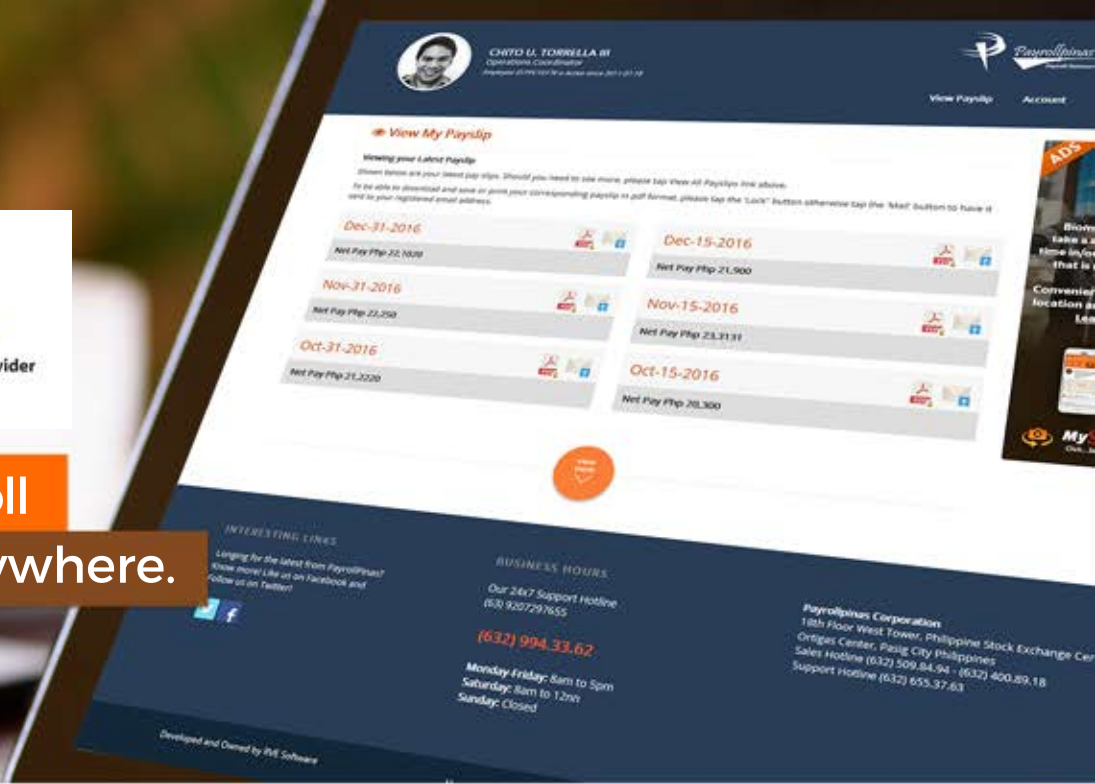




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Anytime. Anywhere.



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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. Withholding tax, sss, pag-ibig and other gov't computation can be processed in one day only.

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(0920-7297655)



Payroll Kit

www.payrollpinas.com



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) **2008** 2 For the Period From (MM/DD) **0101** To (MM/DD) **1231**

Part I Employee Information

3 Taxpayer Identification No. **170 079 560**

4 Employee's Name (Last Name, First Name, Middle Name) **EPINO, ROMMEL VIBAR** 5 RDO Code

6 Registered Address **c/o ABS-CBN BROADCASTING CORP** 6A Zip Code

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) **02 07 19 69** 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

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) & Other Inc. 35

36 Hazard Pay (MWE) 36

37 13th Month Pay and Other Benefits 37 **25,875.00**

38 De Minimis Benefits 38

39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 **18,787.50**

40 Salaries & Other Forms of Compensation 40 **0.00**

41 Total Non-Taxable/Exempt Compensation Income 41 **44,662.50**

Part II Employer Information (Present)

