



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Compensation Payment/Tax Withheld

BIR Form No.

2316

July 2008 (ENCS)

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) 01/01 To (MM/DD) 12/31	
Part I Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 Taxpayer Identification No. 131 428 882		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) OLE JR., PATRICIO A.		5 RDO Code	
6 Registered Address Iligan City		6A Zip Code 9200	
6B Local Home Address		6C Zip Code	
6D Foreign Address		6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 02/12/1989		8 Telephone Number	
9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32	
10 Name of Qualified Dependent Children		33 Holiday Pay (MWE) 33	
11 Date of Birth (MM/DD/YYYY)		34 Overtime Pay (MWE) 34	
Leonard Frito Ole 08/01/2003		35 Night Shift Differential (MWE) 35	
Lilliana Elline Ole 10/28/2000		36 Hazard Pay (MWE) 36	
Learni Dawn Ole 01/03/1991		37 13th Month Pay and Other Benefits 37	
12 Statutory Minimum Wage rate per day 12		38 De Minimis Benefits 38	
13 Statutory Minimum Wage rate per month 13		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		40 Salaries & Other Forms of Compensation 40	
Part II Employer Information (Present)		41 Total Non-Taxable/Exempt Compensation Income 140,769.58	
15 Taxpayer Identification No. 000 001 920 647		B. TAXABLE COMPENSATION INCOME REGULAR	
16 Employer's Name MSU-Iligan Institute of Technology		42 Basic Salary 42	
17 Registered Address Tibangas, Iligan City		43 Representation 43	
17A Zip Code 9200		44 Transportation 44	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		45 Cost of Living Allowance 45	
Part III Employer Information (Previous)		46 Fixed Housing Allowance 46	
18 Taxpayer Identification No.		47 Others (Specify)	
19 Employer's Name		47A 47A	
20 Registered Address		47B 47B	
20A Zip Code		SUPPLEMENTARY	
Part IV-A Summary		48 Commission 48	
21 Gross Compensation Income from Present Employer (Item 41 plus item 55)	21	49 Profit Sharing 49	
22 Less: Total Non-Taxable/Exempt (Item 41)	22	50 Fees Including Director's Fees 50	
23 Taxable Compensation Income from Present Employer (Item 55)	23	51 Taxable 13th Month Pay and Other Benefits 51	
24 Add: Taxable Compensation Income from Previous Employer	24	52 Hazard Pay 52	
25 Gross Taxable Compensation Income	25	53 Overtime Pay 53	
26 Less: Total Exemptions	26	54 Others (Specify)	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27	54A others 54A	
28 Net Taxable Compensation Income	28	54B 54B	
29 Tax Due	29	55 Total Taxable Compensation Income 276,487.39	
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 **JULIETA R. LOPEZ**
Present Employer/Authorized Agent Signature Over Printed Name

Date Signed

57 **OLE JR., PATRICIO A.**
Employee Signature Over Printed Name

Date Signed **07/14/2009**

CTC No. **17930853** Place of Issue **Naawan, Mis O.**

Date of Issue **03/06/2009**

Amount Paid

130.20

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 **JULIETA R. LOPEZ**
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 R.R. No. 3-2002, as amended.

59 **OLE JR., PATRICIO A.**
Employee Signature Over Printed Name