



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) 2015		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. 223 648 813		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) AGUILAR, MARIE CERISE-ELYN FELIX		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 <input type="checkbox"/> Single <input type="checkbox"/> Married		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 0.00	
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		33 Holiday Pay (MWE) 0.00	
10 Name of Qualified Dependent Children		34 Overtime Pay (MWE) 0.00	
11 Date of Birth (MM/DD/YYYY)		35 Night Shift Differential (MWE) 0.00	
12 Statutory Minimum Wage rate per day 12		36 Hazard Pay (MWE) 2,980.00	
13 Statutory Minimum Wage rate per month 13		37 13th Month Pay and Other Benefits 70,624.00	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		38 De Minimis Benefits 5,000.00	
Part II Employer Information (Present)		39 SSS, GSIS, PHIC & Pag-Ibig Contributions, & Union Dues (Employee share only) 6,450.00	
15 Taxpayer Identification No. 000 099 078 000		40 Salaries & Other Forms of Compensation 131,282.00	
16 Employer's Name PHILIPPINE NATIONAL POLICE		41 Total Non-Taxable/Exempt Compensation Income 216,236.00	
17 Registered Address CAMP CRAME, QUEZON CITY		B. TAXABLE COMPENSATION INCOME REGULAR	
17A Zip Code 0801		42 Basic Salary 417,294.00	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		43 Representation 0.00	
Part III Employer Information (Previous)		44 Transportation 0.00	
18 Taxpayer Identification No.		45 Cost of Living Allowance 0.00	
19 Employer's Name		46 Fixed Housing Allowance 0.00	
20 Registered Address		47 Others (Specify)	
20A Zip Code		47A 0.00	
		47B 0.00	
Part IV-A Summary		SUPPLEMENTARY	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 633,530.00		48 Commission 0.00	
22 Less: Total Non-Taxable/Exempt (Item 41) 216,236.00		49 Profit Sharing 0.00	
23 Taxable Compensation Income from Present Employer (Item 55) 417,294.00		50 Fees Including Director's Fees 0.00	
24 Add: Taxable Compensation Income from Previous Employer		51 Taxable 13th Month Pay and Other Benefits 0.00	
25 Gross Taxable Compensation Income		52 Hazard Pay 0.00	
26 Less: Total Exemptions 50,000.00		53 Overtime Pay 0.00	
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)		54 Others (Specify)	
28 Net Taxable Compensation Income 367,294.00		54A 0.00	
29 Tax Due 85,188.20		54B 0.00	
30 Amount of Taxes Withheld		55 Total Taxable Compensation Income 417,294.00	
30A Present Employer			
30B Previous Employer			
31 Total Amount of Taxes Withheld As adjusted 85,188.20			
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 CSUPT ROBERTO LICARTE ALIGGAYU Date Signed			
57 PSINSP AGUILAR, MARIE CERISE-ELYN FELIX Date Signed			
CTC No. of Employee PSINSP AGUILAR, MARIE CERISE-ELYN FELIX Date of Issue			
Place of Issue PSINSP AGUILAR, MARIE CERISE-ELYN FELIX Amount Paid			
To be accomplished under substituted filing			

