



Certificate of Compensation  
Payment/Tax Withheld

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) 2,0,1,7		2 For the Period From (MM/DD) 0,1,0,1 To (MM/DD) 0,0,0,0	
<b>Part I Employee Information</b>		<b>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</b>	
3 Taxpayer Identification No. 1,5,2,8,3,1,3,9,2		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) BAUTISTA, EDGAR EVARISTO 5 RDO Code 0,5,1		<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
6 Registered Address 6A Zip Code		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 0.00	
6B Local Home Address 6C Zip Code		33 Holiday Pay (MWE) 33 0.00	
6D Foreign Address 6E Zip Code		34 Overtime Pay (MWE) 34 0.00	
7 Date of Birth (MM/DD/YYYY) 0,1,1,5,1,9,7,3 8 Telephone Number		35 Night Shift Differential (MWE) 35 0.00	
9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		36 Hazard Pay (MWE) 36 0.00	
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)		37 13th Month Pay and Other Benefits 37 14,974.00	
12 Statutory Minimum Wage rate per day 12 13 Statutory Minimum Wage rate per month 13 0.00		38 De Minimis Benefits 38 42,543.30	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,419.30	
<b>Part II Employer Information (Present)</b>		40 Salaries & Other Forms of Compensation 40 0.00	
15 Taxpayer Identification No. 0,0,6,9,3,0,4,7,3,0,0,0		41 Total Non-Taxable/Exempt Compensation Income 41 42,543.30	
16 Employer's Name		<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	
17 Registered Address 17A Zip Code 770 E. Rodriguez Ext., Malibay, Pasay City 1,3,0,0		42 Basic Salary 42 155,756.18	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		43 Representation 43 0.00	
<b>Part III Employer Information (Previous)</b>		44 Transportation 44 0.00	
18 Taxpayer Identification No.		45 Cost of Living Allowance 45 0.00	
19 Employer's Name		46 Fixed Housing Allowance 46 0.00	
20 Registered Address 20A Zip Code		47 Others (Specify) 47A 0.00 47B 0.00	
<b>Part IV-A Summary</b>		<b>SUPPLEMENTARY</b>	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 229,126.40		48 Commission 48 0.00	
22 Less: Total Non-Taxable/Exempt (Item 41) 22 42,543.30		49 Profit Sharing 49 0.00	
23 Taxable Compensation Income from Present Employer (Item 55) 23 186,583.10		50 Fees Including Director's Fees 50 0.00	
24 Add: Taxable Compensation Income from Previous Employer 24 0.00		51 Taxable 13th Month Pay and Other Benefits 51 0.00	
25 Gross Taxable Compensation Income 25 186,583.10		52 Hazard Pay 52 0.00	
26 Less: Total Exemptions 26 100,000.00		53 Overtime Pay 53 24,668.52	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00		54 Others (Specify) 54A 0.00 54B 0.00	
28 Net Taxable Compensation Income 28 86,583.10		55 Total Taxable Compensation Income 55 186,583.10	
29 Tax Due 29 11,816.42			
30 Amount of Taxes Withheld 30A Present Employer 30A 13,384.77 30B Previous Employer 30B 0.00			
31 Total Amount of Taxes Withheld As adjusted 31 -1,568.35			
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		Date Signed	
CONFORME: 57 BAUTISTA, EDGAR EVARISTO Employee Signature Over Printed Name		Date Signed	
CTC No. of Employee Place of Issue		Date of Issue Amount Paid	
<b>To be accomplished under substituted filing</b>			
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.		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.	
58 MA RITA CARMEN Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)		59 BAUTISTA, EDGAR EVARISTO Employee Signature Over Printed Name	