15 Taxpayer Identification No. **006 944 742**

16 Employer's Name **ABS-CBN BROADCASTING CORP**

17 Registered Address 17A Zip Code

Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

42 Basic Salary 42 **504,775.47**

43 Representation 43 **0.00**

44 Transportation 44 **0.00**

45 Cost of Living Allowance 45 **0.00**

46 Fixed Housing Allowance 46 **0.00**

Part III Employer Information (Previous)

18 Taxpayer Identification No.

19 Employer's Name

20 Registered Address 20A Zip Code

47 Others (Specify)

47A Salaries and Other Forms 47A **28,924.13**

47B 47B **0.00**

Part IV-A Summary

21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 **322,652.71**

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 **211,046.89**

25 Gross Taxable Compensation Income 25 **533,699.60**

26 Less: Total Exemptions 26 **35,000.00**

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

28 Net Taxable Compensation Income 28 **498,699.60**

29 Tax Due 29 **124,609.88**

30 Amount of Taxes Withheld

30A Present Employer 30A **61,295.81**

30B Previous Employer 30B **42,658.79**

31 Total Amount of Taxes Withheld As adjusted 31 **103,954.60**

SUPPLEMENTARY

48 Commission 48 **0.00**

49 Profit Sharing 49 **0.00**

50 Fees Including Director's Fees 50 **0.00**

51 Taxable 13th Month Pay and Other Benefits 51 **0.00**

52 Hazard Pay 52 **0.00**

53 Overtime Pay 53 **0.00**

54 Others (Specify)

54A 54A **0.00**

54B 54B **0.00**

55 Total Taxable Compensation Income 55 **533,699.60**

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 **CONFORME:** Date Signed

57 Employee Signature Over Printed Name **Michael J. Fox (ACCOUNTING MANAGER)** 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 **Michael J. Fox (ACCOUNTING MANAGER)** 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 **Rommel V. Epino** Employee Signature Over Printed Name



R-3
REV. 08-99

Republic of the Philippines
SOCIAL SECURITY SYSTEM
CONTRIBUTION COLLECTION LIST

EMPLOYER ID NUMBER 0 0 - 0 0 0 0 0 0 0 - 0 	REGISTERED EMPLOYER NAME ABC COMPANY	QUARTER ENDING 06 30 2015
TEL NO. 0000000	ADDRESS : 1807 West Tower, PSE, Ortigas Center, Pasig City	TYPE OF EMPLOYER <input checked="" type="radio"/> Regular <input type="radio"/> Household

SSS NUMBER	NAME OF MEMBER			SOCIAL SECURITY			EMPLOYEE COMP.			Separation Date (MMDDYYYY)
	SURNAME	GIVEN NAME	MI	1st Month	2nd Month	3rd Month	1st Month	2nd Month	3rd Month	
3 3 7 4 5 2 4 6 2 0	ASUNCION	ROMARIE	R	_ _ _ _ _	_ _ _ _ _	_ _ 1 7 6 0	_ _	_ _	_ 3 0	_ _ _ _ _ _ _
3 4 3 4 5 0 9 5 3 0	ATIENZA	JADE	I	_ _ _ _ _	_ _ _ _ _	_ _ 1 7 6 0	_ _	_ _	_ 3 0	_ _ _ _ _ _ _
3 4 1 7 0 4 5 0 5 3	BALANGUE	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	_ _	_ _	_ 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	T	_ _ _ _ _	_ _ _ _ _	_ _ 1 7 6 0	_ _	_ _	_ 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	_ _	_ _	_ 3 0	_ _ _ _ _ _ _
3 4 3 1 3 6 4 1 9 2	PEDERICO	ALFRED	B	_ _ _ _ _	_ _ _ _ _	_ _ 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 TOTALS FOR THIS PAGE (To be filled out every page) ----- >>>				_ _ _ _ _	_ _ _ _ _	_ 1 7 4 9 0	_ _	_ _	3 0 0		
GRAND TOTAL PER COLLECTION LIST				PAYMENTS DETAIL			ADJUSTMENT TYPE:		CERTIFIED CORRECT AND PAID :		Page 1 OF Pages 1
Appl. Mo.	Social Security	Employee Compensation	Grand Total	TR/SBR No.	Date Paid	AMOUNT PAID	<input type="checkbox"/> Addition to Previously Submitted R-3	XXX Signature Over Printed Name			
1st	0.00	0.00	0.00				<input type="checkbox"/> Deduction from Previously Submitted R-3	XXX Official Designation	05/17/2016 Date		
2nd	0.00	0.00	0.00								
3rd	17,490.00	300.00	17,790.00								
FOR SSS USE =====>	PROCESSED BY / DATE :			ENCODED BY / DATE :			OTHER NOTATIONS :			RECEIVED BY / DATE :	
	_____ Signature Over Printed Name			_____ Signature Over Printed 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**