1 For the Year (YYYY) 2014		2 For the Period From (MM/DD/YYYY) 01 01 To (MM/DD/YYYY) 12 31	
Part I Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 Taxpayer Identification No. 223 648 813		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) AGUILAR, MARIE CERISE-ELYN FELIX		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	
8 Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Married		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		33 Holiday Pay (MWE)	
10 Name of Qualified Dependent Children		34 Overtime Pay (MWE)	
11 Date of Birth (MM/DD/YYYY)		35 Night Shift Differential (MWE)	
12 Statutory Minimum Wage rate per day		36 Hazard Pay (MWE)	
13 Statutory Minimum Wage rate per month		37 13th Month Pay and Other Benefits	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		38 De Minimis Benefits	
Part II Employer Information (Present)		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	
15 Taxpayer Identification No. 000 088 078 000		40 Salaries & Other Forms of Compensation	
16 Employer's Name PHILIPPINE NATIONAL POLICE		41 Total Non-Taxable/Exempt Compensation Income	
17 Registered Address		B. TAXABLE COMPENSATION INCOME REGULAR	
17A Zip Code 080		42 Basic Salary	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		43 Representation	
Part III Employer Information (Previous)		44 Transportation	
18 Taxpayer Identification No.		45 Cost of Living Allowance	
19 Employer's Name		46 Fixed Housing Allowance	
20 Registered Address		47 Others (Specify)	
20A Zip Code		47A	
Part IV-A Summary		47B	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)		SUPPLEMENTARY	
22 Less: Total Non-Taxable/Exempt (Item 41)		48 Commission	
23 Taxable Compensation Income from Present Employer (Item 55)		49 Profit Sharing	
24 Add: Taxable Compensation Income from Previous Employer		50 Fees Including Director's Fees	
25 Gross Taxable Compensation Income		51 Taxable 13th Month Pay and Other Benefits	
26 Less: Total Exemptions		52 Hazard Pay	
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)		53 Overtime Pay	
28 Net Taxable Compensation Income		54 Others (Specify)	
29 Tax Due		54A	
30 Amount of Taxes Withheld		54B	
30A Present Employer		55 Total Taxable Compensation Income	
30B Previous Employer		Amount Paid	
31 Total Amount of Taxes Withheld (As adjusted)		Date of Issue 03/19/2015	
I declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, 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.		Date Signed	
56 PCSUPT REGINO SY CATIIS		Date Signed	
CONFIDENTIAL ACTING DIRECTOR PNP FINANCE SERVICE		Date of Issue 03/19/2015	
57 PSINSP AGUILAR, MARIE CERISE-ELYN FELIX		Amount Paid P 447.32	
58 287/13/201 Place of Issue Q.C.		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		I declare, under the penalties of perjury that I am qualified under substituted filing of income Tax Return (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. 2315 shall serve the same purpose as if BIR Form No. 1700	

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

<p>1 For the year (YYYY) 2014</p> <p>Part I Employee Information</p> <p>3 Taxpayer Identification No. 223 648 813</p> <p>4 Employee's Name (Last Name, First Name, Middle Name) AGUILAR, MARIE CERISE-ELYN FELIX</p> <p>5 Registered Address 6A Zip Code</p> <p>6B Local Home Address 6C Zip Code</p> <p>6D Foreign Address 6E Zip Code</p> <p>7 Date of Birth (MM/DD/YYYY) 8 Telephone Number</p> <p>8 Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Married</p> <p>9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)</p> <p>12 Statutory Minimum Wage rate per day 12</p> <p>13 Statutory Minimum Wage rate per month 13</p> <p>14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</p>	<p>2 For the Period From (MM/DD) 01 01 To (MM/DD) 12 31</p> <p>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</p> <p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</p> <p>32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32</p> <p>33 Holiday Pay (MWE) 33</p> <p>34 Overtime Pay (MWE) 34</p> <p>35 Night Shift Differential (MWE) 35</p> <p>36 Hazard Pay (MWE) 36 2,880.00</p> <p>37 13th Month Pay and Other Benefits 37 30,000.00</p> <p>38 De Minimis Benefits 38 10,000.00</p> <p>39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 8,450.00</p> <p>40 Salaries & Other Forms of Compensation 40 121,894.00</p> <p>41 Total Non-Taxable/Exempt Compensation Income 41 171,224.00</p> <p>B. TAXABLE COMPENSATION INCOME REGULAR</p> <p>42 Basic Salary 42 417,294.00</p> <p>43 Representation 43</p> <p>44 Transportation 44</p> <p>45 Cost of Living Allowance 45</p> <p>46 Fixed Housing Allowance 46</p> <p>47 Others (Specify) 47A 47B</p> <p>SUPPLEMENTARY</p> <p>48 Commission 48</p> <p>49 Profit Sharing 49</p> <p>50 Fees Including Director's Fees 50</p> <p>51 Taxable 13th Month Pay and Other Benefits 51 0.00</p> <p>52 Hazard Pay 52</p> <p>53 Overtime Pay 53</p> <p>54 Others (Specify) 54A 54B</p> <p>55 Total Taxable Compensation Income 55 417,294.00</p>
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Part II Employer Information (Present)

