



# 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"

<div>1 For the Year (YYYY) <span style="border: 1px solid black; padding: 2px;">2,0,1,7</span></div> <div><b>Part I Employee Information</b><div>3 Taxpayer Identification No. <span style="border: 1px solid black; padding: 2px;">1,4,1,2,6,4,4,2,0</span></div><div>4 Employee's Name (Last Name, First Name, Middle Name) <span style="border: 1px solid black; padding: 2px;">HULLEZA, CESAR JR LLAVE</span> 5 RDO Code <span style="border: 1px solid black; padding: 2px;">0,5,1</span></div><div>6 Registered Address <span style="border: 1px solid black; padding: 2px;">Blk1A L3 Ph1 sht1 main avenue pacita 2 san pedro laguna,</span> 6A Zip Code <span style="border: 1px solid black; padding: 2px;"></span></div><div>6B Local Home Address <span style="border: 1px solid black; padding: 2px;"></span> 6C Zip Code <span style="border: 1px solid black; padding: 2px;"></span></div><div>6D Foreign Address <span style="border: 1px solid black; padding: 2px;"></span> 6E Zip Code <span style="border: 1px solid black; padding: 2px;"></span></div><div>7 Date of Birth (MM/DD/YYYY) <span style="border: 1px solid black; padding: 2px;">0,6,2,9,1,9,6,0</span> 8 Telephone Number <span style="border: 1px solid black; padding: 2px;"></span></div><div>9 Exemption Status <div><input type="checkbox"/> Single <input checked="" type="checkbox"/> Married</div>9A Is the wife claiming the additional exemption for qualified dependent children? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div><div>10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)</div><div><table border="1" style="width:100%;"><tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table></div><div>12 Statutory Minimum Wage rate per day 12 <span style="border: 1px solid black; padding: 2px;"></span></div><div>13 Statutory Minimum Wage rate per month 13 <span style="border: 1px solid black; padding: 2px;">0.00</span></div><div>14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</div></div> <div><b>Part II Employer Information (Present)</b><div>15 Taxpayer Identification No. <span style="border: 1px solid black; padding: 2px;">0,0,4,7,3,0,5,7,1,0,0,0</span></div><div>16 Employer's Name <span style="border: 1px solid black; padding: 2px;"></span></div><div>17 Registered Address <span style="border: 1px solid black; padding: 2px;">733 Wood St. Malibay, Pasay</span> 17A Zip Code <span style="border: 1px solid black; padding: 2px;">1,3,0,0</span></div><div>City <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</div></div> <div><b>Part III Employer Information (Previous)</b><div>18 Taxpayer Identification No. <span style="border: 1px solid black; padding: 2px;"></span></div><div>19 Employer's Name <span style="border: 1px solid black; padding: 2px;"></span></div><div>20 Registered Address <span style="border: 1px solid black; padding: 2px;"></span> 20A Zip Code <span style="border: 1px solid black; padding: 2px;"></span></div></div> <div><b>Part IV-A Summary</b><div><table border="1" style="width:100%;"><tr><td>21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)</td><td style="text-align: right;">786,157.45</td></tr><tr><td>22 Less: Total Non-Taxable/Exempt (Item 41)</td><td style="text-align: right;">109,659.25</td></tr><tr><td>23 Taxable Compensation Income from Present Employer (Item 55)</td><td style="text-align: right;">676,498.20</td></tr><tr><td>24 Add: Taxable Compensation Income from Previous Employer</td><td style="text-align: right;">0.00</td></tr><tr><td>25 Gross Taxable Compensation Income</td><td style="text-align: right;">676,498.20</td></tr><tr><td>26 Less: Total Exemptions</td><td style="text-align: right;">75,000.00</td></tr><tr><td>27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)</td><td style="text-align: right;">0.00</td></tr><tr><td>28 Net Taxable Compensation Income</td><td style="text-align: right;">601,498.20</td></tr><tr><td>29 Tax Due</td><td style="text-align: right;">157,479.10</td></tr><tr><td>30 Amount of Taxes Withheld</td><td></td></tr><tr><td>30A Present Employer</td><td style="text-align: right;">186,178.72</td></tr><tr><td>30B Previous Employer</td><td style="text-align: right;">0.00</td></tr><tr><td>31 Total Amount of Taxes Withheld As adjusted</td><td style="text-align: right;">-28,699.62</td></tr></table></div></div>							21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	