EMPLOYER/BUSINESS NAME
 Unit/Room No., Floor **UNIT WS1807, 18TH FLOOR WEST TOWER, PHILIPPINE STOCK EXCHANGE CENTRE, EXCHANGE ROAD, ORTIGAS CENTER PASIG CITY**
 Building Name **PHILIPPINE STOCK EXCHANGE CENTRE** Lot No., Block No., Phase No. House No **EXCHANGE ROAD** Street Name **ORTIGAS CENTER PASIG CITY**

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

Pag-IBIG MID NO./RTN	ACCOUNT NO.	MEMBERSHIP PROGRAM	NAME OF EMPLOYEES				PERIOD COVERED	MONTHLY COMPENSATION	MEMBERSHIP CONTRIBUTIONS			REMARKS
			Last Name	First Name	NAME EXT. (JR., III, ETC)	Middle Name			EE SHARE	ER SHARE	TOTAL	
4/12/1973			ZARI	DENNIS KARL		NERIC	Apr 2015		100.00	100.00	200.00	
8/21/1977			CARDINAL	RICHARD RYAN		MENDOZA	Apr 2015		100.00	100.00	200.00	
11/11/1978			JAYAN	MARK		MACUGAY	Apr 2015		100.00	100.00	200.00	
7/24/1976			DIOMAMPO	VICTOR		ESCALANTE	Apr 2015		100.00	100.00	200.00	
11/11/1978			CONCEPCION	ROWELL		GALVEZ	Apr 2015		100.00	100.00	200.00	
2/21/1975			LAPUOS	MELBON		VILLORENTE	Apr 2015		100.00	100.00	200.00	
7/4/1978			FRESNIDO	JOLAN		GABAD	Apr 2015		100.00	100.00	200.00	
11/20/1979			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)										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

DESIGNATION/POSITION

DATE

(Signature Over Printed Name)



THE PAN PACIFIC
Manila

For the Pay Date : 1/1/2009

Department: Finance Department

Employee: Epino, Rommel V.

Position: Accounting Manager

SSS No: 11-11111-11

TIN: 178-591-495

Tax Status: ME

EARNINGS	days/hours	CURRENT	YTD	DEDUCTIONS	days/hours	CURRENT	YTD	BALANCE
BASIC PAY		8,108.50		WITHTAX		2,753.72		
SC1		5,000.00		CTLEDGER		0.00		
LH-OT	16.00	1,066.32		PKCASH		0.00		
NITE-DIFF		239.92		PKSAV		1,000.00		
SH-OT	16.00	319.90		PKSTORE		0.00		
				PAG MPL		344.65		9,655.35
				PKSAL1		5,155.61		4,844.39
				PKSAL2		1,886.46		8,113.54
				PKSAL3		944.79		9,055.21
				SSS SL		525.00		9,475.00
GROSS EARNING:		<u>14,734.64</u>	<u>0.00</u>	GROSS DEDUCTIONS:		<u>12,610.23</u>	<u>0.00</u>	
NET PAY:		<u><u>2,124.41</u></u>						

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



THE PAN PACIFIC
Manila

For the Pay Date : 1/1/2009

Department: Finance Department

Employee: Epino, Rommel V.