15 Taxpayer Identification No. **000 088 070 000**

16 Employer's Name **PHILIPPINE NATIONAL POLICE**

17 Registered Address **17A Zip Code** **CAMP CRAME, QUEZON CITY 080**

☐ Main Employer ☐ Secondary Employer

Part III Employer Information (Previous)

18 Taxpayer Identification No. **19 Employer's Name**

20 Registered Address **20A Zip Code**

Part IV-A Summary

21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21	588,518.00
22 Less: Total Non-Taxable/Exempt (Item 41)	22	171,224.00
23 Taxable Compensation Income from Present Employer (Item 55)	23	417,294.00
24 Add: Taxable Compensation Income from Previous Employer	24	
25 Gross Taxable Compensation Income	25	
26 Less: Total Exemptions	26	50,000.00
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27	
28 Net Taxable Compensation Income	28	367,294.00
29 Tax Due	29	85,188.20
30 Amount of Taxes Withheld		
30A Present Employer	30A	
30B Previous Employer	30B	
31 Total Amount of Taxes Withheld As adjusted	31	85,188.20

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 **PCSUPT REGINO SY CATIIS** **ACTING DIRECTOR, PNP FINANCE SERVICE**

57 **PCSINSP AGUILAR, MARIE CERISE-ELYN FELIX**

of Employee **28713/201** Place of Issue **Q.C.**

Date Signed **Date Signed**

Date of Issue **03/19/2015** Amount Paid **₱ 447.32 -**

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 **PCSUPT REGINO SY CATIIS** **ACTING DIRECTOR, PNP FINANCE SERVICE**

Printed Name (Head of Accounting, Finance, Resources 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 RA No. 3902, as amended.