786,157.45	22 Less: Total Non-Taxable/Exempt (Item 41)	109,659.25	23 Taxable Compensation Income from Present Employer (Item 55)	676,498.20	24 Add: Taxable Compensation Income from Previous Employer	0.00	25 Gross Taxable Compensation Income	676,498.20	26 Less: Total Exemptions	75,000.00	27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	0.00	28 Net Taxable Compensation Income	601,498.20	29 Tax Due	157,479.10	30 Amount of Taxes Withheld		30A Present Employer	186,178.72	30B Previous Employer	0.00	31 Total Amount of Taxes Withheld As adjusted	-28,699.62	<div><b>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</b><div>Amount</div><div><b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b><div>32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 <span style="border: 1px solid black; padding: 2px;">0.00</span></div><div>33 Holiday Pay (MWE) 33 <span style="border: 1px solid black; padding: 2px;">0.00</span></div><div>34 Overtime Pay (MWE) 34 <span style="border: 1px solid black; padding: 2px;">0.00</span></div><div>35 Night Shift Differential (MWE) 35 <span style="border: 1px solid black; padding: 2px;">0.00</span></div><div>36 Hazard Pay (MWE) 36 <span style="border: 1px solid black; padding: 2px;">0.00</span></div><div>37 13th Month Pay and Other Benefits 37 <span style="border: 1px solid black; padding: 2px;">68,752.45</span></div><div>38 De Minimis Benefits 38 <span style="border: 1px solid black; padding: 2px;">28,600.00</span></div><div>39 SSS, GSIS, PHIC &amp; Pag-ibig Contributions, &amp; Union Dues (Employee share only) 39 <span style="border: 1px solid black; padding: 2px;">12,306.80</span></div><div>40 Salaries &amp; Other Forms of Compensation 40 <span style="border: 1px solid black; padding: 2px;">0.00</span></div><div>41 Total Non-Taxable/Exempt Compensation Income 41 <span style="border: 1px solid black; padding: 2px;">109,659.25</span></div></div><div><b>B. TAXABLE COMPENSATION INCOME REGULAR</b><div>42 Basic Salary 42 <span style="border: 1px solid black; padding: 2px;">605,355.20</span></div><div>43 Representation 43 <span style="border: 1px solid black; padding: 2px;">0.00</span></div><div>44 Transportation 44 <span style="border: 1px solid black; padding: 2px;">0.00</span></div><div>45 Cost of Living Allowance 45 <span style="border: 1px solid black; padding: 2px;">4,301.00</span></div><div>46 Fixed Housing Allowance 46 <span style="border: 1px solid black; padding: 2px;">0.00</span></div><div>47 Others (Specify) 47A <span style="border: 1px solid black; padding: 2px;">Tempo Allowance</span> <span style="border: 1px solid black; padding: 2px;">0.00</span></div><div>47B <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;">0.00</span></div></div><div><b>SUPPLEMENTARY</b><div>48 Commission 48 <span style="border: 1px solid black; padding: 2px;">0.00</span></div><div>49 Profit Sharing 49 <span style="border: 1px solid black; padding: 2px;">0.00</span></div><div>50 Fees Including Director's Fees 50 <span style="border: 1px solid black; padding: 2px;">0.00</span></div><div>51 Taxable 13th Month Pay and Other Benefits 51 <span style="border: 1px solid black; padding: 2px;">66,842.00</span></div><div>52 Hazard Pay 52 <span style="border: 1px solid black; padding: 2px;">0.00</span></div><div>53 Overtime Pay 53 <span style="border: 1px solid black; padding: 2px;">0.00</span></div><div>54 Others (Specify) 54A <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;">0.00</span></div><div>54B <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;">0.00</span></div><div>55 Total Taxable Compensation Income 55 <span style="border: 1px solid black; padding: 2px;">676,498.20</span></div></div></div>
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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.

56 MA RITA CARMEN  
Present Employer/ Authorized Agent Signature Over Printed Name  
CONFORME:  
57 HULLEZA, CESAR JR LLAVE  
CTC No.  Employee Signature Over Printed Name  
of Employee  Place of Issue

Date Signed   
Date of Issue  Amount Paid

**To be accomplished under substituted filing**

58 MA RITA CARMEN  
Present Employer/ Authorized Agent Signature Over Printed Name  
(Head of Accounting/ Human Resource or Authorized Representative)

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.

59 HULLEZA, CESAR JR LLAVE  
Employee 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 No. 3-2002, as amended.