Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas

Certificate of Compensation Payment/Tax Withheld

2316

For Compensation Payment With or Without	Tax Withheld	ZIII/ TAX VVIIIIIICI	July 2008 (ENCS)
Fill in all applicable spaces. Mark all appropriat For the Year (YYYY) 2016	e boxes with an "X"	2 For the Period From (MM/DD)	1 01 _{To (MM/DD)} 12 31
Part I Employee Information			on Income and Tax Withheld from Present Employer
3 Taxpayer Jdentification No. • 259 513	121 0000	A. NON-TAXABLE/EXEMPT CO	Amount MPENSATION INCOME
4 Employee's Name (Last Name, First Name, Middle		32 Basic Salary/	32
GODORNES, ALAIN LEE OLOFERNES 081		Statutory Minimum Wage	32
6 Registered Address M33 UMAPAD	6A Zip Code 6014	Minimum Wage Earner (MWE)	
6B Local Home Address	6C Zip Code	33 Holiday Pay (MWE)	33
▶ ►	J J J J	34 Overtime Pay (MWE)	34
6D Foreign Address	6E Zip Code	35 Night Shift Differential (MWE)	35
7. Date of Birth (MAN/DDAAAAA)	hana Numbar	26 Howard Day (MANE)	36
7 Date of Birth (MM/DD/YYYY) 11 22 1985		36 Hazard Pay (MWE)	36
9 Exemption Status		37 13th Month Pay and Other Benefits	³⁷ 17,915.63
Single Mar 9A Is the wife claiming the additional exemption for qua		38 De Minimis Benefits	38
Yes No		De William Benents	26,250.00
10 Name of Qualified Dependent Children 11	Date of Birth (MM/DD/YYYY)	39 SSS, GSIS, PHIC & Pag-ibig	39
		Contributions, & Union Dues	9,994.30
		(Employee share only)	
12 Statutory Minimum Wage rate per day 12		40 Salaries & Other Forms of Compensation	13,600.00
13 Statutory Minimum Wage rate per month 13		41 Total Non-Taxable/Exempt Compensation Income	67,759.93
14 Minimum Wage Earner whose compensati		·	
withholding tax and not subject to income to Part II Employer Information (Present		B. TAXABLE COMPENSATION REGULAR	INCOME
15 Taxpayer dentification No. 423 687	498 0000	42 Basic Salary	42 204,993.20
16 Employer's Name	YES (DITH IDDINES)	,	43
TATE PUBLISHING AND ENTERPRIS	, , , , ,	43 Representation	43
17 Registered Address 17A Zip Code SALINAS DRIVE LAHUG CEBU CITY 6000		44 Transportation	44
Main Employer Secondary E		45 Cost of Living Allowance	45
Part III Employer Information (Previ			
18 Taxpayer Identification No.		46 Fixed Housing Allowance	46
19 Employer's Name		47 Others (Specify) 47A	47A 16,719.44
20 Registered Address	20A Zip Code	47B	47B
		SUPPLEMENTARY	
Part IV-A Summary		48 Commission	48
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	289,472.57		
22 Less: Total Non-Taxable/ Exempt (Item 41)	67,759.93	49 Profit Sharing	49
23 Taxable Compensation Income from Present Employer (Item 55)	221,712.64	50 Fees Including Director's	50
24 Add: Taxable Compensation lncome from Previous Employer	0.00	Fees	
25 Gross Taxable Compensation Income	221,712.64	51 Taxable 13th Month Pay and Other Benefits	51 0.00
26 Less: Total Exemptions 26	50,000.00	52 Hazard Pav	52
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	0.00		
28 Net Taxable Compensation Income	171,712.64	53 Overtime Pay	53
29 Tax Due 29	30,428.16	54 Others (Specify)	
30 Amount of Taxes Withheld 30A Present Employer 30A	33,553.93	54A	54A
30B Previous Employer 30B	0.00	54B	54B
31 Total Amount of Taxes Withheld 31	33,553.93	55 Total Taxable Compensation	55 221,712.64
As adjusted We declare, under the penalties of perjury, that this co	ertificate has been made in good fa		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 Diana Rose T. Bartulin Date Signed			
CONFORME: Alain Los Godornes			
CTC No. Employee Signature Over Printed Name of Employee Place of Issue Date of Issue Amount Paid			
of Employee Date of Issue Date of Issue To be accomplished under substituted filing			
I declare, under the penalties of perjury, that the information herein stated are reported I declare, under the penalties of perjury that I am qualified under substituted filing of			
from only one employer in the Phils for the calendar year; that taxes have been			
58 Diana Rose T. Bartu Present Employer/ Authorized Agent Signature G		lo. 1604CF filed by my employer (tax due equals tax withheld); that the BIR Form lo. 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 Nq. 3-2002, as amended. Alain Lee Godornes			