Republika ng Pilipinas
Kagawarihang Pananalapi
Kawanihan ng Renta 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) <input type="text"/>		2 For the Period From (MM/DD) <input type="text"/> To (MM/DD) <input type="text"/>	
Part I Employee Information			
3 Taxpayer Identification No. <input type="text"/>		5 RDO Code <input type="text"/>	
4 Employee's Name (Last Name, First Name, Middle Name) <input type="text"/>		6A Zip Code <input type="text"/>	
6B Local Home Address <input type="text"/>		6C Zip Code <input type="text"/>	
6D Foreign Address <input type="text"/>		6E Zip Code <input type="text"/>	
7 Date of Birth (MM/DD/YYYY) <input type="text"/>		8 Telephone Number <input type="text"/>	
9 Exemption Status <input type="checkbox"/> Single <input 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 <input type="text"/>		11 Date of Birth (MM/DD/YYYY) <input type="text"/>	
12 Statutory Minimum Wage rate per day 12 <input type="text"/>			
13 Statutory Minimum Wage rate per month 13 <input type="text"/>			
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax			
Part II Employer Information (Present)			
15 Taxpayer Identification No. <input type="text"/>			
16 Employer's Name <input type="text"/>			
17 Registered Address <input type="text"/>		17A Zip Code <input type="text"/>	
Main Employer <input type="checkbox"/> Secondary Employer <input type="checkbox"/>			
Part III Employer Information (Previous)			
18 Taxpayer Identification No. <input type="text"/>			
19 Employer's Name <input type="text"/>			
20 Registered Address <input type="text"/>		20A Zip Code <input type="text"/>	
Part IV-A Summary			
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)		21 <input type="text"/>	
22 Less: Total Non-Taxable/Exempt (Item 41)		22 <input type="text"/>	
23 Taxable Compensation Income from Present Employer (Item 55)		23 <input type="text"/>	
24 Add: Taxable Compensation Income from Previous Employer		24 <input type="text"/>	
25 Gross Taxable Compensation Income		25 <input type="text"/>	
26 Less: Total Exemptions		26 <input type="text"/>	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)		27 <input type="text"/>	
28 Net Taxable Compensation Income		28 <input type="text"/>	
29 Tax Due		29 <input type="text"/>	
30 Amount of Taxes Withheld			
30A Present Employer		30A <input type="text"/>	
30B Previous Employer		30B <input type="text"/>	
31 Total Amount of Taxes Withheld As adjusted		31 <input type="text"/>	
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	<input type="text"/>
33 Holiday Pay (MWE)		33	<input type="text"/>
34 Overtime Pay (MWE)		34	<input type="text"/>
35 Night Shift Differential (MWE)		35	<input type="text"/>
36 Hazard Pay (MWE)		36	<input type="text"/>
37 13th Month Pay and Other Benefits		37	<input type="text"/>
38 De Minimis Benefits		38	<input type="text"/>
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employer share only)		39	<input type="text"/>
40 Salaries & Other Forms of Compensation		40	<input type="text"/>
41 Total Non-Taxable/Exempt Compensation Income		41	<input type="text"/>
B. TAXABLE COMPENSATION INCOME REGULAR			
42 Basic Salary		42	<input type="text"/>
43 Representation		43	<input type="text"/>
44 Transportation		44	<input type="text"/>
45 Cost of Living Allowance		45	<input type="text"/>
46 Fixed Housing Allowance		46	<input type="text"/>
47 Others (Specify)		47A	<input type="text"/>
		47B	<input type="text"/>
SUPPLEMENTARY			
48 Commission		48	<input type="text"/>
49 Profit Sharing		49	<input type="text"/>
50 Fees Including Director's Fees		50	<input type="text"/>
51 Taxable 13th Month Pay and Other Benefits		51	<input type="text"/>
52 Hazard Pay		52	<input type="text"/>
53 Overtime Pay		53	<input type="text"/>
54 Others (Specify)		54A	<input type="text"/>
		54B	<input type="text"/>
55 Total Taxable Compensation Income		55	<input type="text"/>
DECLARATION AND SIGNATURES			
I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1004-CF which has 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	
66 Signature of Employer/Authorized Agent <input type="text"/>		Date Signed <input type="text"/>	
67 Signature of Employee <input type="text"/>		Date Signed <input type="text"/>	
68 Place of Issue <input type="text"/>		Amount Paid <input type="text"/>	

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1004-CF which has 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





República Argentina
Secretaría de Hacienda
Ministerio de Finanzas Públicas

For Individuals Earning Compensation Income and Marginal Income Earner
(Including Non-Residents / Ret-Profession Salaries Income)

Annual Income Tax Return

SIR Form No

1700

July 2008 (ENCS)

1. For the year: 2008	2. Amended return: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3. No. of sheets attached: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	4. AYE: <input type="checkbox"/> Compensation Earner <input type="checkbox"/> Marginal Income Earner <input type="checkbox"/> Other Income/Category
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PART I: Taxpayer's Data				Spouse			
6. TIN: 232 416 276 0000	7. RDO: 040	8. TIN: 0000	9. RDO: 0000				
10. Taxpayer's Name (Last Name, First Name, Middle Name): CASINO, ARGENTINA SINGH				11. Spouse's Name (Last Name, First Name, Middle Name):			
12. Registered Address: 366 WILKIE WILKIE CT SAN JUAN, PR 00909				13. Registered Address:			
14. Date of Birth (MM/DD/YYYY): 01/14/1981	15. Zip Code: 00909	16. Telephone Number:	17. Date of Birth (MM/DD/YYYY):	18. Zip Code:	19. Telephone Number:		
19. Exemption Status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married				20. Number of Qualified Dependent Children: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			

