Certificate of Compensation Payment With or Without Tax Withheld Certificate of Compensation Payment/Tax Withheld

BIR Form No. **2316**

Fill in all applicable appears. Mark all appropriets haves with an "Y"	July 2006 (ENCS)
Fill in all applicable spaces. Mark all appropriate boxes with an "X" 1 For the Year	2 For the Period
(YYYY) ► 2015 .	From (MM/DD) 01 01 To (MM/DD) 1.2 31
Part I Employee Information	Part IV-B Details of Compensation Income and Tax Withheld from Present Employer
3 Taxpayer	Amount
Identification No.	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code	A TOTAL TABLE DE LA CALLETTE DE LA C
	32 Basic Salary/ 32
▶ Evangelista, Michelle Del Rosario 044 ,	Statutory Minimum Wage
6 Registered Address 6A Zip Code	Minimum Wage Earner (MWE)
138-O Quirino Hi-way Baesa Q.C.	
	33 Holiday Pay (MWE) 33
6B Local Home Address 6C Zip Code	24 Overtime Poy (MM/E)
	34 Overtime Pay (MWE) 34
6D Foreign Address 6E Zip Code	
OD TOTOIGHT Address	35 Night Shift Differential (MWE) 35
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number	36 Hazard Pay (MWE) 36
01 2 9 1 19 18 4	
	37 13th Month Pay 37 53,333.33
9 Exemption Status	and Other Benefits 53,333.33
Single Married	20 De Minimie Demefite
9A Is the wife claiming the additional exemption for qualified dependent children? Yes No	38 De Minimis Benefits 38 18,000.00
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)	20 CCC CCIC DHIC & Dog ikin 20
	39 SSS, GSIS, PHIC & Pag-ibig 39 13,425.60
	Contributions, & Union Dues
	(Employee share only)
	40 Octobre 9 Others E
12 Statutory Minimum Wage rate per day 12	40 Salaries & Other Forms of Compensation
- Statutory William Wage rate per day	Componitation
13 Statutory Minimum Wage rate per month 13	41 Total Non-Taxable/Exempt 41 94.759.02
	Compensation Income 84,758.93
14 Minimum Wage Earner whose compensation is exempt from	·
withholding tax and not subject to income tax	B. TAXABLE COMPENSATION INCOME
Part II Employer Information (Present)	REGULAR
15 Taxpayer 008 633 916 0000 .	40 5 : 0 !
Identification No. ► 008 633 916 0000 . 16 Employer's Name	42 Basic Salary 42 678,261.27
In Employer's Name	42 Penrocentation 43
► Rufo's Famous Franchise Corporation	43 Representation 43
17 Registered Address 17A Zip Code	
	44 Transportation 44
2nd Flr. Venice Piazza McKinley Hill Taguig City	
Main Employer Secondary Employer	45 Cost of Living Allowance 45
Part III Employer Information (Previous)	
18 Taxpayer Identification No.	46 Fixed Housing Allowance 46
19 Employer's Name	47 Others (Specify)
10 Employer 3 Name	47A 47A
	
20 Registered Address 20A Zip Code	47B 47B
	SUPPLEMENTARY
Part IV-A Summary	48 Commission 48
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 763,020.20	
22 Less: Total Non-Tayable/ 22	49 Profit Sharing 49
Exempt (Item 41) 84,758.93	
23 Taxable Compensation Income from Present Employer (Item 55) 678,261.27	FO Food Including Director's FO
from Present Employer (Item 55) 24 Add: Taxable Compensation 24	50 Fees Including Director's 50 Fees
Income from Previous Employer	
25 Gross Tayable 25	51 Taxable 13th Month Pay 51
Compensation Income 678,261.27 26 Less: Total Exemptions 26	and Other Benefits
26 Less: Total Exemptions 26 100,000.00	52 Hazard Pay 52
27 Less: Premium Paid on Health 27	
and/or Hospital Insurance (If applicable)	F2 Overtime Pey
28 Net Taxable 28 Compensation Income 578,261.27	53 Overtime Pay 53
29 Tax Due 29	54 Others (Specify)
150,043.61	, , , ,
30 Amount of Taxes Withheld	54A 54A
30A Present Employer 30A 150,043.61	54B 54B
30B Previous Employer 30B	345
	55 Total Taxable Compensation 55 C70 264 27
31 Total Amount of Taxes Withheld 31 150,043.61	Income 678,261.27
As adjusted	ood 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	e regulations issued under authority thereof.
56 <u>Dexter Y. Tiu</u> Present Employer/ Authorized Agent Signature Over Printed Name	Date Signed
Present Employer/ Authorized Agent Signature Over Printed Name CONFORME:	
57 Michelle Del Rosario Evangelista	Date Signed
CTC No. Employee Signature Over Printed Name	Amount Paid Date of Issue
of Employee Place of Issue	Date of Issue
To be accomplished ur	
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.	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
58 Dexter Y. Tiu	No. 1604CF filed by my employer to the BIR shall constitute as my income tax return;
Present Employer/ Authorized Agent Signature Over Printed Name	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 No. 3-2002, as amended.
(Head of Accounting/ Human Resource or Authorized Representative)	