

 <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, 8		2 For the Period From (MM/DD) 0, 7, 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. 3, 0, 8, 5, 3, 9, 0, 9, 8		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) BRINGINO, ALBERT TUBALE		5 RDO Code 0, 5, 1	
6 Registered Address 6A Zip Code		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
6B Local Home Address 6C Zip Code		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 0.00	
6D Foreign Address 6E Zip Code		33 Holiday Pay (MWE) 33 0.00	
7 Date of Birth (MM/DD/YYYY) 0, 4, 0, 5, 1, 9, 8, 9		34 Overtime Pay (MWE) 34 0.00	
8 Telephone Number		35 Night Shift Differential (MWE) 35 0.00	
9 Exemption Status Single <input type="checkbox"/> Married <input checked="" type="checkbox"/>		36 Hazard Pay (MWE) 36 0.00	
9A Is the wife claiming the additional exemption for qualified dependent children? Yes <input type="checkbox"/> No <input type="checkbox"/>		37 13th Month Pay and Other Benefits 37 6,806.00	
10 Name of Qualified Dependent Children		38 De Minimis Benefits 38 7,153.99	
11 Date of Birth (MM/DD/YYYY)		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 4,956.72	
12 Statutory Minimum Wage rate per day 12		40 Salaries & Other Forms of Compensation 40 0.00	
13 Statutory Minimum Wage rate per month 13 0.00		41 Total Non-Taxable/Exempt Compensation Income 41 18,916.71	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		B. TAXABLE COMPENSATION INCOME REGULAR	
Part II Employer Information (Present)		42 Basic Salary 42 76,193.35	
15 Taxpayer Identification No. 0, 0, 4, 7, 3, 0, 5, 7, 1, 0, 0, 0		43 Representation 43 0.00	
16 Employer's Name		44 Transportation 44 0.00	
17 Registered Address 733 Wood St. Malibay, Pasay City		45 Cost of Living Allowance 45 2,331.01	
17A Zip Code 1, 3, 0, 0		46 Fixed Housing Allowance 46 0.00	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		47 Others (Specify) 47A Tempo Allowance 47A 0.00 47B Service Allowance 47B 0.00	
Part III Employer Information (Previous)		SUPPLEMENTARY	
18 Taxpayer Identification No.		48 Commission 48 0.00	
19 Employer's Name		49 Profit Sharing 49 0.00	
20 Registered Address		50 Fees Including Director's Fees 50 0.00	
20A Zip Code		51 Taxable 13th Month Pay and Other Benefits 51 0.00	
Part IV-A Summary		52 Hazard Pay 52 0.00	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 97,441.07		53 Overtime Pay 53 0.00	
22 Less: Total Non-Taxable/Exempt (Item 41) 22 18,916.71		54 Others (Specify) 54A 54A 0.00 54B 54B 0.00	
23 Taxable Compensation Income from Present Employer (Item 55) 23 78,524.36		55 Total Taxable Compensation Income 55 78,524.36	
24 Add: Taxable Compensation Income from Previous Employer 24 0.00			
25 Gross Taxable Compensation Income 25 78,524.36			
26 Less: Total Exemptions 26 0.00			
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00			
28 Net Taxable Compensation Income 28 78,524.36			
29 Tax Due 29 0.00			
30 Amount of Taxes Withheld 30A Present Employer 30A 0.00 30B Previous Employer 30B 0.00			
31 Total Amount of Taxes Withheld As adjusted 31 0.00			
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 BRINGINO, ALBERT TUBALE 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 BRINGINO, ALBERT TUBALE Employee Signature Over Printed Name	