Position: Accounting Manager

SSS No: 11-11111-11

TIN: 178-591-495

Tax Status: ME1

EARNINGS	days/hours	CURRENT	YTD	DEDUCTIONS	days/hours	CURRENT	YTD	BALANCE
BASIC PAY		7,304.50		WITHTAX		1,774.13		
SC1		5,000.00		CTLEDGER		0.00		
				PKCASH		0.00		
				PKSAV		500.00		
				PKSTORE		0.00		
GROSS EARNING:		<u>12,304.50</u>	<u>0.00</u>	GROSS DEDUCTIONS:		<u>2,274.13</u>	<u>0.00</u>	
NET PAY:		<u><u>10,030.37</u></u>						

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

TRANSCOM WORLDWIDE PHILIPPINES INC

TRANSCOM CENTER BUILDING LAST FIESTAS, FROTERA VERDE COMPOUND PASIG CITY

Employee No 92-00001
 Employee Name ANGUSTIA, RANDY V
 Department COMCAST

From 1/16/2009 to 1/31/2009
 Tax Status : S
 SSS No. 1111111111-1
 TIN 178-591-495

<u>Income Details</u>			<u>Deduction Details</u>		<u>Employer Contribution</u>	
	Hrs	Amounts		Amounts		
BASIC		8,000.00	SSS PREMIUM	250.00	SSS Premium	545.00
ABSENT	8.00	(727.27)	PHILHEALTH	162.50	Philhealth	162.50
ND-REG	2.00	34.09	HDMF PREMIUM	50.00	Pag-Ibig	50.00
NITE-DIFF	69.00	940.91	WITHOLDING TAX	961.38		
REG-OT	2.00	227.27				
MEAL ALLOW.		1,000.00				
TRANS ALLOW		1,000.00				
TOTAL Earnings :		10,475.00	TOTAL Deductions :	1,423.88		
Take Home Pay		9,051.12				

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TRANSCOM WORLDWIDE PHILIPPINES INC

TRANSCOM CENTER BUILDING LAST FIESTAS, FROTERA VERDE COMPOUND PASIG CITY

Employee No 92-00001
 Employee Name ANGUSTIA, RANDY V
 Department COMCAST

From 1/16/2009 to 1/31/2009
 Tax Status : S
 SSS No. 1111111111-1
 TIN 178-591-495

<u>Income Details</u>			<u>Deduction Details</u>		<u>Employer Contribution</u>	
	Hrs	Amounts		Amounts		
BASIC		8,000.00	SSS PREMIUM	250.00	SSS Premium	545.00
ABSENT	40.00	(3,636.36)	PHILHEALTH	100.00	Philhealth	100.00
NITE-DIFF	22.50	306.82	HDMF PREMIUM	50.00	Pag-Ibig	50.00
REG-OT	1.00	113.64	WITHOLDING TAX	261.84		
MEAL ALLOW.		1,000.00				
TRANS ALLOW		1,000.00				
TOTAL Earnings :		6,784.10	TOTAL Deductions :	661.84		
Take Home Pay		6,122.26				

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TRANSCOM WORLDWIDE PHILIPPINES INCTRANSCOM CENTER BUILDING LAST FIESTAS, FROTERA VERDE
COMPOUND PASIG CITYPay Advice Slip No: 17
Payroll Type :SEMI-MONTHLY
FROM 1/16/2009 TO 1/31/2009Employee No 920-0101 Tax Code S
Employee Name BEJO, JAY V.
Department CALL CENTER OPS

<u>INCOME DETAILS</u>	HRS	AMOUNTS
BASIC		8,000.00
ABSENT	32.00	(2,909.09)
ND-REG	2.00	34.09
NITE-DIFF	52.00	709.09
REG-OT	2.00	227.27
MEAL ALLOW.		1,000.00
TRANS ALLOW		1,000.00