PART II: Computation of Tax	
21. Gross Income (Sum of Items 21A, 21B, 21C, 21D, 21E, 21F, 21G, 21H, 21I, 21J, 21K, 21L, 21M, 21N, 21O, 21P, 21Q, 21R, 21S, 21T, 21U, 21V, 21W, 21X, 21Y, 21Z)	21A. Compensation Income (Schedule 1): 206,406.00
22. Less: Tax Exemptions (Schedule 2):	22A. Compensation Exemptions: 37,500.00
23. Taxable Income (Sum of Items 21A, 21B, 21C, 21D, 21E, 21F, 21G, 21H, 21I, 21J, 21K, 21L, 21M, 21N, 21O, 21P, 21Q, 21R, 21S, 21T, 21U, 21V, 21W, 21X, 21Y, 21Z)	23A. Taxable Income: 168,906.00
24. Tax Payable (Sum of Items 24A, 24B, 24C, 24D, 24E, 24F, 24G, 24H, 24I, 24J, 24K, 24L, 24M, 24N, 24O, 24P, 24Q, 24R, 24S, 24T, 24U, 24V, 24W, 24X, 24Y, 24Z)	24A. Tax Payable: 29,726.00
25. Less: Tax Credits (Sum of Items 25A, 25B, 25C, 25D, 25E, 25F, 25G, 25H, 25I, 25J, 25K, 25L, 25M, 25N, 25O, 25P, 25Q, 25R, 25S, 25T, 25U, 25V, 25W, 25X, 25Y, 25Z)	25A. Tax Credits: 30,020.01
26. Total Amount Payable (Overpayment) (Sum of Items 24A, 24B, 24C, 24D, 24E, 24F, 24G, 24H, 24I, 24J, 24K, 24L, 24M, 24N, 24O, 24P, 24Q, 24R, 24S, 24T, 24U, 24V, 24W, 24X, 24Y, 24Z)	26A. Total Amount Payable: (-293.51)
27. Less: Amount Paid in this Return (First Installment)	27A. Amount Paid: (-293.51)
28. Refund (26) less (27) or, if taxpayer is allowed to pay by installment	28A. Refund: (-293.51)

I declare, under the penalty of perjury, that this return has been made in good faith, verified by me, and to the best of my knowledge and belief, in accordance with the provisions of the National Internal Revenue Code, as amended, and regulations issued under authority thereof.

33. **CASINO ARGENTINA CASINO**

Taxpayer/Authorized Agent (Signature over Printed Name)

34. Community Tax (Código de Barrio): 16936 3000	35. Place of Issue: CARACAS	36. Date of Issue (MM/DD/YYYY): 02/22/2008	37. Stamp of Receiving Office: RECEIVED
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Machine Validation/Receipt Details (if not filed with the bank)



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawantian 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)		2 For the Period From (MM/DD) To (MM/DD)	
Part I Employee Information			
3 Taxpayer Identification No.		5 RDO Code	
4 Employee's Name (Last Name, First Name, Middle Name)			
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 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax			
Part II Employer Information (Present)			
15 Taxpayer Identification No.		16 Employer's Name	
17 Registered Address		17A Zip Code	
Main Employer		Secondary Employer	
Part III Employer Information (Previous)			
18 Taxpayer Identification No.		19 Employer's Name	
20 Registered Address		20A Zip Code	
Part IV A Summary			
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21	3 375.00	
22 Less: Total Non-Taxable Exemptions (41)	22	13,334.00	
23 Taxable Compensation Income from Present Employer (Item 55)	23	3 375.00	
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	0.00	
Part IV B Details of Compensation Income and Tax Withheld from Present Employer			
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		Amount	
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32	2,840.00	
33 Holiday Pay (MWE)	33		
34 Overtime Pay (MWE)	34		
35 Night Shift Differential (MWE)	35		
36 Hazard Pay (MWE)	36	2,840.00	
37 13th Month Pay and Other Benefits	37	13,334.00	
38 De Minimis Benefits	38	13,334.00	
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	3,600.00	
40 Salaries & Other Forms of Compensation	40	37,500.00	
41 Total Non-Taxable/Exempt Compensation Income	41	104,074.00	
B. TAXABLE COMPENSATION INCOME REGULAR			
42 Basic Salary	42	200,000.00	
43 Representation	43		
44 Transportation	44		
45 Cost of Living Allowance	45		
46 Fixed Housing Allowance	46		
47 Others (Specify)	47A		
	47B		
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		
	54B		
55 Total Taxable Compensation Income	55	37,500.00	



I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 2316, which has 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 Phils. for the calendar year; that taxes have been



Reglamento del Impuesto
Sobre el Ingreso Anual
De las Personas Físicas

Formulario para declarar el ingreso anual y el ingreso marginal
(incluyendo el ingreso por actividades profesionales)

Annual Income Tax Return

BIR Form No.

