



Certificate of Compensation Payment/Tax Withheld

BIR FORM NO.

2316

October 2002 (ENCS)

For Compensation Payment With or Without Tax Withheld

1 For the Year (YYYY) 12/31/2007		2 For the Period From (MM/DD) 01/01 To (MM/DD) 12/31	
Part I Employee Information		Part IV Details of Compensation Income and Tax Withheld from Present Employer	
3 Taxpayer Identification No. 175009813000		A. Non-Taxable/Exempt Compensation Income	
4 Employee's Name (Last Name, First Name, Middle Name) MINOZA MA AMELIA S		25 13th Month Pay and Other Benefits 30,000.00	
5 RDO Code		26 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union dues 11,700.00	
6 Registered Address BIKIII L4 Ph5 Villa De Calamba Subd,		27 Salaries & Other Forms of Compensation 101,388.00	
6A Zip Code		28 Total Non-Taxable/Exempt Compensation Income 143,088.00	
6B Local Home Address Brgy. Lamesa, Calamba City, Laguna		B. Taxable Compensation Income	
6C Zip Code 4027		REGULAR	
6D Foreign Address		29 Basic Salary 296,141.00	
6E Zip Code		30 Representation	
7 Date of Birth (MM/DD/YYYY) 05/01/1972		31 Transportation	
8 Telephone Number 6359170		32 Cost of Living Allowance	
9 Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Head of the Family <input checked="" type="checkbox"/> Married		33 Fixed Housing Allowance	
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		34 Others (Specify)	
10 Name of Qualified Dependent Children		34A	
11 Date of Birth (MM/DD/YYYY)		34B	
Allianah Kaye S. Minoza 02/14/2002		SUPPLEMENTARY	
Aaliyah Kim S. Minoza 01/10/2003		35 Commission	
12 Other Dependent (to be accomplished if taxpayer is head of the family)		36 Profit Sharing	
Name of Dependent Relationship Date of Birth (MM/DD/YYYY)		37 Fees Including Director's fees	
		38 Taxable 13th Month Pay and Other Benefits 6,732.00	
		39 Hazard Pay	
		40 Others (Specify)	
		40A	
		40B	
Part II Employer Information (Present)		41 Total Taxable Compensation Income 302,873.00	
13 Taxpayer Identification No. 000583481000		Summary	
14 Employer's Name THE PRES OF THE MLA MSN OF THE CJCLDS, INC.		42 Taxable Compensation Income from Present Employer 302,873.00	
15 Registered Address TEMPLE DR, GREENMEADOWS SUBD., QUEZON CITY		43 Add: Taxable Compensation from Previous Employer(s) 0.00	
15A Zip code 1109		44 Gross Taxable Compensation Income 302,873.00	
<input checked="" type="checkbox"/> main employer <input type="checkbox"/> secondary employer		45 Less: Total Exemptions 48,000.00	
Part III Employer Information (Previous)-1		46 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	
16 Taxpayer Identification No.		47 Taxable Compensation Income 254,873.00	
17 Employer's Name		48 Tax Due 51,461.90	
18 Registered Address		49 Amount of Taxes Withheld	
18A Zip code		49A Present Employer 51,461.90	
Employer Information (Previous)-2		49B Previous Employer(s) 0.00	
19 Taxpayer Identification No.		50 Total Amount of Taxes Withheld 51,461.90	
20 Employer's Name			
21 Registered Address			
21A Zip code			
Employer Information (Previous)-3			
22 Taxpayer Identification No.			
23 Employer's Name			
24 Registered Address			
24A Zip code			

I 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.

51 VICENTA FLOR P. CATAPUSAN
Present Employer/ Authorized Agent Signature Over Printed Name
Date Signed 01/31/2008

CONFIRMED: 52 MA AMELIA S. MINOZA
Employee Signature Over Printed Name
Date Signed

CTC No. of Employee 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 have been filed with the Bureau of Internal Revenue.

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 Philippines 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 BIR Form No. 1700.

53 VICENTA FLOR P. CATAPUSAN

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

54 MA AMELIA S. MINOZA

Employee Signature Over Printed Name



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October 2002 (ENCS)

