



# Certificate of Compensation Payment/Tax Withheld

BIR Form No.  
**2316**  
October 2002 (FNCS)

1 For the Year (YYYY) **2 0 0 7**

2 For the Period From **0 1 0 1** To **1 2 3 1**  
(MM/DD) (MM/DD)

## Part I Employee Information

3 Taxpayer Identification No. **1 2 5 0 4 0 5 7 8 0 0 0**

4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code  
**MAG-USARA, VALERIANO DUHAYLUNGOSD**

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  
☐ Single ☐ Head of the Family ☐ 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

12 Other Dependent (to be accomplished if taxpayer is head of the family)  
Name of Dependent Relationship Date of Birth

## Part II Employer Information (Present)

13 Taxpayer Identification No. **0 0 0 2 9 3 0 8 3**

14 Employer's Name  
**Holcim Philippines, Inc.**

15 Registered Address 15A Zip Code  
**Lugait Misamis Oriental** **1 2 2 7**

☐ main employer ☐ secondary employer

## Part III Employer Information (Previous)-1

16 Taxpayer Identification No. **1 2 5 0 4 0 5 7 8 0 0 0**

17 Employer's Name

18 Registered Address 18A Zip Code

## Employer Information (Previous)-2

19 Taxpayer Identification No. **1 2 5 0 4 0 5 7 8 0 0 0**

20 Employer's Name

21 Registered Address 21A Zip Code

## Employer Information (Previous)-3

22 Taxpayer Identification No. **1 2 5 0 4 0 5 7 8 0 0 0**

23 Employer's Name

24 Registered Address 24A Zip Code

## Part IV Details of Compensation Income and Tax Withheld

Amount

### A. Non Taxable/Exempt Compensation Income

25 13th Month Pay and Other Benefits **30,000.00**

26 SSS, GSIS, PHIC, & Pag-ibig Contributions, & Union dues **11,700.00**

27 Salaries and Other Forms of Compensation **0.00**

28 Total Non-Taxable/Exempt Compensation Income **41,700.00**

### B. Taxable Compensation Income

**REGULAR**

29 Basic Salary **511,411.02**

30 Representation **0.00**

31 Transportation **0.00**

32 Cost of Living Allowance **0.00**

33 Fixed Housing Allowance **0.00**

34 Others (Specify)

34A Overtime **0.00**

35A **0.00**

**SUPPLEMENTARY**

35 Commission **0.00**

36 Profit Sharing **0.00**

37 Fees Incl. Director's Fees **0.00**

38 Taxable 13th Month Pay and Other Benefits **29,722.50**

39 Hazard Pay **0.00**

40 Others (Specify)

40A **0.00**

40B **0.00**

41 Total Taxable Compensation Income **541,133.52**

## Summary

42 Taxable Compensation Income from Present Employer **541,133.52**

43 Add: Taxable Compensation from Previous Employer(s) **0.00**

44 Gross Taxable Compensation Income **541,133.52**

45 Less: Total Exemptions **48,000.00**

46 Less: Premium Paid on Health and/or Hospital Insurance (if applicable) **0.00**

47 Taxable Compensation Income **493,133.52**

48 Tax Due **122,940.06**

49 Amount of Taxes Withheld

42A Present Employer **122,940.06**

42B Previous Employer(s) **0.00**

50 Total Amount of Taxes Withheld **122,940.06**

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 **Ms. Emerald Mary K. De Veyra** HR Manager  
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

52 **MAG-USARA, VALERIANO DUHAYLUNGOSD**  
CTC No. Employee Signature Over Printed Name

Date Signed

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.

53 **Ms. Emerald Mary K. De Veyra** HR Manager

Present Employer/ Authorized Agent Signature Over Printed Name

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 3-2002, as amended.

54 **MAG-USARA, VALERIANO DUHAYLUNGOSD**  
Employee Signature Over Printed Name