

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"

1 For the Year (YYYY) ▶ 2,0,1,8		2 For the Period ▶ From (MM/DD) 1,0,0,1 To (MM/DD) 0,0,0,0	
Part I Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 Taxpayer Identification No. ▶ 2,5,6,3,4,4,6,2,5		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) ▶ DE LEON, ALBERTO MALONZO		5 RDO Code ▶ 0,5,1	
6 Registered Address ▶		6A Zip Code ▶	
6B Local Home Address ▶		6C Zip Code ▶	
6D Foreign Address ▶		6E Zip Code ▶	
7 Date of Birth (MM/DD/YYYY) ▶ 0,1,0,4,1,9,6,4		8 Telephone Number ▶	
9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 0.00	
10 Name of Qualified Dependent Children		33 Holiday Pay (MWE) 33 0.00	
11 Date of Birth (MM/DD/YYYY)		34 Overtime Pay (MWE) 34 0.00	
12 Statutory Minimum Wage rate per day 12		35 Night Shift Differential (MWE) 35 0.00	
13 Statutory Minimum Wage rate per month 13 0.00		36 Hazard Pay (MWE) 36 0.00	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		37 13th Month Pay and Other Benefits 37 4,192.50	
15 Taxpayer Identification No. ▶ 0,0,4,7,3,0,5,7,1,0,0,0		38 De Minimis Benefits 38 4,146.33	
16 Employer's Name ▶		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 2,735.67	
17 Registered Address ▶ 733 Wood St. Malibay, Pasay City		40 Salaries & Other Forms of Compensation 40 0.00	
17A Zip Code ▶ 1,3,0,0		41 Total Non-Taxable/Exempt Compensation Income 41 11,074.50	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		B. TAXABLE COMPENSATION INCOME REGULAR	
Part III Employer Information (Previous)		42 Basic Salary 42 46,690.29	
18 Taxpayer Identification No. ▶		43 Representation 43 0.00	
19 Employer's Name ▶		44 Transportation 44 0.00	
20 Registered Address ▶		45 Cost of Living Allowance 45 1,158.01	
20A Zip Code ▶		46 Fixed Housing Allowance 46 0.00	
Part IV-A Summary		47 Others (Specify)	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 59,533.59		47A Tempo Allowance 47A 0.00	
22 Less: Total Non-Taxable/Exempt (Item 41) 22 11,074.50		47B Service Allowance 47B 0.00	
23 Taxable Compensation Income from Present Employer (Item 55) 23 48,459.09		SUPPLEMENTARY	
24 Add: Taxable Compensation Income from Previous Employer 24 0.00		48 Commission 48 0.00	
25 Gross Taxable Compensation Income 25 48,459.09		49 Profit Sharing 49 0.00	
26 Less: Total Exemptions 26 0.00		50 Fees Including Director's Fees 50 0.00	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00		51 Taxable 13th Month Pay and Other Benefits 51 0.00	
28 Net Taxable Compensation Income 28 48,459.09		52 Hazard Pay 52 0.00	
29 Tax Due 29 0.00		53 Overtime Pay 53 610.79	
30 Amount of Taxes Withheld		54 Others (Specify)	
30A Present Employer 30A 0.00		54A 0.00	
30B Previous Employer 30B 0.00		54B 0.00	
31 Total Amount of Taxes Withheld As adjusted 31 0.00		55 Total Taxable Compensation Income 55 48,459.09	

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 ANTONIO CABIJE

Date Signed

Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME:

57 DE LEON, ALBERTO MALONZO

Date Signed

CTC No. Employee Signature Over Printed Name

of Employee

Place of Issue

Date of Issue

Amount Paid

To be accomplished under substituted filing

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.

58 ANTONIO CABIJE

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

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.

59 DE LEON, ALBERTO MALONZO

Employee Signature Over Printed Name