



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# 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) <b>2008</b>   |  | 2 For the Period From (MM/DD) <b>01/01</b> To (MM/DD) <b>12/31</b>   |  |
| <b>Part I Employee Information</b>  |  | <b>Part IV Details of Compensation Income and Tax Withheld from Present Employer</b>   |  |
| 3 Taxpayer Identification No. <b>79325600000</b>  |  | <b>A. Non-Taxable/Exempt Compensation Income</b>   |  |
| 4 Employee's Name (Last Name, First Name, Middle Name) <b>GABRIEL, MERIVREGANDALE E</b>   |  | 25 13th Month Pay and Other Benefits <b>30,000.00</b>  |  |
| 5 RDO Code <b>000</b>   |  | 26 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union dues <b>10,787.50</b>   |  |
| 6 Registered Address <b>PILA LAGUNA</b>   |  | 27 Salaries & Other Forms of Compensation <b>17,377.37</b>   |  |
| 6A Zip Code   |  | 28 Total Non-Taxable/Exempt Compensation Income <b>58,164.87</b>   |  |
| 6B Local Home Address   |  | <b>B. Taxable Compensation Income</b>  |  |
| 6C Zip Code   |  | <b>REGULAR</b>   |  |
| 6D Foreign Address  |  | 29 Basic Salary <b>243,863.65</b>  |  |
| 6E Zip Code   |  | 30 Representation  |  |
| 7 Date of Birth (MM/DD/YYYY)  |  | 31 Transportation  |  |
| 8 Telephone Number  |  | 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 <b>MSCL</b>  |  |
| 11 Date of Birth (MM/DD/YYYY)   |  | 34B  |  |
| 12 Other Dependent (to be accomplished if taxpayer is head of the family)   |  | 35 Commission  |  |
| Name of Dependent Relationship Date of Birth (MM/DD/YYYY)   |  | 36 Profit Sharing  |  |
|   |  | 37 Fees Including Director's fees  |  |
|   |  | 38 Taxable 13th Month Pay and Other Benefits <b>61,629.44</b>  |  |
|   |  | 39 Hazard Pay  |  |
|   |  | 40 Others (Specify)  |  |
|   |  | 40A <b>MSCL</b>  |  |
|   |  | 40B  |  |
|   |  | 41 Total Taxable Compensation Income <b>322,544.78</b>   |  |
|   |  | <b>Summary</b>   |  |
|   |  | 42 Taxable Compensation Income from Present Employer <b>322,544.78</b>   |  |
|   |  | 43 Add: Taxable Compensation from Previous Employer (s)  |  |
|   |  | 44 Gross Taxable Compensation Income <b>322,544.78</b>   |  |
|   |  | 45 Less: Total Exemptions <b>41,000.00</b>   |  |
|   |  | 46 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)  |  |
|   |  | 47 Taxable Compensation Income <b>281,544.78</b>   |  |
|   |  | 48 Tax Due <b>59,463.43</b>  |  |
|   |  | 49 Amount of Taxes Withheld  |  |
|   |  | 49A Present Employer <b>59,463.43</b>  |  |
|   |  | 49B Previous Employer(s)   |  |
|   |  | 50 Total Amount of Taxes Withheld <b>59,463.43</b>   |  |
|   |  | Amount Paid <b>P327.00</b>   |  |
| <b>Part II Employer Information (Present)</b>   |  |  |  |
| 13 Taxpayer Identification No. <b>000432755</b>   |  |  |  |
| 14 Employer's Name <b>ALLIED BANKING CORPORATION</b>  |  |  |  |
| 15 Registered Address <b>6754 AYALA AVENUE, MAKATI CITY</b>   |  |  |  |
| 15A Zip code  |  |  |  |
| <input checked="" type="checkbox"/> main employer <input type="checkbox"/> secondary employer   |  |  |  |
| <b>Part III Employer Information (Previous)-1</b>   |  |  |  |
| 16 Taxpayer Identification No.  |  |  |  |
| 17 Employer's Name  |  |  |  |
| 18 Registered Address   |  |  |  |
| 18A Zip code  |  |  |  |
| <b>Employer Information (Previous)-2</b>  |  |  |  |
| 19 Taxpayer Identification No.  |  |  |  |
| 20 Employer's Name  |  |  |  |
| 21 Registered Address   |  |  |  |
| 21A Zip code  |  |  |  |
| <b>Employer Information (Previous)-3</b>  |  |  |  |
| 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 JOEL L. LARANDA, MANAGER<br>Present Employer/ Authorized Agent Signature Over Printed Name   |  | Date Signed <b>03/16/2009</b>  |  |
| CONFORME:<br>52 GABRIEL, MERIVREGANDALE E C<br>CTC No. <b>25000540</b> Employee Signature Over Printed Name   |  | Date Signed <b>03/16/2009</b>  |  |
| of Employer <b>25000540</b> Place of Issue <b>Pila, Laguna</b>  |  | Date of Issue <b>02/20/2009</b>  |  |
| <b>To be accomplished under substituted filing</b>  |  |  |  |
| 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 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 and that BIR Form No. 2316 shall serve the same purpose as if BIR Form had been filed pursuant to the provisions of the National Internal Revenue Code. |  |
| 53 CORA D. CORPUS, SENIOR VICE PRESIDENT<br>Present Employer/ Authorized Agent Signature Over Printed Name<br>(Head of Accounting/ Human Resource or Authorized Representative)   |  | 54 Employee Signature Over Printed Name  |  |