



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"

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	
<b>Part I Employee Information</b>		<b>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</b>	
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	
<b>Part II Employer Information (Present)</b>		38 De Minimis Benefits 38 18,150.00	
15 Taxpayer Identification No. ▶ 0,0,6,9,3,0,4,7,3,0,0,0		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,419.30	
16 Employer's Name ▶		40 Salaries & Other Forms of Compensation 40 0.00	
17 Registered Address ▶ 770 E. Rodriguez Ext., Malibay, Pasay City		41 Total Non-Taxable/Exempt Compensation Income 41 42,543.30	
17A Zip Code ▶ 1,3,0,0		B. TAXABLE COMPENSATION INCOME REGULAR	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		42 Basic Salary 42 155,756.18	
<b>Part III Employer Information (Previous)</b>		43 Representation 43 0.00	
18 Taxpayer Identification No. ▶		44 Transportation 44 0.00	
19 Employer's Name ▶		45 Cost of Living Allowance 45 0.00	
20 Registered Address ▶		46 Fixed Housing Allowance 46 0.00	
20A Zip Code ▶		47 Others (Specify)	
<b>Part IV-A Summary</b>		47A 47A 0.00	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 229,126.40		47B 47B 0.00	
22 Less: Total Non-Taxable/Exempt (Item 41) 22 42,543.30		SUPPLEMENTARY	
23 Taxable Compensation Income from Present Employer (Item 55) 23 186,583.10		48 Commission 48 0.00	
24 Add: Taxable Compensation Income from Previous Employer 24 0.00		49 Profit Sharing 49 0.00	
25 Gross Taxable Compensation Income 25 186,583.10		50 Fees Including Director's Fees 50 0.00	
26 Less: Total Exemptions 26 100,000.00		51 Taxable 13th Month Pay and Other Benefits 51 0.00	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00		52 Hazard Pay 52 0.00	
28 Net Taxable Compensation Income 28 86,583.10		53 Overtime Pay 53 24,668.52	
29 Tax Due 29 11,816.42		54 Others (Specify)	
30 Amount of Taxes Withheld 30A Present Employer 30A 13,384.77		54A 54A 0.00	
30B Previous Employer 30B 0.00		54B 54B 0.00	
31 Total Amount of Taxes Withheld As adjusted 31 -1,568.35		55 Total Taxable Compensation Income 55 186,583.10	
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 Present Employer/ Authorized Agent Signature Over Printed Name		Date Signed	
CONFORME: 57 BAUTISTA, EDGAR EVARISTO CTC No. Employee Signature Over Printed Name		Date Signed	
of Employee Place of Issue		Date of Issue	
Amount Paid			
<b>To be accomplished under substituted filing</b>			
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 MA RITA CARMEN Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)		59 BAUTISTA, EDGAR EVARISTO Employee Signature Over Printed Name	