

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. ▶ 1,8,8,3,2,5,9,0,9		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) ▶ CACANINDIN, JENELYN ANGELES		<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
5 RDO Code ▶ 0,5,1		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 0.00	
6 Registered Address ▶ BLK 24 LOT AR 1 KAUNLARAN VILLAGE NAVOTAS, STA CRUZ LOCOS SUR		33 Holiday Pay (MWE) 33 0.00	
6B Local Home Address ▶		34 Overtime Pay (MWE) 34 0.00	
6C Zip Code ▶		35 Night Shift Differential (MWE) 35 0.00	
6D Foreign Address ▶		36 Hazard Pay (MWE) 36 0.00	
6E Zip Code ▶		37 13th Month Pay and Other Benefits 37 56,714.00	
7 Date of Birth (MM/DD/YYYY) ▶ 0,3,1,7,1,9,7,4		38 De Minimis Benefits 38 0.00	
8 Telephone Number ▶		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 5,962.80	
9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married		40 Salaries & Other Forms of Compensation 40 0.00	
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		41 Total Non-Taxable/Exempt Compensation Income 41 78,276.80	
10 Name of Qualified Dependent Children		<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	
11 Date of Birth (MM/DD/YYYY)		42 Basic Salary 42 145,555.68	
12 Statutory Minimum Wage rate per day 12		43 Representation 43 0.00	
13 Statutory Minimum Wage rate per month 13 0.00		44 Transportation 44 0.00	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		45 Cost of Living Allowance 45 0.00	
<b>Part II Employer Information (Present)</b>		46 Fixed Housing Allowance 46 0.00	
15 Taxpayer Identification No. ▶ 0,0,0,8,2,6,3,6,6,0,0,0		47 Others (Specify)	
16 Employer's Name ▶		47A 47A 0.00	
17 Registered Address ▶ 733 Wood St., Malibay, Pasay		47B 47B 0.00	
17A Zip Code ▶ 1,3,0,0		<b>SUPPLEMENTARY</b>	
City <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		48 Commission 48 0.00	
<b>Part III Employer Information (Previous)</b>		49 Profit Sharing 49 0.00	
18 Taxpayer Identification No. ▶		50 Fees Including Director's Fees 50 0.00	
19 Employer's Name ▶		51 Taxable 13th Month Pay and Other Benefits 51 0.00	
20 Registered Address ▶		52 Hazard Pay 52 0.00	
20A Zip Code ▶		53 Overtime Pay 53 0.00	
<b>Part IV-A Summary</b>		54 Others (Specify)	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 275,702.65		54A 54A 0.00	
22 Less: Total Non-Taxable/Exempt (Item 41) 22 78,276.80		54B 54B 0.00	
23 Taxable Compensation Income from Present Employer (Item 55) 23 197,425.85		55 Total Taxable Compensation Income 55 197,425.85	
24 Add: Taxable Compensation Income from Previous Employer 24 0.00			
25 Gross Taxable Compensation Income 25 275,702.65			
26 Less: Total Exemptions 26 75,000.00			
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00			
28 Net Taxable Compensation Income 28 122,425.85			
29 Tax Due 29 18,984.97			
30 Amount of Taxes Withheld			
30A Present Employer 30A 39,583.38			
30B Previous Employer 30B 0.00			
31 Total Amount of Taxes Withheld As adjusted 31 -20,598.41			

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 CACANINDIN, JENELYN ANGELES

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 CACANINDIN, JENELYN ANGELES

Employee Signature Over Printed Name