TOTAL Earnings : 8,061.36

DEDUCTIONS DETAILS

SSS PREMIUM	250.00
PHILHEALTH	112.50
HDMF PREMUIM	50.00
WITHOLDING TAX	483.94

TOTAL Deductions : 896.44

Take Home Pay 7,164.92

EMPLOYER CONTRIBUTION

SSS PREMIUM	545.00
PHILHEALTH	112.50
HDMF PREMUIM	50.00

YEAR-TO-DATES

GROSS INCOME	15,851.63
WITHOLDING TAX	2,150.26
SSS/PHILHEALTH/PAG-IBIG	825.00

ABX-COMPANY

PAYROLL REGISTER #365

01/01/2007 - 01/15/2007

PAYCODE: 02

DEBIT FROM CA 6018539049688843 BDO

NAME ID#	HRS WRK	SALARY	OT	ND	INC(NT)	INC (TXBLE)	GROSS INCOME	TOTAL INCOME	W/TAX	SSS	MCR	PAG-IBIG	DEDTN	LOANS	TOTAL DED.	NET SALARY	BANK ACCT#
2370B3-2-AF002 JIP - BUSINESS SECTOR 3																	
1232	XXXXXXXXXXXX 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/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	
611110-2-00000 BASIC & ALLOWANCES - CONST.																	
0046	XXXXXXXXXXXX 68,084.00	88,888.88	0.00				721,202.06	721,202.06	181,128.66	5,800.00					186,928.66		1230729-012-1
0027	XXXXXXXXXXXX 55,000.00	88,888.88	0.00				956,279.73	956,279.72	247,745.51	8,700.00					256,445.51		1230729-012-1
0020	XXXXXXXXXXXX 165,880.00	88,888.88	0.00				2,445,024.99	2,445,024.99	729,264.00	8,700.00					737,964.00		1230729-012-1
0007	XXXXXXXXXXXX 106,279.00	88,888.88	0.00				1,957,869.26	1,957,869.26	573,374.16	8,700.00					582,074.16		1230729-012-1
0021	XXXXXXXXXXXX 68,040.00	88,888.88	0.00				977,675.84	977,675.84	258,312.27	5,075.00					263,387.27		1230729-012-1
TOTAL/DEPT	5	0.00	0.00	0.00	0.00	0.00	7,058,051.88	7,058,051.88	,989,824.60	36,975.00	0.00	0.00	0.00	0.00	2,026,799.60	0.00	
D0010-0-00000 BASIC & ALLOWANCES - OP																	
0002	XXXXXXXXXXXX 10,000.00	88,888.88	0.00				3,059,329.34	3,059,329.34	920,721.39	8,700.00					929,421.39		1230729-012-1
0044	XXXXXXXXXXXX 21,726.00	88,888.88	0.00				307,020.77	307,020.77	49,830.19	8,700.00					58,530.19		1230729-012-1
0006	XXXXXXXXXXXX 164,459.00	88,888.88	0.00				2,237,332.32	2,237,332.32	662,802.34	8,700.00					671,502.34		1230729-012-1
75	XXXXXXXXXXXX 166,322.00	88,888.88	0.00				2,277,164.16	2,277,164.16	670,428.53	8,700.00					679,128.53		1230729-012-1
TOTAL/DEPT	4	0.00	0.00	0.00	0.00	0.00	7,880,846.59	7,880,846.59	,303,782.45	34,800.00	0.00	0.00	0.00	0.00	2,338,582.45	0.00	



ML-2
05-98

Republic of the Philippines
SOCIAL SECURITY SYSTEM

**SALARY/CALAMITY/EDUCATIONAL/EMERGENCY LOAN
COLLECTION LIST**
As of September 30, 2015

Employer Name : **ABC Company**
Employer ID Number : **03-9119682-7**

Page 1 of 1 Pages

SSS Number	Name of Borrower	Loan Type	Date Granted	Amount of Loan	Amount Due		TOTAL	REMARKS
					Current	Over Due		
04-3084657-5	NUEZ, ANABEL N.	C	09-17-2014	32,000.00	738.32	0.00	738.32	