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1 For the Year (YYYY) 12/31/2007		2 For the Period From (MM/DD) 01/01 To (MM/DD) 12/31	
Part I Employee Information			
3 Taxpayer Identification No. 175 009 813 000		Part IV Details of Compensation Income and Tax Withheld from Present Employer	
4 Employee's Name (Last Name, First Name, Middle Name) MINOZA MA AMELIA S		5 RDO Code	
6 Registered Address Blk III L4 Ph5 Villa De Calamba Subd,		6A Zip Code	
6B Local Home Address Brgy. Lamesa, Calamba City, Laguna		6C Zip Code 4027	
6D Foreign Address		6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 05/01/1972		8 Telephone Number 6359170	
9 Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Head of the Family <input checked="" type="checkbox"/> Married		9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10 Name of Qualified Dependent Children Aliyah Kaye S. Minoza		11 Date of Birth (MM/DD/YYYY) 02/14/2002	
Aliyah Kim S. Minoza		01/10/2003	
12 Other Dependent (to be accomplished if taxpayer is head of the family) Name of Dependent Relationship Date of Birth (MM/DD/YYYY)			
Part II Employer Information (Present)			
13 Taxpayer Identification No. 000 583 481 000		14 Employer's Name THE PRES OF THE MLA MSN OF THE CJCLDS, INC.	
15 Registered Address TEMPLE DR, GREENMEADOWS SUBD., QUEZON CITY		15A Zip code 1109	
<input checked="" type="checkbox"/> main employer <input type="checkbox"/> secondary employer			
Part III Employer Information (Previous)-1			
16 Taxpayer Identification No.		17 Employer's Name	
18 Registered Address		18A Zip code	
Employer Information (Previous)-2			
19 Taxpayer Identification No.		20 Employer's Name	
21 Registered Address		21A Zip code	
Employer Information (Previous)-3			
22 Taxpayer Identification No.		23 Employer's Name	
24 Registered Address		24A Zip code	
I 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.			
51 VICENTA FLOR P. CATAPUSAN		Date Signed 01/31/2008	
Present Employer/ Authorized Agent Signature Over Printed Name			
52 MA AMELIA S. MINOZA		Date Signed	
Employee Signature Over Printed Name			
CTC No		Date of Issue	
of Employee		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 have been filed with the Bureau of Internal Revenue.			
53 VICENTA FLOR P. CATAPUSAN		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 Philippines 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 BIR R 3-2002, as amended.	
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)		54 MA AMELIA S. MINOZA	
		Employee Signature Over Printed Name	



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2316

October 2002 (ENCS)

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1 For the Year (YYYY) 12/31/2007		2 For the Period From (MM/DD) 01/01 To (MM/DD) 12/31	
Part I Employee Information			
3 Taxpayer Identification No. 175 009 813 000		Part IV Details of Compensation Income and Tax Withheld from Present Employer	
4 Employee's Name (Last Name, First Name, Middle Name) MINOZA MA AMELIA S		5 RDO Code	
6 Registered Address BlkIII L4 Ph5 Villa De Calamba Subd,		6A Zip Code	
6B Local Home Address Brgy. Lamesa, Calamba City, Laguna		6C Zip Code 4027	
6D Foreign Address		6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 05/01/1972		8 Telephone Number 6359170	
9 Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Head of the Family <input checked="" type="checkbox"/> Married		9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10 Name of Qualified Dependent Childrer Allynah Kaye S. Minoza Aaliyah Kim S. Minoza		11 Date of Birth (MM/DD/YYYY) 02/14/2002 01/10/2003	
12 Other Dependent (to be accomplished if taxpayer is head of the family) Name of Dependent Relationship Date of Birth (MM/DD/YYYY)			
Part II Employer Information (Present)			
13 Taxpayer Identification No. 000 583 481 000		14 Employer's Name THE PRES OF THE MLA MSN OF THE CJCLDS, INC.	
15 Registered Address TEMPLE DR, GREENMEADOWS SUBD., QUEZON CITY		15A Zip code 1109	
<input checked="" type="checkbox"/> main employer <input type="checkbox"/> secondary employer			
Part III Employer Information (Previous)-1			
16 Taxpayer Identification No.		17 Employer's Name	
18 Registered Address		18A Zip code	
Employer Information (Previous)-2			
19 Taxpayer Identification No.		20 Employer's Name	
21 Registered Address		21A Zip code	
Employer Information (Previous)-3			
22 Taxpayer Identification No.		23 Employer's Name	
24 Registered Address		24A Zip code	
A. Non-Taxable/Exempt Compensation Income			
25 13th Month Pay and Other Benefits	25	30,000.00	
26 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union dues	26	11,700.00	
27 Salaries & Other Forms of Compensation	27	101,388.00	
28 Total Non-Taxable/Exempt Compensation Income	28	143,088.00	
B. Taxable Compensation Income			
REGULAR			
29 Basic Salary	29	296,141.00	
30 Representation	30		
31 Transportation	31		
32 Cost of Living Allowance	32		
33 Fixed Housing Allowance	33		
34 Others (Specify)	34		
34A	34A		
34B	34B		
SUPPLEMENTARY			
35 Commission	35		
36 Profit Sharing	36		
37 Fees Including Director's fees	37		
38 Taxable 13th Month Pay and Other Benefits	38	6,732.00	
39 Hazard Pay	39		
40 Others (Specify)	40		
40A	40A		
40B	40B		
41 Total Taxable Compensation Income	41	302,873.00	
Summary			
42 Taxable Compensation Income from Present Employer	42	302,873.00	
43 Add: Taxable Compensation from Previous Employer (s)	43	0.00	
44 Gross Taxable Compensation Income	44	302,873.00	
45 Less: Total Exemptions	45	48,000.00	
46 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	46		
47 Taxable Compensation Income	47	254,873.00	
48 Tax Due	48	51,461.90	
49 Amount of Taxes Withheld	49	51,461.90	
49A Present Employer	49A	51,461.90	
49B Previous Employer(s)	49B	0.00	
50 Total Amount of Taxes Withheld	50	51,461.90	
I 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.			
51 VICENTA FLOR P. CATAPUSAN		Date Signed 01 31 2008	
Present Employer/ Authorized Agent Signature Over Printed Name			
52 MA AMELIA S. MINOZA		Date Signed	
Employee Signature Over Printed Name			
CTC No		Date of Issue	
of Employee		Amount Paid	

To be accomplished under substituted filing

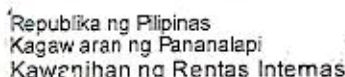
I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 604CF which have been filed with the Bureau of Internal Revenue.

