

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	
Part I Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 Taxpayer Identification No. ▶ 1, 5, 2, 8, 3, 1, 3, 9, 2		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) ▶ BAUTISTA, EDGAR EVARISTO		5 RDO Code ▶ 0, 5, 1	
6 Registered Address ▶		6A Zip Code ▶	
6B Local Home Address ▶		6C Zip Code ▶	
6D Foreign Address ▶		6E Zip Code ▶	
7 Date of Birth (MM/DD/YYYY) ▶ 0, 1, 1, 5, 1, 9, 7, 3		8 Telephone Number ▶	
9 Exemption Status <input type="checkbox"/> Single <input checked="" 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 14,974.00	
15 Taxpayer Identification No. ▶ 0, 0, 6, 9, 3, 0, 4, 7, 3, 0, 0, 0		38 De Minimis Benefits 38 18,150.00	
16 Employer's Name ▶		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,419.30	
17 Registered Address ▶ 770 E. Rodriguez Ext., Malibay, Pasay City		40 Salaries & Other Forms of Compensation 40 0.00	
17A Zip Code ▶ 1, 3, 0, 0		41 Total Non-Taxable/Exempt Compensation Income 41 42,543.30	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		B. TAXABLE COMPENSATION INCOME REGULAR	
Part II Employer Information (Present)		42 Basic Salary 42 155,756.18	
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 4,301.00	
20A Zip Code ▶		46 Fixed Housing Allowance 46 0.00	
Part III Employer Information (Previous)		47 Others (Specify)	
21 Taxpayer Identification No. ▶		47A 47A 0.00	
22 Employer's Name ▶		47B 47B 0.00	
23 Registered Address ▶		SUPPLEMENTARY	
23A Zip Code ▶		48 Commission 48 0.00	
Part IV-A Summary		49 Profit Sharing 49 0.00	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 229,126.40		50 Fees Including Director's Fees 50 0.00	
22 Less: Total Non-Taxable/Exempt (Item 41) 22 42,543.30		51 Taxable 13th Month Pay and Other Benefits 51 0.00	
23 Taxable Compensation Income from Present Employer (Item 55) 23 186,583.10		52 Hazard Pay 52 0.00	
24 Add: Taxable Compensation Income from Previous Employer 24 0.00		53 Overtime Pay 53 24,668.52	
25 Gross Taxable Compensation Income 25 186,583.10		54 Others (Specify)	
26 Less: Total Exemptions 26 100,000.00		54A 54A 0.00	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00		54B 54B 0.00	
28 Net Taxable Compensation Income 28 86,583.10		55 Total Taxable Compensation Income 55 186,583.10	
29 Tax Due 29 11,816.42			
30 Amount of Taxes Withheld			
30A Present Employer 30A 13,384.77			
30B Previous Employer 30B 0.00			
31 Total Amount of Taxes Withheld As adjusted 31 -1,568.35			

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 BAUTISTA, EDGAR EVARISTO

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 BAUTISTA, EDGAR EVARISTO

Employee Signature Over Printed Name