

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas InternasCertificate 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	
3 Taxpayer Identification No. ▶ 1,3,4,5,3,7,6,3,4	
4 Employee's Name (Last Name, First Name, Middle Name) ▶ MUNAR, OLIGARIO BEJAR	
5 RDO Code ▶ 1,2,5	
6 Registered Address ▶ BLOCK 6 BLESS COMPOUND, MANDALUYONG CITY	
6A Zip Code ▶	
6B Local Home Address ▶	
6C Zip Code ▶	
6D Foreign Address ▶	
6E Zip Code ▶	
7 Date of Birth (MM/DD/YYYY) ▶ 0,3,0,4,1,9,6,3	8 Telephone Number ▶
9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married	
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10 Name of Qualified Dependent Children	11 Date of Birth (MM/DD/YYYY)
12 Statutory Minimum Wage rate per day ▶	
13 Statutory Minimum Wage rate per month ▶	0.00
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	
Part II Employer Information (Present)	
15 Taxpayer Identification No. ▶ 0,0,1,2,1,8,9,1,1,0,0,0	
16 Employer's Name ▶	
17 Registered Address ▶ 60 Pioneer cor. Madison St. Mandaluyong City	
17A Zip Code ▶ 1,5,0,0	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	
Part III Employer Information (Previous)	
18 Taxpayer Identification No. ▶	
19 Employer's Name ▶	
20 Registered Address ▶	
20A Zip Code ▶	
Part IV-A Summary	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	341,423.42
22 Less: Total Non-Taxable/Exempt (Item 41)	55,497.55
23 Taxable Compensation Income from Present Employer (Item 55)	285,925.87
24 Add: Taxable Compensation Income from Previous Employer	0.00
25 Gross Taxable Compensation Income	285,925.87
26 Less: Total Exemptions	150,000.00
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	0.00
28 Net Taxable Compensation Income	135,925.87
29 Tax Due	21,685.17
30 Amount of Taxes Withheld	
30A Present Employer	21,741.99
30B Previous Employer	0.00
31 Total Amount of Taxes Withheld As adjusted	-56.82
Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	0.00
33 Holiday Pay (MWE)	0.00
34 Overtime Pay (MWE)	0.00
35 Night Shift Differential (MWE)	0.00
36 Hazard Pay (MWE)	0.00
37 13th Month Pay and Other Benefits	19,921.20
38 De Minimis Benefits	25,018.85
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	10,557.50
40 Salaries & Other Forms of Compensation	0.00
41 Total Non-Taxable/Exempt Compensation Income	55,497.55
B. TAXABLE COMPENSATION INCOME REGULAR	
42 Basic Salary	184,118.54
43 Representation	0.00
44 Transportation	0.00
45 Cost of Living Allowance	4,658.27
46 Fixed Housing Allowance	0.00
47 Others (Specify)	
47A Tempo Allowance	0.00
47B Service Allowance	96,525.10
SUPPLEMENTARY	
48 Commission	0.00
49 Profit Sharing	0.00
50 Fees Including Director's Fees	0.00
51 Taxable 13th Month Pay and Other Benefits	0.00
52 Hazard Pay	0.00
53 Overtime Pay	623.96
54 Others (Specify)	
54A	0.00
54B	0.00
55 Total Taxable Compensation Income	285,925.87

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 JESUS GABRIEL BUFETE

Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME:

57 MUNAR, OLIGARIO BEJAR

CTC No. Employee Signature Over Printed Name

of Employee

Place of Issue

Date Signed

Date Signed

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 JESUS GABRIEL BUFETEPresent 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 MUNAR, OLIGARIO BEJAR

Employee Signature Over Printed Name