Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas

Certificate of Compensation Payment/Tax Withheld

2316

For Compensation				eld	<i>-</i> 111	t/ Tax vvi	iti ii it		July 2008	(ENCS)	
Fill in all applicable 1 For the Year (YYYY)	spaces. Mark 2016	all appropriat	te boxes wi	th an "X"	2	For the Period From (MM/	_{'DD)}	08 30	To (MM/DD)	12 31	
Part I E	mployee Inform	ation			Par			sation Income and	Tax Withheld from	Present Employer	
3 Taxpayer Identification No.	430	026	414	0000	A.	NON-TAXABLE/E	XEMPT	COMPENSATI	Amount ON INCOME		
4 Employee's Name (L			Name)	5 RDO Code	32	Basic Salary/		32			
VILLANUEVA, CHERRY ARRA CHAVARIA O81 6A Zio Codo						Statutory Minimum		32 			
6 Registered Address	NIND I A PALO	MA SUBDIVIS		6A Zip Code	V 60	Minimum Wage Earn	ner (MWE)				
ALTRACA COMPOUND, LA PALOMA SUBDIVISION LABANGON CEBU CI 6B Local Home Address 6C Zip Code						Holiday Pay (MWE	≣)	33			
▶ Eocal Florite Address	33			Zip Code	34	Overtime Pay (MW	VE)	34			
6D Foreign Address				6E Zip Code				35			
						Night Shift Differer	ntial (MWE	E) 33			
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number						Hazard Pay (MWE	:)	36			
04 21 1994						13th Month Pay		37		2 020 04	
9 Exemption Status	Single	Mar	ried			and Other Benefit	S			3,039.84	
9A Is the wife claiming	the additional exe	emption for qua		ent children?	38	De Minimis Benef	fits	38		5,904.11	
10 Name of Qualified	Yes Dependent Child	ren 11	Date of Birth (MM/DD/YYYY)	-					-,	
					39	SSS, GSIS, PHIC	_			2,364.60	
						Contributions, & U (Employee share on		es		2,004.00	
						(Employee share on	"y <i>)</i>				
12 Statutory Minimum	n Wage rate per o	day 12			40	Salaries & Other F Compensation	Forms of	40		0.00	
13 Statutory Minimum		L			11	Total Non-Taxable	e/Evemnt	41			
		L			-	Compensation Inc	•			11,308.55	
	age Earner whos tax and not subje			from	в.	TAXABLE COMP	ENSATIO	ON INCOME			
Part II E 15 Taxpayer	mployer Informa	ation (Present)				REGULAR					
Identification No.	▶ 423	687	498	0000	42	Basic Salary		42		34,113.49	
16 Employer's Name TATE PUBLIS	HING AND F	NTERPRIS	FS (PHII	IPPINES)	12	Representation		43			
17 Registered Address			`	17A Zip Code	43	Representation					
SALINAS DRI	VE LAHUG	CEBU CITY		6000	44	Transportation		44			
Main Emp	oloyer	Secondary E	mployer		45	Cost of Living Allo	wance	45			
Part III	Employer Info	rmation (Previ	ous)		1	•		46			
18 Taxpayer Identification No.	.		<u> </u>			Fixed Housing Alle	owance	46			
19 Employer's Name					47 47	Others (Specify)		47A		750.00	
20 Registered Address	<u> </u>			20A Zip Code	47E	2		478		758.02	
20 Registered Address				ZUA ZIP Code	4/6						
Part IV-A		Summary			48	SUPPLEMENTAR Commission	₹Y	48			
21 Gross Compensation Present Employer (Ite		21		46,180.06							
22 Less: Total Non-T Exempt (Item 41)		22		11,308.55	49	Profit Sharing		49			
23 Taxable Compens		23		34,871.51	50	Fees Including D)irector!o	50			
from Present Employee Add: Taxable Com	npensation	24		0.00	30	Fees including D	mediors	50			
Income from Previ		25		34,871.51	51	Taxable 13th Mon		51		0.00	
Compensation Inc. 26 Less: Total Exemp		26		50,000.00		and Other Benefits	S				
27 Less: Premium Pa		27		0.00	52	Hazard Pav		52			
and/or Hospital Insurance 28 Net Taxable		28		0.00	53	Overtime Pay		53			
Compensation Inc. 29 Tax Due	ome	29		0.00	54	Others (Specify)					
30 Amount of Taxes V	Vithheld				54 <i>A</i>			54A			
30A Present Empl		30A		3,745.14	54E			54B			
30B Previous Emp	loyer	30В		0.00							
31 Total Amount of Ta As adjusted	axes Withheld	31		3,745.14	55	Total Taxable Con Income	npensatio	on 55		34,871.51	
pursuant to the provis	bions of the Nationa Diana Ro ployer/ Authorized of Cherry Ar	l Internal Revenue Se T. Bartu	e Code, as am Ilin Over Printed No EVA d Name	ended, and the regi	Date Date	verified by us, and to the issued under author ended and ended author ended and ended author ended and ended ended and ended and ended e				ount Paid	
I divides 1 2		bassing the second				substituted filing		4k = 1.2	Elad	4-160	
I declare, under the pe under BIR Form No. 160					Inco	eclare,under the penal me Tax Returns(BIR	Form No.	1700), since I rece	eived purely comp	ensation income	
Diana Rose T. Bartulin						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					
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)						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					
(Head of Acc	had	had been filed pursuant to the provisions of RR No. 3-2002, as amended.									