

BIR Form No. **2307**January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source



Fill	in all applicable spaces. Mar	rk all ap	propriat	e boxes	with an	"X".												
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	Taxpayer Identification Num	•			636		421	-	323	-	000							
3	Payee's Name (Last Name, MANZANO MERL				me for li	ndividue	al OR Regi	istered	Name for	<u>r Non-l</u>	ndividual)							
4	Registered Address J.P. LAUREL ST. P	OBLA	CION	NOR.	TH O	TON II	LOILO										4A ZIP Co	ode
5	Foreign Address, if applicate	ble																
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6	Part II – Payor Information Taxpayer Identification Number (TIN) 008 - 627 - 175 - 00000																	
	Payor's Name (Last Name,	•	<u> </u>	iddle Nar				stered		- Non-li								
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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. Further, we give our consent to the processing of our information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.																		
MAVEL CORPUZ FINANCE MANAGER 309965287																		
Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent																		
	(Indicate Title/Designation and TIN) Tax Agent Accreditation No./ Date of Issue Date of Expiry Date of Expiry										$\overline{}$							
At	torney's Roll No. (if applicable))					(MM/DD/						(MM)	/DD/YYYY)				Щ
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	Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent																	
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	torney's Roll No. (if applicable))					(MM/DD							/DD/YYYY)				



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				Q			f Internal				
	BIR Form No. 2316 September 2021 (ENCS)		Cert Pa For Comper	tifica lymensation	ate (ent/ Payme	of Co Tax V ent With or	mpen Vithhe Without T	sation eld ax Withheld		2316 09	/21 ENCS
1 1	in all applicable spaces. M For the Year (YYYY)	2023	priate boxes	with an	<u>"X"</u>			e Period rom (MM/DD)	01 01	To (MM/DD)	12 31
		Employee In	formation				Part	IV-B Details of Compensat	tion Income and Tax Wit	hheld from Present	Employer
3 T	IN Employee's Name (Last Name	296 e, First Name,	555 Middle Name	070	5 R	0000 DO Code	1	TAXABLE/EXEMPT CO		ME Amoun	t
	CORPUZ, BENJU SAN JO	OSE				116		Salary (including the exe Statutory Minimum Wag			0.00
	Registered Address				6A Zi	p Code		ay Pay (MWE)			0.00
L	BLK 173 LOT 3 PHASE 4 PAL	IPARAN 3 DA	SMARINAS C	AVITE	┚┖┷		31 Overti	me Pay (MWE)	-		0.00
6B [Local Home Address				GC Zi	p Code	32 Night	Shift Differential (MWE)	_		0.00
6D	Foreign Address				6E Zi	p Code	33 Hazar	d Pay (MWE)	Ē		0.00
L					ساك		34 13th N	Month Pay and Other Ber	nefits		90,000.00
7 [Date of Birth (MM/DD/YYYY)		8 Telepho	ne Num	ber			mum of P90,000) nimis Benefits	-		80,129.75
9	Statutory Minimum Wage rate	e per day				0.00		GSIS, PHIC & PAG-IBIG			20,349.57
10	Statutory Minimum Wage ra	te per month				0.00		nion Dues (Employee shes and Other Forms of C			0.00
11	Minimum Wage Earn	er whose com	pensation is e	xempt fr	rom		38 Total	Non-Taxable/Exempt Co	ompensation		190,479.32
	withholding tax and no	ot subject to ir	ncome tax					e (Sum of Items 29 to 37	•		190,479.32
12	Taxpayer	008	627	175		0000	В. ТАХА	BLE COMPENSATION	INCOME REGULAR		
_	Employer's Name						39 Basic	Salary			237,366.82
	RIWAY (PHILIPPINES) II	NC.					40 Repre	sentation			
	Registered Address JNIT 108-P & 5ECTOGF	F002 G/F FI	VE-ECOM C	NTR		Zip Code 1300	41 Trans	portation	F		$\overline{}$
	Type of Employer	Main Em				mployer	42 Cost o	of Living Allowance (COL	_A)		=
	Part III - En	nplover Infor	mation (Previ	ous)			43 Fixed	Housing Allowance	<u> </u>		
16	TIN			, .				s (Specify)	L		
17 Г	Employer's Name						44A	(Opeony)			217,841.04
10	Registered Address				104 7	7in Codo	44B				
ٳ	Negistered Address					Zip Code	SUPP	LEMENTARY			
19	Gross Compensation Incom		- Summary				45 Comn		_		
	Employer (Sum of Items 38 Less: Total Non-Taxable/Exemp	and 52)				5,687.18	46 Profit		<u> </u>		=
	Income from Present Employer	(From Item 38)	`			0,479.32		, and the second			
	Taxable Compensation Income Employer (Item 19 Less Item 20) (From Item 52			45	5,207.86		Including Director's Fee			
22	Add: Taxable Compensation Previous Employer, if applic		' <u> </u>			0.00	48 Taxab	le 13th Month Pay Bene	ifits		0.00
23	Gross Taxable Compensation (Sum of Items 21 and 22)	on Income			45	5,207.86	49 Hazar	d Pay			
24	Tax Due				3	3,541.57	50 Overti	me Pay			
25	Amount of Taxes Withheld 25A Present Employer					2 544 57	51 Other 51A	s (Specify)			
	25B Previous Employer					3,541.57 0.00	51B				
26	Total Amount of Taxes Withheld	d as adjusted			3		52 Total ¹	Taxable Compensation I	ncome	4	155,207.86
22	(Sum of Items 25A and 25B)	•				0.00		of Items 39 to 51B)			
	5% Tax Credit (PERA Act of	,	27)		2	3,541.57					
28		alties of perjury, t	hat this certificate		n made ir	n good faith,		, and to the best of my/our kno			
	the provisions of the National Inter as contemplated under the *Data I	Privacy Act of 201						ereof. Further, I/we give my/or	ur consent to the processing	of my/our information	
	Present Employe			ver Printe	ed Name	<u> </u>	Date Signe	d			
	CONFORME:	DENIII CAAS	OCE 0000	-							
	Em		e Over Printed N				Date Signe			Amount Pai	d, if CTC
	CTC/Valid ID No. of Employee		Place of ssue				Date of Issu				
	I declare, under the penalties of pe	erjury, that the in	formation herein	stated are	e reported		I declare,u	bstituted filing nder the penalties of perjury th	nat I am qualified under subs	stituted filing of	
uı	nder BIR Form No. 1604C which ha			ernal Reve	enue.		Income Tax from only o	Returns(BIR Form No. 1700), ne employer in the Philippin hheld by my employer (tax due	since I received purely com nes for the calendar year; t	pensation income that taxes have been	
	Present Employer/ Au (Head of Accounting/ H		Signature Over I			_	No. 1604-C and that BIR	filed by my employer (tax due filed by my employer to the E Form No. 2316 shall serve the ed pursuant to the provisions of	BIR shall constitute as my in ne same purpose as if BIR F	come tax return; orm No. 1700	nded.
1	3				•		i		***		

BENJU SAN JOSE CORPUZ Employee Signature Over Printed Name

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