

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"

<div>1 For the Year (YYYY) 2,0,1,8</div> <div>Part I Employee Information<div>3 Taxpayer Identification No. 2,4,0,3,0,2,7,1,0</div><div>4 Employee's Name (Last Name, First Name, Middle Name) BUSCANO, EDELYN ARTIAGA 5 RDO Code 0,4,8</div><div>6 Registered Address 1090-A Rodriguez Ave. cor Belarmino St Bangkal Makati City 6A Zip Code </div><div>6B Local Home Address 6C Zip Code </div><div>6D Foreign Address 6E Zip Code </div><div>7 Date of Birth (MM/DD/YYYY) 1,1,2,5,1,9,8,5 8 Telephone Number </div><div>9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married</div><div>9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No</div><div>10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY) <table border="1" style="width:100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></div><div>12 Statutory Minimum Wage rate per day 12 </div><div>13 Statutory Minimum Wage rate per month 13 0.00</div><div>14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</div></div> <div>Part II Employer Information (Present)<div>15 Taxpayer Identification No. 2,0,8,0,9,4,0,4,0,0,0,0</div><div>16 Employer's Name </div><div>17 Registered Address 2650 A. Bonifacio St., Bangkal, Makati City 17A Zip Code 1,2,3,3</div><div><input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</div></div> <div>Part III Employer Information (Previous)<div>18 Taxpayer Identification No. </div><div>19 Employer's Name </div><div>20 Registered Address 20A Zip Code </div></div> <div>Part IV-A Summary<table border="1" style="width:100%; border-collapse: collapse;"><tr><td>21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)</td><td style="text-align: right;">340,449.80</td></tr><tr><td>22 Less: Total Non-Taxable/Exempt (Item 41)</td><td style="text-align: right;">86,686.44</td></tr><tr><td>23 Taxable Compensation Income from Present Employer (Item 55)</td><td style="text-align: right;">253,763.36</td></tr><tr><td>24 Add: Taxable Compensation Income from Previous Employer</td><td style="text-align: right;">0.00</td></tr><tr><td>25 Gross Taxable Compensation Income</td><td style="text-align: right;">253,763.36</td></tr><tr><td>26 Less: Total Exemptions</td><td style="text-align: right;">0.00</td></tr><tr><td>27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)</td><td style="text-align: right;">0.00</td></tr><tr><td>28 Net Taxable Compensation Income</td><td style="text-align: right;">253,763.36</td></tr><tr><td>29 Tax Due</td><td style="text-align: right;">752.67</td></tr><tr><td>30 Amount of Taxes Withheld</td><td></td></tr><tr><td>30A Present Employer</td><td style="text-align: right;">3,470.36</td></tr><tr><td>30B Previous Employer</td><td style="text-align: right;">0.00</td></tr><tr><td>31 Total Amount of Taxes Withheld As adjusted</td><td style="text-align: right;">-2,717.69</td></tr></table></div>																									21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	340,449.80	22 Less: Total Non-Taxable/Exempt (Item 41)	86,686.44	23 Taxable Compensation Income from Present Employer (Item 55)	253,763.36	24 Add: Taxable Compensation Income from Previous Employer	0.00	25 Gross Taxable Compensation Income	253,763.36	26 Less: Total Exemptions	0.00	27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	0.00	28 Net Taxable Compensation Income	253,763.36	29 Tax Due	752.67	30 Amount of Taxes Withheld		30A Present Employer	3,470.36	30B Previous Employer	0.00	31 Total Amount of Taxes Withheld As adjusted	-2,717.69	<div>2 For the Period From (MM/DD) 0,1,0,1 To (MM/DD) 0,0,0,0</div> <div>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th></th><th style="text-align: right;">Amount</th></tr></thead><tbody><tr><td colspan="2">A. 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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 BUSCANO, EDELYN ARTIAGA
CTC No. Employee Signature Over Printed Name
of Employee Place of Issue

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 ANTONIO CABIJE
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 BUSCANO, EDELYN ARTIAGA
Employee Signature Over Printed Name