

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"

<div style="border: 1px solid black; padding: 2px;">1 For the Year (YYYY) ▶ 2, 0, 1, 7</div> <div style="border: 1px solid black; padding: 2px;">Part I Employee Information 3 Taxpayer Identification No. ▶ 2, 4, 4, 2, 1, 4, 4, 3, 6 4 Employee's Name (Last Name, First Name, Middle Name) ▶ DEITA, AIREEN DUENAS 5 RDO Code ▶ 0, 5, 1 6 Registered Address ▶ Sto. Nino Binan, Laguna, Roxas City 6A Zip Code ▶ 6B Local Home Address ▶ 6C Zip Code ▶ 6D Foreign Address ▶ 6E Zip Code ▶ 7 Date of Birth (MM/DD/YYYY) ▶ 1, 0, 1, 8, 1, 9, 8, 3 8 Telephone Number ▶ 9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No 10 Name of Qualified Dependent Children <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 11 Date of Birth (MM/DD/YYYY) <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 12 Statutory Minimum Wage rate per day ▶ 13 Statutory Minimum Wage rate per month ▶ 0.00 14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</div>																																					<div style="border: 1px solid black; padding: 2px;">2 For the Period ▶ From (MM/DD) 0, 1, 0, 1 To (MM/DD) 0, 0, 0, 0</div> <div style="border: 1px solid black; padding: 2px;">Part IV-B Details of Compensation Income and Tax Withheld from Present Employer A. NON-TAXABLE/EXEMPT COMPENSATION INCOME <table border="1" style="width: 100%;"><tr><td>32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)</td><td>32</td><td>0.00</td></tr><tr><td>33 Holiday Pay (MWE)</td><td>33</td><td>0.00</td></tr><tr><td>34 Overtime Pay (MWE)</td><td>34</td><td>0.00</td></tr><tr><td>35 Night Shift Differential (MWE)</td><td>35</td><td>0.00</td></tr><tr><td>36 Hazard Pay (MWE)</td><td>36</td><td>0.00</td></tr><tr><td>37 13th Month Pay and Other Benefits</td><td>37</td><td>37,753.72</td></tr><tr><td>38 De Minimis Benefits</td><td>38</td><td>10,432.91</td></tr><tr><td>39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)</td><td>39</td><td>5,287.80</td></tr><tr><td>40 Salaries & Other Forms of Compensation</td><td>40</td><td>0.00</td></tr><tr><td>41 Total Non-Taxable/Exempt Compensation Income</td><td>41</td><td>53,474.43</td></tr></table> B. TAXABLE COMPENSATION INCOME REGULAR <table border="1" style="width: 100%;"><tr><td>42 Basic Salary</td><td>42</td><td>94,686.05</td></tr><tr><td>43 Representation</td><td>43</td><td>0.00</td></tr><tr><td>44 Transportation</td><td>44</td><td>0.00</td></tr><tr><td>45 Cost of Living Allowance</td><td>45</td><td>2,331.01</td></tr><tr><td>46 Fixed Housing Allowance</td><td>46</td><td>0.00</td></tr><tr><td>47 Others (Specify) 47A Tempo Allowance</td><td>47A</td><td>0.00</td></tr><tr><td>47B</td><td>47B</td><td>0.00</td></tr><tr><td>48 Commission</td><td>48</td><td>0.00</td></tr><tr><td>49 Profit Sharing</td><td>49</td><td>0.00</td></tr><tr><td>50 Fees Including Director's Fees</td><td>50</td><td>0.00</td></tr><tr><td>51 Taxable 13th Month Pay and Other Benefits</td><td>51</td><td>0.00</td></tr><tr><td>52 Hazard Pay</td><td>52</td><td>0.00</td></tr><tr><td>53 Overtime Pay</td><td>53</td><td>401.84</td></tr><tr><td>54 Others (Specify) 54A 54B</td><td>54A 54B</td><td>0.00 0.00</td></tr><tr><td>55 Total Taxable Compensation Income</td><td>55</td><td>97,418.90</td></tr></table></div>	32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32	0.00	33 Holiday Pay (MWE)	33	0.00	34 Overtime Pay (MWE)	34	0.00	35 Night Shift Differential (MWE)	35	0.00	36 Hazard Pay (MWE)	36	0.00	37 13th Month Pay and Other Benefits	37	37,753.72	38 De Minimis Benefits	38	10,432.91	39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	5,287.80	40 Salaries & Other Forms of Compensation	40	0.00	41 Total Non-Taxable/Exempt Compensation Income	41	53,474.43	42 Basic Salary	42	94,686.05	43 Representation	43	0.00	44 Transportation	44	0.00	45 Cost of Living Allowance	45	2,331.01	46 Fixed Housing Allowance	46	0.00	47 Others (Specify) 47A Tempo Allowance	47A	0.00	47B	47B	0.00	48 Commission	48	0.00	49 Profit Sharing	49	0.00	50 Fees Including Director's Fees	50	0.00	51 Taxable 13th Month Pay and Other Benefits	51	0.00	52 Hazard Pay	52	0.00	53 Overtime Pay	53	401.84	54 Others (Specify) 54A 54B	54A 54B	0.00 0.00	55 Total Taxable Compensation Income	55	97,418.90
