

 <div>Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas</div>		BIR Form No. 2316 July 2008 (ENCS)	
Certificate of Compensation Payment/Tax Withheld			
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, 3, 7, 8, 8, 3, 9, 8		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) AVES, RAYMUNDO SALAZAR		5 RDO Code 1, 2, 5	
6 Registered Address 733 Wood St., Pasay City		6A Zip Code	
6B Local Home Address		6C Zip Code	
6D Foreign Address		6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 0, 9, 0, 9, 1, 9, 7, 0		8 Telephone Number	
9 Exemption Status <input checked="" type="checkbox"/> Single <input 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 15,158.00	
15 Taxpayer Identification No. 0, 0, 1, 2, 1, 8, 9, 1, 1, 0, 0, 0		38 De Minimis Benefits 38 30,975.71	
16 Employer's Name		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 13,425.60	
17 Registered Address 60 Pioneer cor. Madison St. Mandaluyong City		40 Salaries & Other Forms of Compensation 40 0.00	
17A Zip Code 1, 5, 0, 0		41 Total Non-Taxable/Exempt Compensation Income 41 28,583.60	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		B. TAXABLE COMPENSATION INCOME REGULAR	
Part II Employer Information (Present)		42 Basic Salary 42 640,227.56	
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 4,658.27	
20A Zip Code		46 Fixed Housing Allowance 46 0.00	
Part III Employer Information (Previous)		47 Others (Specify) 47A Tempo Allowance 0.00	
21 Taxpayer Identification No.		47B Service Allowance 0.00	
22 Employer's Name		SUPPLEMENTARY	
23 Registered Address		48 Commission 48 0.00	
23A Zip Code		49 Profit Sharing 49 0.00	
Part IV-A Summary		50 Fees Including Director's Fees 50 0.00	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 840,301.38		51 Taxable 13th Month Pay and Other Benefits 51 166,831.95	
22 Less: Total Non-Taxable/Exempt (Item 41) 28,583.60		52 Hazard Pay 52 0.00	
23 Taxable Compensation Income from Present Employer (Item 55) 811,717.78		53 Overtime Pay 53 0.00	
24 Add: Taxable Compensation Income from Previous Employer 0.00		54 Others (Specify) 54A 0.00	
25 Gross Taxable Compensation Income 811,717.78		54B 0.00	
26 Less: Total Exemptions 100,000.00		55 Total Taxable Compensation Income 811,717.78	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 0.00			
28 Net Taxable Compensation Income 711,717.78			
29 Tax Due 192,749.69			
30 Amount of Taxes Withheld 30A Present Employer 171,436.49			
30B Previous Employer 0.00			
31 Total Amount of Taxes Withheld As adjusted 21,313.20			
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 Present Employer/ Authorized Agent Signature Over Printed Name		Date Signed	
CONFORME: 57 AVES, RAYMUNDO SALAZAR CTC No. Employee Signature Over Printed Name		Date Signed	
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.		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.	
58 ANTONIO CABIJE Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)		59 AVES, RAYMUNDO SALAZAR Employee Signature Over Printed Name	