1700

July 2008 (ENCS)

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

1. For the Year	2. Amended Return	3. No. of sheets attached	4. ATC	5. Compensation Earner	6. Marginal Income Earner	7. Other Income/Earnings
2008	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 10.31	<input type="checkbox"/> 10.40	<input type="checkbox"/> 10.41

Part I Background Information

8. Taxpayer's Name (Last Name, First Name, Middle Name)			9. Spouse's Name (Last Name, First Name, Middle Name)		
CASINO, ARGENTINA SINGH					
10. Registered Address			11. Spouse's Registered Address		
3rd WAGNE WAGNE CT CAMPAGNOLA CA, CA					
12. Date of Birth (MM/DD/YYYY)	13. Zip Code	14. Telephone Number	15. Date of Birth (MM/DD/YYYY)	16. Zip Code	17. Telephone Number
01/14/1981	9400				
18. Exemption Code			19. Number of Qualified Dependent Children		
<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married			0		
20. Is the wife claiming the additional exemption for qualified dependent children?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part II Computation of Tax

21. Gross Taxable Compensation Income (Schedule 1)	21A	21B
206,406.00		
22. Less: Total Exemptions (Schedule 2)	22A	22B
206,406.00		
23. Less: Total Exemptions (Schedule 2)	23A	23B
37,500.00		
24. Taxable Income (Sum of items 21A less item 23B less item 24F)	24A	24B
168,906.00		
25. Tax Due	25A	25B
29,726.00		
26. Less: Total Credits/Payments	26A	26B
30,020.01		
27. Total Tax Credits/Payments (Sum of items 26A, 26C, 26E, 26G, 26I, 26K, 26M, 26O, 26Q, 26S, 26U, 26W, 26Y, 26AA, 26AC, 26AD, 26AE, 26AF, 26AG, 26AH, 26AI, 26AJ, 26AK, 26AL, 26AM, 26AN, 26AO, 26AP, 26AQ, 26AR, 26AS, 26AT, 26AU, 26AV, 26AW, 26AX, 26AY, 26AZ, 26BA, 26BB, 26BC, 26BD, 26BE, 26BF, 26BG, 26BH, 26BI, 26BJ, 26BK, 26BL, 26BM, 26BN, 26BO, 26BP, 26BQ, 26BR, 26BS, 26BT, 26BU, 26BV, 26BW, 26BX, 26BY, 26BZ, 26CA, 26CB, 26CC, 26CD, 26CE, 26CF, 26CG, 26CH, 26CI, 26CJ, 26CK, 26CL, 26CM, 26CN, 26CO, 26CP, 26CQ, 26CR, 26CS, 26CT, 26CU, 26CV, 26CW, 26CX, 26CY, 26CZ, 26DA, 26DB, 26DC, 26DD, 26DE, 26DF, 26DG, 26DH, 26DI, 26DJ, 26DK, 26DL, 26DM, 26DN, 26DO, 26DP, 26DQ, 26DR, 26DS, 26DT, 26DU, 26DV, 26DW, 26DX, 26DY, 26DZ, 26EA, 26EB, 26EC, 26ED, 26EE, 26EF, 26EG, 26EH, 26EI, 26EJ, 26EK, 26EL, 26EM, 26EN, 