>	DLN:											
E	Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas Certificate of Compensation Payment/Tax Withheld Payment/Tax Withheld											
1	Kawanihan ng Rentas Internas Payme							'n	t/Tax Withheld	2316		
F	or Com	pensation	n Payment V	Vith or	Withou	t Tax Withhe		<i>,</i> , ,	WICH WICHION	4	July 2008 (ENCS)	
ill					ppropria	ate boxes w	ith an "X"	2	For the Deried			
	For the (YYY)		2010	6				2	For the Period From (MM/DD)	l 01	To (MM/DD) 12 31	
art		En	nployee Infor	mation	<u> </u>			Pai	rt IV-B Details of Compensation	n Income aı	nd Tax Withheld from Present Employer	
	xpayer entification	on No.	309		643	328	0000	A.	NON-TAXABLE/EXEMPT COI	MPENSAT	Amount FION INCOME	
En	nployee's	s Name (La	ast Name, Fir	st Name	e, Middle	Name)	5 RDO Code					
L U	IY, SHAF	RON CRYS	STALLINE CA	ARBON	IILLA		081	32	Basic Salary/ Statutory Minimum Wage	32		
	••	Address					6A Zip Code		Minimum Wage Earner (MWE)			
►LB	3LK 11 L	OT 10 FON	NTANA ST.,	DECA F	PRIME N	IANDAUE CI	TY, CEBU	33	Holiday Pay (MWE)	33		
BL	_ocal Hor	me Address	S				6C Zip Code	34	Overtime Pay (MWE)	34		
L								07	Overtime r ay (WWL)			
D F	Foreign A	Address					6E Zip Code	35	Night Shift Differential (MWE)	35		
L					I							
		rth (MM/DD 30 19	86		8 Tele	phone Numbe	er	36	Hazard Pay (MWE)	36		
		Ctatus						37	13th Month Pay	37	13,466.95	
) E	xemption	Status	Single		Ma	arried			and Other Benefits		,	
A	ls the wife	e claiming th		exemp <u>tic</u>		alified depend	ent children?	38	De Minimis Benefits	38	26,250.00	
0 1	Name of	Qualified D	Yes Dependent Ch	ildren	No		MM/DD/YYYY)	ł				
Г			· · · · · · · · · · · · · · · · · · ·					39	SSS, GSIS, PHIC & Pag-ibig	39	9,170.20	
									Contributions, & Union Dues (Employee share only)		3,170.20	
H									(Employee share only)			
2	Statutory	/ Minimum	Wage rate pe	ar day	12			40	Salaries & Other Forms of Compensation	40	15,000.00	
3	Statutory	/ Minimum	Wage rate pe	er month	h 13			41	Total Non-Taxable/Exempt Compensation Income	41	63,887.15	
4			_			tion is exemp	t from		·	NOOME		
Part II Employer Information (Present)								В.	TAXABLE COMPENSATION I REGULAR	NCOME		
	axpayer entificatio	n No	423		687	498	0000	42	Basic Salary	42	452 422 22	
	mployer							42	basic Salary	42	152,433.22	
-	TATE	PUBLISI	HING AND	ENT	ERPRI	SES (PHIL	IPPINES),	43	Representation	43		
		d Address					17A Zip Code		Transportation	44		
	SALIN	IAS DRI\	/E LAHUG	CEE	3U CIT	Υ	6000	44	Transportation			
		Main Empl				Employer		45	Cost of Living Allowance	45		
art 8 T	axpayer		Employer In	formati	on (Prev	/ious)		46	Fixed Housing Allowance	46		
lde	entification		<u> </u>					47	Others (Chasiful			
9 =	mployer	's Name						47.	Others (Specify)	47A	11,617.34	
20 F	Registere	d Address					20A Zip Code	47E	3	47B	11,017.04	
	togiotoro	a / (aa/ 000										
art	IV-A			Sumn	nary			48	SUPPLEMENTARY Commission	48		
		mpensation I	ncome from n 41 plus Item 5	21			227,937.71					
22	Less: To	otal Non-Ta		22			63,887.15	49	Profit Sharing	49		
23		Compensat	tion Income	23			464 0E0 EC					
		ent Employer xable Comp		24				50	Fees Including Director's Fees	50		
		rom Previo	us Employer	25			0.00	51	Taxable 13th Month Pay	51	0.00	
	Compen	sation Inco tal Exempti		26			164,050.56		and Other Benefits		0.00	
				L			50,000.00	52	Hazard Pav	52		
	and/or Hosp	oital Insurance	d on Health (If applicable)	27			0.00					
	Net Taxa Compen	ible sation Inco	me	28			114,050.56	53	Overtime Pay	53		
9	Tax Due			29			17,310.11	54	Others (Specify)			
		of Taxes W		204			19,257.97	54	1	54A		
,	30A Pres	sent Emplo	yer	30A				54E	3	54B		
		ious Emplo		30B			0.00		Total Tauchia Communication		404.050.50	
31	Total Am As adjus		xes Withheld	31			19,257.97	ວວ	Total Taxable Compensation Income	55	164,050.56	
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under au Diana Rose T. Bartulin Date Signed Present Employer/ Authorized Agent Signature Over Printed Name										knowledge a	and belief, is true and correct	
CONFORME: 57 Sharon Crystalline Uy Date Signed												
	CTC No.		Employee S	ignature (Over Print	ted Name					Amount Paid	
	of Employe	E		Pia	ace of Issu				of Issue			
									declare, under the penalties of perjury that I am qualified under substituted filing of			
f								fron	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			
58								No.	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;			
Present Employer/ Authorized Agent Signature Over Printed Name									and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700			
(1.555 5.7.555 5							1	had been filed pursuant to the provisions of RR No. 3-2002, as amended. 59 Employee Signature Over Printed Name				