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns (BIR Form No. 100), 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. 604CF 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. 100 had been filed pursuant to the provisions of R.A. 3-2002, as amended.

53 VICENTA FLOR P. CATAPUSAN

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

54 MA AMELIA S. MINOZA
Employee Signature Over Printed Name



Certificate of Compensation
Payment/Tax Withheld

DISCUSSION

2316

October 2002 (ENCS)

For Compensation Payment With or Without Tax Withheld

1 For the Year (YYYY) 12/31/2007		2 For the Period From (MM/DD) 01/01 To (MM/DD) 12/31	
Part I Employee Information		Part IV Details of Compensation Income and Tax Withheld from Present Employer	
3 Taxpayer Identification No. 1 7 5 0 0 9 8 1 3 0 0 0		A. Non-Taxable/Exempt Compensation Income	
4 Employee's Name (Last Name, First Name, Middle Name) MINOZA MA AMELIA S		25 13th Month Pay and Other Benefits 30,000.00	
6 Registered Address Bikini L4 Ph5 Villa De Calamba Subd,		26 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union dues 11,700.00	
6B Local Home Address Brgy. Lamesa, Calamba City, Laguna		27 Salaries & Other Forms of Compensation 101,388.00	
6D Foreign Address		28 Total Non-Taxable/Exempt Compensation Income 143,088.00	
7 Date of Birth (MM/DD/YYYY) 05/01/1972		B. Taxable Compensation Income	
8 Telephone Number 6359170		REGULAR	
9 Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Head of the Family <input checked="" type="checkbox"/> Married		29 Basic Salary 296,141.00	
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		30 Representation	
10 Name of Qualified Dependent Child(ren) Allyanah Kaye S. Minoza		31 Transportation	
11 Date of Birth (MM/DD/YYYY) 02/14/2002		32 Cost of Living Allowance	
Aaliyah Kim S. Minoza		33 Fixed Housing Allowance	
12 Other Dependent (to be accomplished if taxpayer is head of the family)		34 Others (Specify)	
Name of Dependent Relationship Date of Birth (MM/DD/YYYY)		34A	
13 Taxpayer Identification No. 0 0 0 5 8 3 4 8 1 0 0 0		SUPPLEMENTARY	
14 Employer's Name THE PRES OF THE MLA MSN OF THE CJCLDS, INC.		35 Commission	
15 Registered Address TEMPLE DR, GREENMEADOWS SUBD., QUEZON CITY		36 Profit Sharing	
<input checked="" type="checkbox"/> main employer <input type="checkbox"/> secondary employer		37 Fees including Director's fees	
Part III Employer Information (Previous)-1		38 Taxable 13th Month Pay and Other Benefits 6,732.00	
16 Taxpayer Identification No.		39 Hazard Pay	
17 Employer's Name		40 Others (Specify)	
18 Registered Address		40A	
18A Zip code		40B	
Employer Information (Previous)-2		41 Total Taxable Compensation Income 302,873.00	
19 Taxpayer Identification No.		Summary	
20 Employer's Name		42 Taxable Compensation Income from Present Employer 302,873.00	
21 Registered Address		43 Add: Taxable Compensation from Previous Employer(s) 0.00	
21A Zip code		44 Gross Taxable Compensation Income 302,873.00	
Employer Information (Previous)-3		45 Less: Total Exemptions 48,000.00	
22 Taxpayer Identification No.		46 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	
23 Employer's Name		47 Taxable Compensation Income 254,873.00	
24 Registered Address		48 Tax Due 51,461.90	
24A Zip code		49 Amount of Taxes Withheld	
25 Taxpayer Identification No.		49A Present Employer 51,461.90	
26 Employer's Name		49B Previous Employer(s) 0.00	
27 Registered Address		50 Total Amount of Taxes Withheld 51,461.90	
27A Zip code			
I 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.			
51 VICENTA FLOR P. CATAPUSAN <i>[Signature]</i>		Date Signed 01 31 2008	
Present Employer/ Authorized Agent Signature Over Printed Name		Date Signed	
52 MA AMELIA S. MINOZA <i>[Signature]</i>		Date of Issue	
CTC No. Employee Signature Over Printed Name		Amount Paid	
of Employee Place of Issue			

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 104CE which have been filed with the Bureau of Internal Revenue.

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns (BIR Form No. 700), 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. 604CF 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. 700 had been filed pursuant to the provisions of BIR 3-2002, as amended.

53 VICENTA FLOR P. CATAPUSAN

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

54 MA AMELIA S. MINOZA
Employee Signature Over Printed Name