26EO, 26EP, 26EQ, 26ER, 26ES, 26ET, 26EU, 26EV, 26EW, 26EX, 26EY, 26EZ, 26FA, 26FB, 26FC, 26FD, 26FE, 26FF, 26FG, 26FH, 26FI, 26FJ, 26FK, 26FL, 26FM, 26FN, 26FO, 26FP, 26FQ, 26FR, 26FS, 26FT, 26FU, 26FV, 26FW, 26FX, 26FY, 26FZ, 26GA, 26GB, 26GC, 26GD, 26GE, 26GF, 26GG, 26GH, 26GI, 26GJ, 26GK, 26GL, 26GM, 26GN, 26GO, 26GP, 26GQ, 26GR, 26GS, 26GT, 26GU, 26GV, 26GW, 26GX, 26GY, 26GZ, 26HA, 26HB, 26HC, 26HD, 26HE, 26HF, 26HG, 26HH, 26HI, 26HJ, 26HK, 26HL, 26HM, 26HN, 26HO, 26HP, 26HQ, 26HR, 26HS, 26HT, 26HU, 26HV, 26HW, 26HX, 26HY, 26HZ, 26IA, 26IB, 26IC, 26ID, 26IE, 26IF, 26IG, 26IH, 26II, 26IJ, 26IK, 26IL, 26IM, 26IN, 26IO, 26IP, 26IQ, 26IR, 26IS, 26IT, 26IU, 26IV, 26IW, 26IX, 26IY, 26IZ, 26JA, 26JB, 26JC, 26JD, 26JE, 26JF, 26JG, 26JH, 26JI, 26JJ, 26JK, 26JL, 26JM, 26JN, 26JO, 26JP, 26JQ, 26JR, 26JS, 26JT, 26JU, 26JV, 26JW, 26JX, 26JY, 26JZ, 26KA, 26KB, 26KC, 26KD, 26KE, 26KF, 26KG, 26KH, 26KI, 26KJ, 26KK, 26KL, 26KM, 26KN, 26KO, 26KP, 26KQ, 26KR, 26KS, 26KT, 26KU, 26KV, 26KW, 26KX, 26KY, 26KZ, 26LA, 26LB, 26LC, 26LD, 26LE, 26LF, 26LG, 26LH, 26LI, 26LJ, 26LK, 26LL, 26LM, 26LN, 26LO, 26LP, 26LQ, 26LR, 26LS, 26LT, 26LU, 26LV, 26LW, 26LX, 26LY, 26LZ, 26MA, 26MB, 26MC, 26MD, 26ME, 26MF, 26MG, 26MH, 26MI, 26MJ, 26MK, 26ML, 26MM, 26MN, 26MO, 26MP, 26MQ, 26MR, 26MS, 26MT, 26MU, 26MV, 26MW, 26MX, 26MY, 26MZ, 26NA, 26NB, 26NC, 26ND, 26NE, 26NF, 26NG, 26NH, 26NI, 26NJ, 26NK, 26NL, 26NM, 26NN, 26NO, 26NP, 26NQ, 26NR, 26NS, 26NT, 26NU, 26NV, 26NW, 26NX, 26NY, 26NZ, 26OA, 26OB, 26OC, 26OD, 26OE, 26OF, 26OG, 26OH, 26OI, 26OJ, 26OK, 26OL, 26OM, 26ON, 26OO, 26OP, 26OQ, 26OR, 26OS, 26OT, 26OU, 26OV, 26OW, 26OX, 26OY, 26OZ, 26PA, 26PB, 26PC, 26PD, 26PE, 26PF, 26PG, 26PH, 26PI, 26PJ, 26PK, 26PL, 26PM, 26PN, 26PO, 26PP, 26PQ, 26PR, 26PS, 26PT, 26PU, 26PV, 26PW, 26PX, 26PY, 26PZ, 26QA, 26QB, 26QC, 26QD, 26QE, 26QF, 26QG, 26QH, 26QI, 26QJ, 26QK, 26QL, 26QM, 26QN, 26QO, 26QP, 26QQ, 26QR, 26QS, 26QT, 26QU, 26QV, 26QW, 26QX, 26QY, 26QZ, 26RA, 26RB, 26RC, 26RD, 26RE, 26RF, 26RG, 26RH, 26RI, 26RJ, 26RK, 26RL, 26RM, 26RN, 26RO, 26RP, 26RQ, 26RR, 26RS, 26RT, 26RU, 26RV, 26RW, 26RX, 26RY, 26RZ, 26SA, 26SB, 26SC, 26SD, 26SE, 26SF, 26SG, 26SH, 26SI, 26SJ, 26SK, 26SL, 26SM, 26SN, 26SO, 26SP, 26SQ, 26SR, 26SS, 26ST, 26SU, 26SV, 26SW, 26SX, 26SY, 