

DMC - CONSTRUCTION EQUIPMENT RESOURCES, INC.

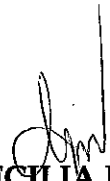
2281 Pasong Tamo Ext., Makati City Tel. No. 8167301 (10) Fax No. 8167185

CERTIFICATE OF EMPLOYMENT

This is to certify that **Mr. KRISTOFFER CULMINAS MALAPIT** is an employee of **DMC-CONSTRUCTION EQUIPMENT RESOURCES, INC.** as **APPLICATIONS TECHNICAL DEVELOPER** from **September 04, 2013** up to present with an annual gross compensation of **PHP 455,000.00**

This certification is being issued upon the request of **Mr. MALAPIT** for his bank loan application.

Issued this **4th** day of **May 2016**, Makati City.

 05/04/16
CECILIA D. JEBULAN

HR SUPERVISOR-COMP & BEN



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) 2015		2 For the Period (MM/DD) From To (MM/DD)	
Part I Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 Taxpayer Identification No. 942 655 182 0000	4 Employee's Name (Last Name, First Name, Middle Name) MALAPIT, KRISTOFFER CULMINAS	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount	
5 Registered Address	6 RDO Code 122	32 Basic Salary/ Statutory Minimum Wage (MWE)	32
6B Local Home Address	6A Zip Code	33 Holiday Pay (MWE)	33
6C Foreign Address	6C Zip Code	34 Overtime Pay (MWE)	34
7 Date of Birth (MM/DD/YYYY)	6E Zip Code	35 Night Shift Differential (MWE)	35
8 Telephone Number		36 Hazard Pay (MWE)	36
9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married		37 13th Month Pay and Other Benefits	37 27,153.12
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38 De Minimis Benefits	38 0.00
10 Name of Qualified Dependent Children	11 Date of Birth (MM/DD/YYYY)	39 SSS, GSIS, PHIC & Pag-Ibig Contributions, & Union Dues (Employee share only)	39 11,175.60
12 Statutory Minimum Wage rate per day	12	40 Salaries & Other Forms of Compensation	40 0.00
13 Statutory Minimum Wage rate per month	13	41 Total Non-Taxable/Exempt Compensation Income	41 38,328.72
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		B. TAXABLE COMPENSATION INCOME REGULAR	
15 Taxpayer Identification No. 000 343 100 0000	Employer Information (Present)	42 Basic Salary	42 311,541.84
16 Employer's Name DMC CONSTRUCTION EQUIPMENT RESOURCES INC		43 Representation	43
17 Registered Address 4F DACON BLDG 2281 PASONG TAMO EXT	17A Zip Code 1231	44 Transportation	44
18 Taxpayer Identification No.	Main Employer <input type="checkbox"/> Secondary Employer <input type="checkbox"/>	45 Cost of Living Allowance	45
19 Employer's Name	Employer Information (Previous)	46 Fixed Housing Allowance	46
20 Registered Address	20A Zip Code	47 Others (Specify)	47A 0.00
Part IV-A Summary			
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21	47B	47B
22 Less: Total Non-Taxable/Exempt (Item 41)	22	48 Commission	48
23 Taxable Compensation Income from Present Employer (Item 55)	23	49 Profit Sharing	49
24 Add: Taxable Compensation Income from Previous Employer	24	50 Fees Including Director's Fees	50
25 Gross Taxable Compensation Income	25	51 Taxable 13th Month Pay and Other Benefits	51 0.00
26 Less: Total Exemptions	26	52 Hazard Pay	52
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27	53 Overtime Pay	53
28 Net Taxable Compensation Income	28	54 Others (Specify)	54
29 Tax Due	29	54A	54A
30 Amount of Taxes Withheld	30A	54B	54B
30B Previous Employer	30B	55 Total Taxable Compensation	55 311,541.84
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 Present Employer/ Authorized Agent Signature Over Printed Name **ALFREDO K. CRUZ**
57 KRISTOFFER CULMINAS MALAPIT
CITC No. _____ Employee Signature Over Printed Name _____
of Employee _____ Place of Issue _____

Date Signed _____
Date of Issue _____

Amount Paid _____

To be accomplished under substituted filing

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 under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.