



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Compensation
Payment/Tax Withheld

BIR Form No.
2316
July 2008 (ENCS)

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1
For the Year (YYYY)
2, 0, 1, 7

2
For the Period
From (MM/DD)
0, 1, 0, 1
To (MM/DD)
0, 0, 0, 0

Part I Employee Information

3
Taxpayer Identification No.
1, 5, 2, 8, 3, 1, 3, 9, 2

4
Employee's Name (Last Name, First Name, Middle Name)
BAUTISTA, EDGAR EVARISTO
5
RDO Code

6
Registered Address
6A
Zip Code

6B
Local Home Address
6C
Zip Code

6D
Foreign Address
6E
Zip Code

7
Date of Birth (MM/DD/YYYY)
0, 1, 1, 5, 1, 9, 7, 3
8
Telephone Number

9
Exemption Status

☐ Single
☒ Married

9A
Is the wife claiming the additional exemption for qualified dependent children?

☐ Yes
☐ No

10
Name of Qualified Dependent Children
11
Date of Birth (MM/DD/YYYY)
0, 0, 0, 0, -, 0, 0, 0

12
Statutory Minimum Wage rate per day
12

13
Statutory Minimum Wage rate per month
13
0.00

14
☐ Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

Part II Employer Information (Present)

15
Taxpayer Identification No.

16
Employer's Name

17
Registered Address
17A
Zip Code
770 E. Rodriguez Ext., Malibay, Pasay City
1, 3, 0, 0

☐ Main Employer
☐ Secondary Employer

Part III Employer Information (Previous)

18
Taxpayer Identification No.

19
Employer's Name

20
Registered Address
20A
Zip Code

Part IV-A Summary

21
Gross Compensation Income from Present Employer (Item 41 plus Item 55)
227,801.53

22
Less: Total Non-Taxable/Exempt (Item 41)
42,543.30

23
Taxable Compensation Income from Present Employer (Item 55)
185,258.23

24
Add: Taxable Compensation Income from Previous Employer
0.00

25
Gross Taxable Compensation Income
185,258.23

26
Less: Total Exemptions
100,000.00

27
Less: Premium Paid on Health and/or Hospital Insurance (If applicable)
0.00

28
Net Taxable Compensation Income
85,258.23

29
Tax Due
11,551.45

30
Amount of Taxes Withheld
30A
Present Employer
13,384.77
30B
Previous Employer
0.00

31
Total Amount of Taxes Withheld As adjusted
-1,833.32

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

32
Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)
32
0.00

33
Holiday Pay (MWE)
33
0.00

34
Overtime Pay (MWE)
34
0.00

35
Night Shift Differential (MWE)
35
0.00

36
Hazard Pay (MWE)
36
0.00

37
13th Month Pay and Other Benefits
37
14,974.00

38
De Minimis Benefits
38
18,150.00

39
SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)
39
9,419.30

40
Salaries & Other Forms of Compensation
40
0.00

41
Total Non-Taxable/Exempt Compensation Income
41
42,543.30

B. TAXABLE COMPENSATION INCOME REGULAR

42
Basic Salary
42
154,833.22

43
Representation
43
0.00

44
Transportation
44
0.00

45
Cost of Living Allowance
45
4,301.00

46
Fixed Housing Allowance
46
0.00

47
Others (Specify)
47A
Tempo Allowance
47A
0.00
47B

SUPPLEMENTARY

48
Commission
48
0.00

49
Profit Sharing
49
0.00

50
Fees Including Director's Fees
50
0.00

51
Taxable 13th Month Pay and Other Benefits
51
0.00

52
Hazard Pay
52
0.00

53
Overtime Pay
53
26,124.01

54
Others (Specify)
54A

55
Total Taxable Compensation Income
55
185,258.23

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
JESUS GABRIEL BUFETE
Date Signed

CONFORME:

57
BAUTISTA, EDGAR EVARISTO
Date Signed

CTC No.
Employee Signature Over Printed Name
Date of Issue
Amount Paid

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.

58
JESUS GABRIEL BUFETE
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
BAUTISTA, EDGAR EVARISTO
Employee Signature Over Printed Name