREMIUM CONTRIBUTION PHILHEALTH IDENTIFICATION NUMBER has not yet been issued his/her PIN DATE OF BIRTH SEX NAME native Supply Bracket FIRST NAME MIDDLE NAME PS LAST NAME S-Separated, NE-No Earnings, NH-Newly SUFFIX (M/F) (mm-dd-yyyy) 3302719353 CARDINAL RICHARD RYAN MENDOZA 08-21-1977 14 212.50 212.50 287.50 287.50 3365377815 CONCEPCION ROWELL GALVEZ 11-11-1978 14 0430724354 DIONAMPO VICTOR **ESCALANTE** 07-24-1976 200.00 200.00 13

JOLAN GABAD

MACUGAY

LEA

NERIC

VILLORENTE

NO. OF EMPLOYEES

HR MANAGER

Official Designation

UNDER THE PENALTYOF THE LAW, I HEREBY ATTEST THAT THE ABOVE INFORMATIONS PROVIDED HEREIN ARE TRUE AND CORRECT

PLEASE READ INSTRUCTIONS (FOR EACH NUMBERED BOX) AT THE BACK BEFORE ACCOMPLISHING THIS FORM



Republic of the Philippines SOCIAL SECURITY SYSTEM

CONTRIBUTION COLLECTION LIST

EMPLOYER ID NU	JMBER 0 0 0 0 0 - 0	ABC CO	RED EMPLOYER NAME IMPANY				QUARTER EN	NDING			DYYYY 3 0 2 0 1 5
TEL NO. 0000000		ADDRESS:	1807 West Tower, PSE, Ortigas Cen	ter, Pasig C	ity		TYPE OF EN ■ Regular	/IPLO		Энс	ousehold
		NAME	ME OF MEMBER SOCIAL S				IRITY	EMPLOYEE COMP.		OMP.	Separation Date
SSS NUMBER	SURNAME		GIVEN NAME	MI	1st Month	2nd Month	3rd Month	1st Month	2nd Month	3rd Month	(MMDDYYYY)
3 3 7 4 5 2 4 6 2 0	ASUNCION		ROMARIE	R			_ _ 1 7 6 0		LLL	_ 3 0	
3 4 3 4 5 0 9 5 3 0			JADE	1			_ _ 1 7 6 0		LLL	_ 3 0	
3 4 1 7 0 4 5 0 5 3			KATHERINE RUSSEL	E			_ _ 1 7 6 0			_ 3 0	
3 4 1 3 2 4 4 2 7 2	ESCUDERO		CERISE	M			_ _ 1 7 6 0		_L_L	_ 3 0	
3 4 3 8 7 7 4 0 4 4	GREGANA		ERNEST JOHN	M			_ _ 1 6 5 0		_L_L	_ 3 0	
3 4 1 1 4 6 9 7 6 1	LAMBERTE		SARAH VICTORIA	T			_ _ 1 7 6 0		_LLL	_ 3 0	
0 4 1 7 8 7 3 8 5 9	MARGALLO		AMANDA KRIS	M			_ _ 1 7 6 0		_LL	_ 3 0	
	MIRANDA		MA. LORRAINE	M			_ _ 1 7 6 0		_LL	_ 3 0	
3 4 3 1 3 6 4 1 9 2	PEDERICO		ALFRED	В			_ _ 1 7 6 0	_ _ _	_LL	_ 3 0	
3 4 1 3 6 3 5 7 7 1	PEDERICO		KATRINA MAY	R	11111	11111	1 11171610	TI	11	1310	THILL

500		GE (To be filled o	,,,,,,	.650	YMENTS		ADJUSTMENT T	TTTT	CERTIFIED CORRECT AND	7		
Appl. Mo.	Social Security	Employee Compensation	Grand Total	TR/SBR No.	Date Paid			Addition to Previously XXX		2.		1
1st 2nd	0.00	35.50-37,					Deduction from		XXX Official Designation	05/17/2016 Date	OF Pages	1
3rd	17,490.00	300.00	17,790.00				Submitted R-3	,				÷.
FOR SSS USE		nature Over	ENCODE	D BY / DATE : Signature Over		OTHER NOTATI	ONS:		RECEIVED BY / DATE :			



Unit/Room No., Floor

Subdivision

MEMBER'S CONTRIBUTION REMITTANCE FORM (MCRF)

Pag-IBIG EMPLOYER'S ID NUMBER

13456789012

NOTE: PLEASE READ INSTRUCTIONS AT THE BACK

EMPLOYER/BUSINESS NAME

ABC COMPANY

EMPLOYER/BUSINESS NAME

Building Name Lot No., Block No., Phase No. House No Street Name
UNIT WS1807, 18TH FLOOR WEST TOWER, PHILIPPINE STOCK EXCHANGE CENTRE, EXCHANGE ROAD, ORTIGAS CENTER PASIG CITY