*****NOTHING FOLLOWS*****

CERTIFIED CORRECT : _____
 ROMMEL V. EPINO
 TELEPHONE NUMBER : 655-3763

TOTAL AMT DUE

738.32

0.00

738.32

**R-3**

REV. 08-99

Republic of the Philippines
SOCIAL SECURITY SYSTEM
CONTRIBUTION COLLECTION LIST

EMPLOYER ID NUMBER 0 0 - 0 0 0 0 0 0 0 - 0 	REGISTERED EMPLOYER NAME ABC COMPANY	QUARTER ENDING 06 3 02 01 15
TEL NO. 0000000	ADDRESS: 1807 West Tower, PSE, Ortigas Center, Pasig City	TYPE OF EMPLOYER <input checked="" type="radio"/> Regular <input type="radio"/> Household

SSS NUMBER	NAME OF MEMBER		MI	SOCIAL SECURITY			EMPLOYEE COMP.			Separation Date (MMDDYYYY)
	SURNAME	GIVEN NAME		1st Month	2nd Month	3rd Month	1st Month	2nd Month	3rd Month	
3 3 7 4 5 2 4 6 2 0	ASUNCION	ROMARIE	R	_ _ _ _ _	_ _ _ _ _	_ 1 7 6 0	_ _	_ _	_ 3 0	_ _ _ _ _
3 4 3 4 5 0 9 5 3 0	ATIENZA	JADE	I	_ _ _ _ _	_ _ _ _ _	_ 1 7 6 0	_ _	_ _	_ 3 0	_ _ _ _ _
3 4 1 7 0 4 5 0 5 3	BALANGUE	KATHERINE RUSSEL	E	_ _ _ _ _	_ _ _ _ _	_ 1 7 6 0	_ _	_ _	_ 3 0	_ _ _ _ _
3 4 1 3 2 4 4 2 7 2	ESCUADERO	CERISE	M	_ _ _ _ _	_ _ _ _ _	_ 1 7 6 0	_ _	_ _	_ 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	T	_ _ _ _ _	_ _ _ _ _	_ 1 7 6 0	_ _	_ _	_ 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	_ _	_ _	_ 3 0	_ _ _ _ _
3 4 3 1 3 6 4 1 9 2	PEDERICO	ALFRED	B	_ _ _ _ _	_ _ _ _ _	_ 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 TOTALS FOR THIS PAGE (To be filled out every page) ----- >>> |_|_|_|_| |_|_|_|_| |_|1|7|4|9|0 |_|_| |_|_| |3|0|0

GRAND TOTAL PER COLLECTION LIST				PAYMENTS DETAIL			ADJUSTMENT TYPE:	CERTIFIED CORRECT AND PAID :		Page 1 OF Pages 1
Appl. Mo.	Social Security	Employee Compensation	Grand Total	TR/SBR No.	Date Paid	AMOUNT PAID	<input type="checkbox"/> Addition to Previously Submitted R-3 <input type="checkbox"/> Deduction from Previously Submitted R-3	XXX Signature Over Printed Name XXX Official Designation	05/17/2016 Date	
1st	0.00	0.00	0.00							
2nd	0.00	0.00	0.00							
3rd	17,490.00	300.00	17,790.00							

FOR SSS USE =====>	PROCESSED BY / DATE :	ENCODED BY / DATE :	OTHER NOTATIONS :	RECEIVED BY / DATE :
	Signature Over Printed Name	Signature Over Printed 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

EMPLOYER/BUSINESS NAME

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

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

Pag-IBIG MID NO./RTN	ACCOUNT NO.	MEMBERSHIP PROGRAM	NAME OF EMPLOYEES				PERIOD COVERED	MONTHLY COMPENSATION	MEMBERSHIP CONTRIBUTIONS			REMARKS
			Last Name	First Name	NAME EXT. (R, S, ETC)	Middle Name			EE SHARE	ER SHARE	TOTAL	
4/12/1973			ZARI	DENNIS KARL		NERIC	Apr 2015		100.00	100.00	200.00	
8/21/1977			CARDINAL	RICHARD RYAN		MENDOZA	Apr 2015		100.00	100.00	200.00	
11/11/1978			JAYAN	MARK		MACUGAY	Apr 2015		100.00	100.00	200.00	
7/24/1976			DIOMAMPO	VICTOR		ESCALANTE	Apr 2015		100.00	100.00	200.00	
11/11/1978			CONCEPCION	ROWELL		GALVEZ	Apr 2015		100.00	100.00	200.00	
2/21/1975			LAPUOS	MELBON		VILLORENTE	Apr 2015		100.00	100.00	200.00	
7/4/1978			FRESNIDO	JOLAN		GABAD	Apr 2015		100.00	100.00	200.00	
11/20/1979			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)											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

