Poln: Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas

Certificate of Compensation Payment/Tax Withheld

BIR Form No. **2316**

File All appolicable spaces, Mark all appolicable bioses with an "X" Portice Part 2016 Portice 2	For Compensation Payment With or Without Tax Withheld July 2008 (ENCS)					
Part	4 For the Veer	with an "X"	2 For the Period	01	12 3	31
Amount A	(F From (MM/DD)		TO (MIM/DD)	_
### BUSTAMANTE, BEATRIX MONTEJO Secondariend Address SACAD Code	3 Taxpayer 258 577 624	0000			Amount	ye.
Solution National Residence Address Solutional Residence Address Sol	identification No.		A. NON-TAXABLE/EXEMPT COI	WIPENSATIO	N INCOME	
154 F JACA ST. TUGAS PARDO CEBU CITY 6000 3 3 Holiday Pay (MWE) 3 4	BUSTAMANTE, BEATRIZ MONTEJO	081	•	32		
Blacoal Home Address		6A Zip Code	Minimum Wage Earner (MWE)			
Compare Address	>	6C Zin Code	33 Holiday Pay (MWE)	33		
7 Date of Birth_MMDDYYYY 3 1990 3 15,798.6 3 3 15,798.6 3 3 3 15,798.6 3 3 3 3 3 3 3 3 3	> Local Home Address	I I I	34 Overtime Pay (MWE)	34		
9	5D Foreign Address	6E Zip Code	35 Night Shift Differential (MWE)	35		
9 Exemption Status Single Married 37 15,798.6 38 15,798.6 39 37 37 37,98.6 39 39 31 31 31 32 32 32 32 32		ber	36 Hazard Pay (MWE)	36		
9 As the wire claiming the additional exemption for qualified dependent children? 10 Name of Qualified Dependent Children 11 Date of Bern (MMDD/YYYY) 12 Statutory Minimum Wage rate per day 12 Statutory Minimum Wage rate per day 13 Statutory Minimum Wage rate per month 14 Minimum Wage Earner whose compensation is exempt from withholding to a rate for guidest or increase to minimum Withholding to a rate for guidest or increase to minimum Withholding to a rate for guidest or increase to minimum Withholding to a rate for guidest or increase to minimum Withholding to a rate for guidest or increase to minimum Withholding to a rate for guidest or increase to minimum Withholding to a rate for guidest or increase to minimum Withholding to a rate for guidest or increase to minimum Withholding to a rate for guidest or increase to minimum Withholding to a rate for guidest or increase to minimum Withholding to a rate for guidest or increase to minimum Withholding to a rate for guidest or increase to minimum Withholding to a rate for guidest or increase to minimum Withholding to a rate for guidest or increase to minimum Withholding to a rate for guidest or increase to minimum Withholding to a rate for guidest or increase to minimum Withholding to a rate for guidest or increase to minimum Withholding to a rate for guidest or increase to minimum Withholding to a rate for guidest or increase to minimum Withholding to a rate for guidest or increase withholding to a rate of guidest or increase with g	07 29 1990		37 13th Month Pay	37	1E 709	62
Name of Qualified Dependent Children			and Other Benefits		15,796.	.03
39 SSS, SSIS, PHIC & Pegibilig 39 (Contributions, & Minion Dues (Employee share only) (Part II) Employer information (Previous) (Part III) Employer information (Previous) (Part III) Employer information (Previous) (Part III) (Part	Yes No		38 De Minimis Benefits	38	26,250.	.00
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12 Statutory Minimum Wage rate per day 12 13 Statutory Minimum Wage rate per mornh 13 14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax Part II Employer Information (Present) 15 Tapayager 423 687 498 0000 16 Employer's Name 74TE PUBLISHING AND ENTERPRISES (PHILIPPINES), 17 Registered Address 74 August 200				40	#	00
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Main Employer Secondary Em			· ·	44		
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19 Employer's Name			46 Fixed Housing Allowance	46		
20 Registered Address 21 Registered Address 21 Registered Address 22 Registered Address 23 Registered Address 24 Registered Register	19 Employer's Name			47A	40.055	07
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	We declare, under the penalties of perjury, that this certificate has pursuant to the provisions of the National Internal Revenue Code, as a		aith, verified by us, and to the best of our lulations issued under authority thereof.	knowledge and	belief, is true and correct	
Present Employer/ Authorized Agent Signature Over Printed Name CONFORME: Protein Protein Protein Protein Printed Name	Present Employer/ Authorized Agent Signature Over Printed CONFORME:	Name				
57 Beatriz Bustamante Date Signed Amount Paid CTC No. Employee Signature Over Printed Name Amount Paid	57 Beatriz Bustamante CTC No. Employee Signature Over Printed Name				Amount Paid	
of Employee Date of Issue Date		accomplished				
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	I declare, under the penalties of perjury, that the information herein state	ted are reported	I declare, under the penalties of perjury t			е
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		I COVOING.	from only one employer in the Phils.	for the calenda	r year; that taxes have been	-
58 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	58	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 Accounting/ Human Resource or Authorized Representative) had been filed pursuant to the provisions of RR No. 3-2002, as amended.	// / / / / / / / / / / / / / / / / / /		and the second s			