

Certificate of Compensation  
Payment/Tax Withheld

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) <span style="border: 1px solid black; padding: 2px;">2, 0, 1, 9</span></div> <div><b>Part I Employee Information</b><div>3 Taxpayer Identification No. <span style="border: 1px solid black; padding: 2px;">3, 3, 6, 3, 2, 3, 9, 7, 0</span></div><div>4 Employee's Name (Last Name, First Name, Middle Name) <span style="border: 1px solid black; padding: 2px;">BALDIVAS, ROMMEL ALIS</span> 5 RDO Code <span style="border: 1px solid black; padding: 2px;">0, 5, 1</span></div><div>6 Registered Address <span style="border: 1px solid black; padding: 2px;"> </span> 6A Zip Code <span style="border: 1px solid black; padding: 2px;"> </span></div><div>6B Local Home Address <span style="border: 1px solid black; padding: 2px;"> </span> 6C Zip Code <span style="border: 1px solid black; padding: 2px;"> </span></div><div>6D Foreign Address <span style="border: 1px solid black; padding: 2px;"> </span> 6E Zip Code <span style="border: 1px solid black; padding: 2px;"> </span></div><div>7 Date of Birth (MM/DD/YYYY) <span style="border: 1px solid black; padding: 2px;">0, 3, 1, 8, 1, 9, 9, 4</span> 8 Telephone Number <span style="border: 1px solid black; padding: 2px;"> </span></div><div>9 Exemption Status <input checked="" type="checkbox"/> Single <input 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)</div><div><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 <span style="border: 1px solid black; padding: 2px;"> </span></div><div>13 Statutory Minimum Wage rate per month 13 <span style="border: 1px solid black; padding: 2px;">0.00</span></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><b>Part II Employer Information (Present)</b><div>15 Taxpayer Identification No. <span style="border: 1px solid black; padding: 2px;">0, 0, 9, 6, 9, 3, 2, 4, 0, 0, 0, 0</span></div><div>16 Employer's Name <span style="border: 1px solid black; padding: 2px;"> </span></div><div>17 Registered Address <span style="border: 1px solid black; padding: 2px;">770 E. Rodriguez Ext., Malibay,</span> 17A Zip Code <span style="border: 1px solid black; padding: 2px;">1, 3, 0, 0</span></div><div><input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</div></div> <div><b>Part III Employer Information (Previous)</b><div>18 Taxpayer Identification No. <span style="border: 1px solid black; padding: 2px;"> </span></div><div>19 Employer's Name <span style="border: 1px solid black; padding: 2px;"> </span></div><div>20 Registered Address <span style="border: 1px solid black; padding: 2px;"> </span> 20A Zip Code <span style="border: 1px solid black; padding: 2px;"> </span></div></div> <div><b>Part IV-A Summary</b><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>21</td><td style="text-align: right;">152,559.14</td></tr><tr><td>22 Less: Total Non-Taxable/Exempt (Item 41)</td><td>22</td><td style="text-align: right;">22,403.66</td></tr><tr><td>23 Taxable Compensation Income from Present Employer (Item 55)</td><td>23</td><td style="text-align: right;">130,155.48</td></tr><tr><td>24 Add: Taxable Compensation Income from Previous Employer</td><td>24</td><td style="text-align: right;">0.00</td></tr><tr><td>25 Gross Taxable Compensation Income</td><td>25</td><td style="text-align: right;">130,155.48</td></tr><tr><td>26 Less: Total Exemptions</td><td>26</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>27</td><td style="text-align: right;">0.00</td></tr><tr><td>28 Net Taxable Compensation Income</td><td>28</td><td style="text-align: right;">130,155.48</td></tr><tr><td>29 Tax Due</td><td>29</td><td style="text-align: right;">0.00</td></tr><tr><td>30 Amount of Taxes Withheld</td><td></td><td></td></tr><tr><td>30A Present Employer</td><td>30A</td><td style="text-align: right;">313.83</td></tr><tr><td>30B Previous Employer</td><td>30B</td><td style="text-align: right;">0.00</td></tr><tr><td>31 Total Amount of Taxes Withheld As adjusted</td><td>31</td><td style="text-align: right;">-313.83</td></tr></table></div>																									21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21	152,559.14	22 Less: Total Non-Taxable/Exempt (Item 41)	22	22,403.66	23 Taxable Compensation Income from Present Employer (Item 55)	23	130,155.48	24 Add: Taxable Compensation Income from Previous Employer	24	0.00	25 Gross Taxable Compensation Income	25	130,155.48	26 Less: Total Exemptions	26	0.00	27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27	0.00	28 Net Taxable Compensation Income	28	130,155.48	29 Tax Due	29	0.00	30 Amount of Taxes Withheld			30A Present Employer	30A	313.83	30B Previous Employer	30B	0.00	31 Total Amount of Taxes Withheld As adjusted	31	-313.83
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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 DOLORES CASUL  
Present Employer/ Authorized Agent Signature Over Printed Name  
CONFORME:  
57 BALDIVAS, ROMMEL ALIS  
CTC No.   Employee Signature Over Printed Name  
of Employee   Place of Issue

Date Signed    
Date Signed    
Date of Issue   Amount Paid

**To be accomplished under substituted filing**

58 DOLORES CASUL  
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 BALDIVAS, ROMMEL ALIS  
Employee Signature Over Printed Name