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<div style="border: 1px solid black; padding: 2px;">Part II Employer Information (Present) 15 Taxpayer Identification No. ▶ 0, 0, 4, 7, 3, 0, 5, 7, 1, 0, 0, 0 16 Employer's Name ▶ 17 Registered Address ▶ 733 Wood St. Malibay, Pasay City 17A Zip Code ▶ 1, 3, 0, 0 <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</div> <div style="border: 1px solid black; padding: 2px;">Part III Employer Information (Previous) 18 Taxpayer Identification No. ▶ 19 Employer's Name ▶ 20 Registered Address ▶ 20A Zip Code ▶</div>	<div style="border: 1px solid black; padding: 2px;">Part IV-A Summary <table border="1" style="width: 100%;"><tr><td>21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)</td><td>21</td><td>150,893.33</td></tr><tr><td>22 Less: Total Non-Taxable/Exempt (Item 41)</td><td>22</td><td>53,474.43</td></tr><tr><td>23 Taxable Compensation Income from Present Employer (Item 55)</td><td>23</td><td>97,418.90</td></tr><tr><td>24 Add: Taxable Compensation Income from Previous Employer</td><td>24</td><td>0.00</td></tr><tr><td>25 Gross Taxable Compensation Income</td><td>25</td><td>97,418.90</td></tr><tr><td>26 Less: Total Exemptions</td><td>26</td><td>50,000.00</td></tr><tr><td>27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)</td><td>27</td><td>0.00</td></tr><tr><td>28 Net Taxable Compensation Income</td><td>28</td><td>47,418.90</td></tr><tr><td>29 Tax Due</td><td>29</td><td>5,112.69</td></tr><tr><td>30 Amount of Taxes Withheld 30A Present Employer 30B Previous Employer</td><td>30A 30B</td><td>11,855.24 0.00</td></tr><tr><td>31 Total Amount of Taxes Withheld As adjusted</td><td>31</td><td>-6,742.55</td></tr></table></div>	21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21	150,893.33	22 Less: Total Non-Taxable/Exempt (Item 41)	22	53,474.43	23 Taxable Compensation Income from Present Employer (Item 55)	23	97,418.90	24 Add: Taxable Compensation Income from Previous Employer	24	0.00	25 Gross Taxable Compensation Income	25	97,418.90	26 Less: Total Exemptions	26	50,000.00	27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27	0.00	28 Net Taxable Compensation Income	28	47,418.90	29 Tax Due	29	5,112.69	30 Amount of Taxes Withheld 30A Present Employer 30B Previous Employer	30A 30B	11,855.24 0.00	31 Total Amount of Taxes Withheld As adjusted	31	-6,742.55																																																																														
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<div style="border: 1px solid black; padding: 2px;"><p>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.</p><div style="display: flex; justify-content: space-between;"><div>56 MA RITA CARMEN Present Employer/ Authorized Agent Signature Over Printed Name CONFORME: 57 DEITA, AIREEN DUENAS Employee Signature Over Printed Name CTC No. of Employee Place of Issue </div><div>Date Signed Date of Issue Amount Paid </div></div></div> <div style="border: 1px solid black; padding: 2px;"><p style="text-align: center;">To be accomplished under substituted filing</p><div style="display: flex; justify-content: space-between;"><div><p>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.</p><p>58 MA RITA CARMEN Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)</p></div><div><p>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.</p><p>59 DEITA, AIREEN DUENAS Employee Signature Over Printed Name</p></div></div></div>																																																																																																																