(Signature Over Printed Name)

HR MANAGER

DESIGNATION/POSITION

DATE

(To be filled up by the BIR)

DLN:

PSOC:

PSIC:



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Monthly Remittance Return of Income Taxes Withheld on Compensation

BIR Form No.
1601-C
July 2008 (ENCS)

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Month (MM / YYYY) 09 2015	2 Amended Return? Yes No	3 No. of Sheets Attached	4 Any Taxes Withheld? Yes No
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Part I Background Information

5 TIN 007 143 669	6 RDO Code 047	7 Line of Business/ Occupation
8 Withholding Agent's Name (Last Name, First Name, Middle Name for Individuals)/(Registered Name for Non-Individuals) ABC COMPANY		9 Telephone Number 02-655-3763
10 Registered Address UNIT WS1807, 18TH FLOOR WEST TOWER, PHILIPPINE STOCK EXCHANGE CENTRE, EXCHANGE ROAD, ORTIGAS CENTER PASIG CITY		11 Zip Code 1226
12 Category of Withholding Agent <input checked="" type="checkbox"/> Private <input type="checkbox"/> Government	13 Are there payees availing of tax relief under Special Law or International Tax Treaty? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify	14 A.T.C. WW 0 1 0

Part II Computation of Tax

Particulars	Amount of Compensation	Tax Due
15 Total Amount of Compensation	15 143,890.37	
16 Less: Non-Taxable Compensation		
16A Statutory Minimum Wage (MWEs)	16A	
16B Holiday Pay, Overtime Pay, Night Shift Differential Pay, Hazard Pay (Minimum Wage Earner)	16B	
16C Other Non-Taxable Compensation	16C 6,553.70	
17 Taxable Compensation	17 150,444.07	
18 Tax Required to be Withheld		18 17,414.43
19 Add/Less: Adjustment (from Item 26 of Section A)		19
20 Tax Required to be Withheld for Remittance		20 17,414.43
21 Less: Tax Remitted in Return Previously Filed, if this is an amended return	21A	
Other Payments Made (please attach proof of payment BIR Form No. 0605)	21B	
22 Total Tax Payments Made (Sum of Item Nos. 21A & 21B)		22
23 Tax Still Due/(Overremittance) (Item No. 20 less Item No. 22)		23
24 Add: Penalties		
24A Surcharge	24A	
24B Interest	24B	
24C Compromise	24C	
24D	24D	
25 Total Amount Still Due/(Overremittance)		25 17,414.43

Section A Adjustment of Taxes Withheld on Compensation For Previous Months

Previous Month(s) (1) (MM/YYYY)	Date Paid (2) (MM/DD/YYYY)	Bank Validation/ ROR No. (3)	Bank Code (4)

Section A (continuation)

Tax Paid (Excluding Penalties) for the Month (5)	Should Be Tax Due for the Month (6)	Adjustment (7)	
		From Current Year (7a)	From Year - End Adjustment of the Immediately Preceding Year (7b)

26 Total (7a plus 7b) (To Item 19)

We declare, under the penalties of perjury, that this return 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.

27 President/Vice President/Principal Officer/Accredited Tax Agent/ Authorized Representative / Taxpayer (Signature Over Printed Name) PRESIDENT Title/Position of Signatory	TIN of Signatory	28 Treasurer/Assistant Treasurer (Signature Over Printed Name) Title/Position of Signatory
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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 TRANSPORTATION	500.00	
CONT. TO RET. FUND	122,084.79	
FRINGE BEN. - BONUSES	718,145.81	
		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
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Payrollpinas Corp.

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Tel No. (632) 994.33.62 - (632) 400.89.18

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(0920-7297655)