

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) ▶ 2,0,1,7		2 For the Period ▶ From (MM/DD) 0,1,0,1 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. ▶ 1,7,9,5,8,1,5,7,0		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) ▶ GARCES, JOCELYN SERIO		5 RDO Code ▶ 0,5,1	
6 Registered Address ▶ BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, TAGUIG		6A Zip Code ▶ 1,6,3,3	
6B Local Home Address ▶		6C Zip Code ▶	
6D Foreign Address ▶		6E Zip Code ▶	
7 Date of Birth (MM/DD/YYYY) ▶ 0,6,3,0,1,9,7,3		8 Telephone Number ▶	
9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 0.00	
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		33 Holiday Pay (MWE) 33 0.00	
10 Name of Qualified Dependent Children		34 Overtime Pay (MWE) 34 0.00	
11 Date of Birth (MM/DD/YYYY)		35 Night Shift Differential (MWE) 35 0.00	
12 Statutory Minimum Wage rate per day 12		36 Hazard Pay (MWE) 36 0.00	
13 Statutory Minimum Wage rate per month 13 0.00		37 13th Month Pay and Other Benefits 37 28,523.00	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		38 De Minimis Benefits 38 22,195.86	
Part II Employer Information (Present)		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,172.70	
15 Taxpayer Identification No. ▶ 0,0,3,9,4,3,2,1,3,0,0,0		40 Salaries & Other Forms of Compensation 40 0.00	
16 Employer's Name ▶		41 Total Non-Taxable/Exempt Compensation Income 41 59,891.56	
17 Registered Address ▶ 770 E. Rodriguez Ext., Malibay, Pasay City		B. TAXABLE COMPENSATION INCOME REGULAR	
17A Zip Code ▶ 1,3,0,0		42 Basic Salary 42 231,957.31	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		43 Representation 43 0.00	
Part III Employer Information (Previous)		44 Transportation 44 0.00	
18 Taxpayer Identification No. ▶		45 Cost of Living Allowance 45 3,323.50	
19 Employer's Name ▶		46 Fixed Housing Allowance 46 0.00	
20 Registered Address ▶		47 Others (Specify) 47A Tempo Allowance 47A 18,000.00	
20A Zip Code ▶		47B 47B 0.00	
Part IV-A Summary		SUPPLEMENTARY	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 355,640.57		48 Commission 48 0.00	
22 Less: Total Non-Taxable/Exempt (Item 41) 22 59,891.56		49 Profit Sharing 49 0.00	
23 Taxable Compensation Income from Present Employer (Item 55) 23 295,749.01		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 25 355,640.57		52 Hazard Pay 52 0.00	
26 Less: Total Exemptions 26 125,000.00		53 Overtime Pay 53 60,468.20	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00		54 Others (Specify) 54A 54A 0.00	
28 Net Taxable Compensation Income 28 170,749.01		54B 54B 0.00	
29 Tax Due 29 30,187.00		55 Total Taxable Compensation Income 55 295,749.01	
30 Amount of Taxes Withheld			
30A Present Employer 30A 53,452.97			
30B Previous Employer 30B 0.00			
31 Total Amount of Taxes Withheld As adjusted 31 -23,265.97			

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

Date Signed

CONFORME: Present Employer/ Authorized Agent Signature Over Printed Name

57 GARCES, JOCELYN SERIO

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 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 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 GARCES, JOCELYN SERIO

Employee Signature Over Printed Name