Barangay Municipality/City Province/State/Country (if abroad) Zip Code

Pag-BIG MID ACCOUNT PROGRAM NO.		NAME OF EMPLOYEES			COVERED MONTHLY	MONTHLY	MEMBERS					
	Last Name	First Name	NAME EXT. (JR., III, ETC)	Middle Name		COMPENSATION	SHARE	ER SHARE	TOTAL	REMARKS		
/12/1973			ZARI	DENNIS KARL		NERIC	Apr 2015		100.00	100.00	200.00	
/21/1977			CARDINAL	RICHARD RYAN		MENDOZA	Apr 2015		100.00	100.00	200.00	
1/11/1978			JAYAN	MARK		MACUGAY	Apr 2015		100.00	100.00	200.00	
/24/1976			DIOMAMPO	VICTOR		ESCALANTE	Apr 2015		100.00	100.00	200.00	
1/11/1978			CONCEPCION	ROWELL		GALVEZ	Apr 2015		100.00	100.00	200.00	
/21/1975			LAPUOS	MELBON		VILLORENTE	Apr 2015		100.00	100.00	200.00	
/4/1978			FRESNIDO	JOLAN		GABAD	Apr 2015		100.00	100.00	200.00	
1/20/1979			VALENCIA	RICHARD		LEA	Apr 2015		100.00	100.00	200.00	

TOTAL FOR THIS PAGE		9		800.00	800.00	1,600.00	
GRAND TOTAL (flast page)				3,041.00	2550505	1,600.00	

EMPLOYER CERTIFICATION

I hereby certify under pain of perjury that the information given and all statements made herein are true and correct to the best of my knowledge and belief. I further certify that my signature appearing herein is genuine and authentic.

ROMMEL V. EPINO

HR MANAGER

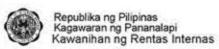
HEAD OF OFFICE OR AUTHORIZED REPRESENTATIVE

(Signature Over Printed Name)

DESIGNATION/POSITION

DATE

DLN:

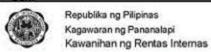


Monthly Remittance Return of Income Taxes Withheld on Compensation

1601-C

	on Co	mpensation	July 2008 (ENCS)
Fill in all applicable spaces. Mark all appropriation for the Month (MM / YYYY) 99 2015	2 Amended Return	No C	Any Taxes Withheld? Yes No
Part I 007 143 669	Background I	Code 0 4 7 7 Line of Busin	ness/
Withholding Agent's Name (Last Name, F ABC COMPANY	irst Name, Middle Name for In	dividuals)/(Registered Name for Non	P-Individuals) 9 Telephone Number 02-655-3763
Registered Address UNIT WS1807, 18TH FLOOR WEST TOV CENTER PASIG CITY	VER, PHILIPPINE STOCK EXCHA	NIGE CENTRE, EXCHANGE ROAD, OR	11 Zip Code 1226
Private Government or	e there payees availing of tax International Tax Treaty? Yes No If yes, sp		14 ATC • WW 0 1 0
Part II Particulars	► Computatio	n of Tax ount of Compensation	Tax Due
5 Total Amount of Compensation	15	143,890.37	a la Due
6 Less: Non-Taxable Compensation 16A Statutory Minimum Wage (M)	VEs) 16A		
16B Holiday Pay, Overtime Pay, N Differential Pay, Hazard Pay	ight Shift 16B		
(Minimum Wage Earner) 16C Other Non-Taxable Compens	ation 16C	6,553.70	
7 Taxable Compensation	17	150,444.07	
 8 Tax Required to be Withheld 9 Add/Less: Adjustment (from Item 26 of 3) 	Section A)	18 19	17,414.43
Tax Required to be Withheld for Remittance		20	17,414,43
1 Less: Tax Remitted in Return Previously if this is an amended return Other Payments Made (please at proof of payment BIR Form No.	ach 21B		
2 Total Tax Payments Made (Sum of Item N	os. 21A & 21B)	22	
3 Tax Still Due/(Overremittance) (Item No. 2	0 less Item No. 22)	23	
4 Add; Penalties Surcharge	Interest	Compromise	
24A 24B	24C		
25 Total Amount Still Due/(Overremittance)		25	17,414.43
Previous Month(s) (1) (MMYYYYY)	nent of Taxes Withheld on C Date Paid (2) (MM/DD/YYYY)	ompensation For Previous Months Bank Validation/ ROR No. (3)	Bank Code (4)
Section A (continuation)			
	Should Be Tax Due for the Month	Adjus From Current Year	tment (7) From Year - End Adjustment of the
(5)	(6)	(7a)	Immediately Preceeding Year (7b)
26 Total (7a plus 7b) (To item 19) We declare, under the penalties of perjury, s true and correct, pursuant to the provisions of ROMMEL V.	of the National Internal Revenu PINO	ue Code, as amended, and the regula 28	ations issued under authority thereof.
President/Vice President/Principal Of Authorized Representali (Signature Over Print PRESIDENT	ve / Taxpayer	Treasurer/Assist (Signature Over I	
Title/Position of Signatory	TIN of Signatory	Title/Position of	of Signatory

