

 <div>Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas</div>		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. 2, 0, 2, 5, 1, 6, 4, 5, 1		Amount			
4 Employee's Name (Last Name, First Name, Middle Name) DURAN, ALAN MONSANTO		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
5 RDO Code 1, 2, 5		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 0.00			
6 Registered Address 4886 int. 22 san martin st. old sta. mesa manila, n/a		33 Holiday Pay (MWE) 33 0.00			
6A Zip Code 1, 0, 1, 6		34 Overtime Pay (MWE) 34 0.00			
6B Local Home Address		35 Night Shift Differential (MWE) 35 0.00			
6C Zip Code		36 Hazard Pay (MWE) 36 0.00			
6D Foreign Address		37 13th Month Pay and Other Benefits 37 44,732.44			
6E Zip Code		38 De Minimis Benefits 38 28,475.40			
7 Date of Birth (MM/DD/YYYY) 0, 4, 2, 6, 1, 9, 7, 8		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 10,794.30			
8 Telephone Number		40 Salaries & Other Forms of Compensation 40 0.00			
9 Exemption Status Single <input type="checkbox"/> Married <input checked="" type="checkbox"/>		41 Total Non-Taxable/Exempt Compensation Income 41 84,002.14			
9A Is the wife claiming the additional exemption for qualified dependent children? Yes <input type="checkbox"/> No <input type="checkbox"/>		B. TAXABLE COMPENSATION INCOME REGULAR			
10 Name of Qualified Dependent Children		42 Basic Salary 42 253,592.30			
11 Date of Birth (MM/DD/YYYY)		43 Representation 43 0.00			
12 Statutory Minimum Wage rate per day 12		44 Transportation 44 0.00			
13 Statutory Minimum Wage rate per month 13 0.00		45 Cost of Living Allowance 45 4,282.26			
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		46 Fixed Housing Allowance 46 0.00			
Part II Employer Information (Present)		47 Others (Specify) 47A Tempo Allowance 0.00			
15 Taxpayer Identification No. 0, 0, 1, 2, 1, 8, 9, 1, 1, 0, 0, 0		47B 0.00			
16 Employer's Name		SUPPLEMENTARY			
17 Registered Address 60 Pioneer cor. Madison St. Mandaluyong City		48 Commission 48 0.00			
17A Zip Code 1, 5, 0, 0		49 Profit Sharing 49 0.00			
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		50 Fees Including Director's Fees 50 0.00			
Part III Employer Information (Previous)		51 Taxable 13th Month Pay and Other Benefits 51 0.00			
18 Taxpayer Identification No.		52 Hazard Pay 52 0.00			
19 Employer's Name		53 Overtime Pay 53 11,482.80			
20 Registered Address		54 Others (Specify) 54A 0.00			
20A Zip Code		54B 0.00			
Part IV-A Summary		55 Total Taxable Compensation Income 55 269,357.36			
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 353,359.50					
22 Less: Total Non-Taxable/Exempt (Item 41) 22 84,002.14					
23 Taxable Compensation Income from Present Employer (Item 55) 23 269,357.36					
24 Add: Taxable Compensation Income from Previous Employer 24 0.00					
25 Gross Taxable Compensation Income 25 269,357.36					
26 Less: Total Exemptions 26 100,000.00					
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00					
28 Net Taxable Compensation Income 28 169,357.36					
29 Tax Due 29 29,839.09					
30 Amount of Taxes Withheld 30A Present Employer 30A 33,251.86 30B Previous Employer 30B 0.00					
31 Total Amount of Taxes Withheld As adjusted 31 -3,412.77					
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 DURAN, ALAN MONSANTO Employee Signature Over Printed Name Date Signed					
CTC No. 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 DURAN, ALAN MONSANTO Employee Signature Over Printed Name					