



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. 1,6,4,1,7,7,4,1,5		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) FUENTEBELLA JR., EDUARDO CUCIO		5 RDO Code 1,2,5	
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) 0,8,2,3,1,9,6,6		8 Telephone Number	
9 Exemption Status <input checked="" type="checkbox"/> Single <input 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 82,000.00	
<b>Part II Employer Information (Present)</b>		38 De Minimis Benefits 31,200.00	
15 Taxpayer Identification No. 0,0,1,2,1,8,9,1,1,0,0,0		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 13,425.60	
16 Employer's Name		40 Salaries & Other Forms of Compensation 0.00	
17 Registered Address 60 Pioneer cor. Madison St. Mandaluyong City		41 Total Non-Taxable/Exempt Compensation Income 126,625.60	
17A Zip Code 1,5,0,0		B. TAXABLE COMPENSATION INCOME REGULAR	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		42 Basic Salary 2,350,682.40	
<b>Part III Employer Information (Previous)</b>		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)	
<b>Part IV-A Summary</b>		47A Tempo Allowance 600,000.00	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 3,502,205.55		47B Service Allowance 0.00	
22 Less: Total Non-Taxable/Exempt (Item 41) 126,625.60		SUPPLEMENTARY	
23 Taxable Compensation Income from Present Employer (Item 55) 3,375,579.95		48 Commission 0.00	
24 Add: Taxable Compensation Income from Previous Employer 0.00		49 Profit Sharing 0.00	
25 Gross Taxable Compensation Income 3,375,579.95		50 Fees Including Director's Fees 0.00	
26 Less: Total Exemptions 75,000.00		51 Taxable 13th Month Pay and Other Benefits 420,205.55	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 0.00		52 Hazard Pay 0.00	
28 Net Taxable Compensation Income 3,300,579.95		53 Overtime Pay 0.00	
29 Tax Due 1,021,185.58		54 Others (Specify)	
30 Amount of Taxes Withheld		54A 0.00	
30A Present Employer 1,021,184.30		54B 0.00	
30B Previous Employer 0.00		55 Total Taxable Compensation Income 3,375,579.95	
31 Total Amount of Taxes Withheld As adjusted 1.28			
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 FUENTEBELLA JR., EDUARDO CUCIO Employee Signature Over Printed Name		Date Signed	
CTC No. of Employee		Date of Issue	
Place 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 FUENTEBELLA JR., EDUARDO CUCIO Employee Signature Over Printed Name	