



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) 2,0,1,8		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. 2,4,0,3,0,2,7,1,0		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) BUSCANO, EDELYN ARTIAGA		5 RDO Code 0,4,8	
6 Registered Address 1090-A Rodriguez Ave. cor Belarmino St Bangkal Makati City		6A Zip Code	
6B Local Home Address		6C Zip Code	
6D Foreign Address		6E Zip Code	
7 Date of Birth (MM/DD/YYYY) 1,1,2,5,1,9,8,5		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) 0.00	
10 Name of Qualified Dependent Children		33 Holiday Pay (MWE) 0.00	
11 Date of Birth (MM/DD/YYYY)		34 Overtime Pay (MWE) 0.00	
12 Statutory Minimum Wage rate per day		35 Night Shift Differential (MWE) 0.00	
13 Statutory Minimum Wage rate per month 0.00		36 Hazard Pay (MWE) 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 37,130.00	
Part II Employer Information (Present)		38 De Minimis Benefits 31,200.00	
15 Taxpayer Identification No. 2,0,8,0,9,4,0,4,0,0,0,0		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 11,238.84	
16 Employer's Name		40 Salaries & Other Forms of Compensation 0.00	
17 Registered Address 2650 A. Bonifacio St., Bangkal, Makati City		41 Total Non-Taxable/Exempt Compensation Income 86,686.44	
17A Zip Code 1,2,3,3		B. TAXABLE COMPENSATION INCOME REGULAR	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		42 Basic Salary 211,541.16	
Part III Employer Information (Previous)		43 Representation 0.00	
18 Taxpayer Identification No.		44 Transportation 0.00	
19 Employer's Name		45 Cost of Living Allowance 4,692.00	
20 Registered Address		46 Fixed Housing Allowance 0.00	
20A Zip Code		47 Others (Specify)	
Part IV-A Summary		47A Tempo Allowance 0.00	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 340,449.80		47B Service Allowance 0.00	
22 Less: Total Non-Taxable/Exempt (Item 41) 86,686.44		SUPPLEMENTARY	
23 Taxable Compensation Income from Present Employer (Item 55) 253,763.36		48 Commission 0.00	
24 Add: Taxable Compensation Income from Previous Employer 0.00		49 Profit Sharing 0.00	
25 Gross Taxable Compensation Income 253,763.36		50 Fees Including Director's Fees 0.00	
26 Less: Total Exemptions 0.00		51 Taxable 13th Month Pay and Other Benefits 0.00	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 0.00		52 Hazard Pay 0.00	
28 Net Taxable Compensation Income 253,763.36		53 Overtime Pay 37,530.20	
29 Tax Due 552.67		54 Others (Specify)	
30 Amount of Taxes Withheld 30A Present Employer 3,470.36		54A 0.00	
30B Previous Employer 0.00		54B 0.00	
31 Total Amount of Taxes Withheld As adjusted -2,917.69		55 Total Taxable Compensation Income 253,763.36	
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 DOLORES CASUL Present Employer/ Authorized Agent Signature Over Printed Name		Date Signed	
CONFORME: 57 BUSCANO, EDELYN ARTIAGA Employee Signature Over Printed Name		Date Signed	
CTC No. 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 DOLORES CASUL Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)		59 BUSCANO, EDELYN ARTIAGA Employee Signature Over Printed Name	