

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																								
Part I Employee Information																									
3 Taxpayer Identification No. ▶ 1,7,9,5,8,1,5,7,0																									
4 Employee's Name (Last Name, First Name, Middle Name) ▶ GARCES, JOCELYN SERIO																									
5 RDO Code ▶ 0,5,1																									
6 Registered Address ▶ BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, TAGUIG																									
6A Zip Code ▶ 1,6,3,3																									
6B Local Home Address ▶																									
6C Zip Code ▶																									
6D Foreign Address ▶																									
6E Zip Code ▶																									
7 Date of Birth (MM/DD/YYYY) ▶ 0,6,3,0,1,9,7,3	8 Telephone Number ▶																								
9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married																									
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
10 Name of Qualified Dependent Children	11 Date of Birth (MM/DD/YYYY)																								
<table border="1" style="width:100%"><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>																									
12 Statutory Minimum Wage rate per day	12 ▶																								
13 Statutory Minimum Wage rate per month	13 ▶ 0.00																								
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax																									
Part II Employer Information (Present)																									
15 Taxpayer Identification No. ▶ 0,0,3,9,4,3,2,1,3,0,0,0																									
16 Employer's Name ▶																									
17 Registered Address ▶ 770 E. Rodriguez Ext., Malibay, Pasay City																									
17A Zip Code ▶ 1,3,0,0																									
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer																									
Part III Employer Information (Previous)																									
18 Taxpayer Identification No. ▶																									
19 Employer's Name ▶																									
20 Registered Address ▶																									
20A Zip Code ▶																									
Part IV-A Summary																									
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21 ▶ 355,640.57																								
22 Less: Total Non-Taxable/Exempt (Item 41)	22 ▶ 59,891.56																								
23 Taxable Compensation Income from Present Employer (Item 55)	23 ▶ 295,749.01																								
24 Add: Taxable Compensation Income from Previous Employer	24 ▶ 0.00																								
25 Gross Taxable Compensation Income	25 ▶ 355,640.57																								
26 Less: Total Exemptions	26 ▶ 125,000.00																								
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27 ▶ 0.00																								
28 Net Taxable Compensation Income	28 ▶ 170,749.01																								
29 Tax Due	29 ▶ 30,187.00																								
30 Amount of Taxes Withheld																									
30A Present Employer	30A ▶ 53,452.97																								
30B Previous Employer	30B ▶ 0.00																								
31 Total Amount of Taxes Withheld As adjusted	31 ▶ -23,265.97																								
Part IV-B Details of Compensation Income and Tax Withheld from Present Employer																									
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME																									
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32 ▶ 0.00																								
33 Holiday Pay (MWE)	33 ▶ 0.00																								
34 Overtime Pay (MWE)	34 ▶ 0.00																								
35 Night Shift Differential (MWE)	35 ▶ 0.00																								
36 Hazard Pay (MWE)	36 ▶ 0.00																								
37 13th Month Pay and Other Benefits	37 ▶ 28,523.00																								
38 De Minimis Benefits	38 ▶ 22,195.86																								
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 ▶ 9,172.70																								
40 Salaries & Other Forms of Compensation	40 ▶ 0.00																								
41 Total Non-Taxable/Exempt Compensation Income	41 ▶ 59,891.56																								
B. TAXABLE COMPENSATION INCOME REGULAR																									
42 Basic Salary	42 ▶ 231,957.31																								
43 Representation	43 ▶ 0.00																								
44 Transportation	44 ▶ 0.00																								
45 Cost of Living Allowance	45 ▶ 3,323.50																								
46 Fixed Housing Allowance	46 ▶ 0.00																								
47 Others (Specify)																									
47A Tempo Allowance	47A ▶ 18,000.00																								
47B	47B ▶ 0.00																								
SUPPLEMENTARY																									
48 Commission	48 ▶ 0.00																								
49 Profit Sharing	49 ▶ 0.00																								
50 Fees Including Director's Fees	50 ▶ 0.00																								
51 Taxable 13th Month Pay and Other Benefits	51 ▶ 0.00																								
52 Hazard Pay	52 ▶ 0.00																								
53 Overtime Pay	53 ▶ 60,468.20																								
54 Others (Specify)																									
54A	54A ▶ 0.00																								
54B	54B ▶ 0.00																								
55 Total Taxable Compensation Income	55 ▶ 295,749.01																								

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

Date Signed ▶

Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME:

57 GARCES, JOCELYN SERIO

Date Signed ▶

CTC No. Employee Signature Over Printed Name

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.

58 MA RITA CARMENPresent 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 GARCES, JOCELYN SERIO

Employee Signature Over Printed Name