26SZ, 26TA, 26TB, 26TC, 26TD, 26TE, 26TF, 26TG, 26TH, 26TI, 26TJ, 26TK, 26TL, 26TM, 26TN, 26TO, 26TP, 26TQ, 26TR, 26TS, 26TT, 26TU, 26TV, 26TW, 26TX, 26TY, 26TZ, 26UA, 26UB, 26UC, 26UD, 26UE, 26UF, 26UG, 26UH, 26UI, 26UJ, 26UK, 26UL, 26UM, 26UN, 26UO, 26UP, 26UQ, 26UR, 26US, 26UT, 26UU, 26UV, 26UW, 26UX, 26UY, 26UZ, 26VA, 26VB, 26VC, 26VD, 26VE, 26VF, 26VG, 26VH, 26VI, 26VJ, 26VK, 26VL, 26VM, 26VN, 26VO, 26VP, 26VQ, 26VR, 26VS, 26VT, 26VU, 26VV, 26VW, 26VX, 26VY, 26VZ, 26WA, 26WB, 26WC, 26WD, 26WE, 26WF, 26WG, 26WH, 26WI, 26WJ, 26WK, 26WL, 26WM, 26WN, 26WO, 26WP, 26WQ, 26WR, 26WS, 26WT, 26WU, 26WV, 26WW, 26WX, 26WY, 26WZ, 26XA, 26XB, 26XC, 26XD, 26XE, 26XF, 26XG, 26XH, 26XI, 26XJ, 26XK, 26XL, 26XM, 26XN, 26XO, 26XP, 26XQ, 26XR, 26XS, 26XT, 26XU, 26XV, 26XW, 26XX, 26XY, 26XZ, 26YA, 26YB, 26YC, 26YD, 26YE, 26YF, 26YG, 26YH, 26YI, 26YJ, 26YK, 26YL, 26YM, 26YN, 26YO, 26YP, 26YQ, 26YR, 26YS, 26YT, 26YU, 26YV, 26YW, 26YX, 26YY, 26YZ, 26ZA, 26ZB, 26ZC, 26ZD, 26ZE, 26ZF, 26ZG, 26ZH, 26ZI, 26ZJ, 26ZK, 26ZL, 26ZM, 26ZN, 26ZO, 26ZP, 26ZQ, 26ZR, 26ZS, 26ZT, 26ZU, 26ZV, 26ZW, 26ZX, 26ZY, 26ZZ		
30. Aggregate Income/Payments/Overpayment (Sum of items 30A & 30B)	30A	30B
(-293.51)		
31. Less: Amount Paid in this Return/First Installment	31A	31B
32. Amount Still Due on or before July 15. If taxpayer is allowed to pay by installment	32A	32B

I declare under the penalties of perjury that this return has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and regulations issued under authority thereof.

33. **CASINO ARGENTINA CASINO**

Taxpayer/Authorized Agent (Signature over Printed Name)

34. Community Tax Certificate No.	35. Place of Issue	36. Date of Issue (MM/DD/YYYY)	37. Stamp of Receiving Office
16906 900	CALCUCAN	02/27/2008	

Part III Details of Payment

Particulars	Crossed Bank Agency	Number	Date	MM	DD	YYYY	38A	38B	38C	38D	38E	38F	38G	38H	38I	38J	38K	38L	38M	38N	38O	38P	38Q	38R	38S	38T	38U	38V	38W	38X	38Y	38Z
38. Cash/Bank, etc.																																
39. Check																																
40. Tax Due																																
41. Others																																

Machine Validation Revenue Official Receipt Details (If not filed with the bank)

RECEIVED

11 APR 2009

BUREAU OF INTERNAL REVENUE