PSIC:



Monthly Remittance Return of Final Income Taxes Withheld

1601-F

Sentember 2005 (ENCS)

4				September 2005 (ENCS)
Fill in all applicable spaces. Mark all approp	10 Amended Deburg	19 11161		4 Am Town 18/16-1-12
1 For the Month 09 20	2 Amended Return? X		neets Attached	4 Any Taxes Withheld? ► X Yes No
PartI		Information		
5 TIN 007 143 66	TA DDO 0-1-	047	7 Line of Business/	
	e, First Name, Middle Name for Individuals)	MINISTER AND ADDRESS OF THE PARTY OF THE PAR	Occupation >	O Talanhana Alianhaa
 Withholding Agent's Name (Last Name ABC COMPANY 	, First Name, wilddie Name for Individuals)	(Registered Ivame for Iv	on-individuals)	9 Telephone Number 02-655-3763
10 Registered Address				11 Zip Code
	T TOWER, PHILIPPINE STOCK EXCHANG	GE CENTRE, EXCHANGE		
12 Category of Withholding Agent	13 Are there payees availing of tax relief	under Special Law		
► Private Government	or International Tax Treaty?	Yes	No If yes, specify	
Part II	► Comput	ation of Tax		
NATURE OF INCOM	IE PAYMENT	ATC	TAX BASE	TAX TAX REQUIRED RATE TO BE WITHHELD
Area Headquarters and Regional Opera	ating Headquarters of	WI 320	188,958.37	15% 28,343.76
Mulitnational Companies occupying exe				
technical positions.				
A				
				-
14 Total Tax Required to be Withheld Base	d on Regular Rates			14 28,343.76
15 Total Tax Required to be Withheld Base	d on Tax Treaty Rates(from Schedule 1 at t	the back)		15
16 Total (Sum of Items 14 and 15)				16 28,343.76
17 Less: Tax Remitted in Return Previous	sly Filed, if this is an amended return			17
18 Tax Still Due (Overremittance)				18 28,343.76
19 Add: Penalties Surcharge		7.00	Compromise	
19A	198	190		19D
20 Total Amount Still Due/(Overremittance)		W		28,343.76
pursuant to the provisions of the National Info	ry, that this return has been made in good for ernal Revenue Code, as amended, and the	ann, vermed by me, and to regulations issued under	o the best of my knowledge an authority thereof.	d belief, is true and correct,
41			44	
	President/Principal Officer/Accredited Tax Authorized Representative/Taxpayer	Agent/	Treasurer/Assis (Signature Over	
PRESIDE	(Signature Over Printed Name)		(ognation of the	, , , , , , , , , , , , , , , , , , , ,
Title/Position of		natory	Title/Position	of Signatory
			Name and the second	Secretary and the secretary an
Tax Agent Acc. No./Atty's Roll No.(if ap Part III	plicable) Date of Issuance D Details of Payme	Date of Expiry	TIN of S	Stamp of
Drawee Bank/		DATE		Receiving Office/AAB
Particulars Agency 23 Cash/Bank 23A 238	Number MM DD	YYYY 23D	Amount	and Date of Receipt (RO's Signature/
Debit Memo	The state of the s	1 1 1 1		Bank Teller's Initial)

ABC COMPANY CORPORATION

Journal Entry Report From 5/1/2007 To 5/15/2007 As of Monday, July 30, 2007

Description	Debit	Credit
SAL. AND WAGES - BASIC	2,872,583.26	
SAL. & WAGES - OVERTIME	1 220,415.68	
SSS, MCR, EC & PAG-IBIG	'70,229.65	
TRAVEL AND TRANSPORTATIC:	500.00	
CONT. TO RET. FUND	122,084.79	
FRINGE BEN BONUSES	718,145.81	
FRINGE BEN BONUSES	JUIL	397,048.58
		3,196,668.06
W/TAX PAY-SAL. & WAGES		309,341.45
PAG-IBIG PAY.		8,000.00
SSS PAYABLE		342,678.00
MEDICARE PAY		99,912.50
EMPLOYEE COMPENSATION		9,280.33
AOEP-CONTN. TO RET. FUND		122,084.79
AOEP-OTHERS		718,145.81
SSS loans payable		799.67

TOTALS: 5,203,959.19 5,203,959.19



Payrollpinas Corp.

18th Floor West Tower, Philippine Stock Exchange Centre,
Ortigas Center, Pasig City Philippines
Tel No. (632) 994.33.62 - (632) 400.89.18

24x7 Support You may reach us at +63920-PAYROLL (0920-7297655)