

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"

<div>1 For the Year (YYYY) 2,0,1,7</div> <div>Part I Employee Information</div> <div>3 Taxpayer Identification No. 1,8,8,3,2,5,9,0,9</div> <div>4 Employee's Name (Last Name, First Name, Middle Name) CACANINDIN, JENELYN ANGELES</div> <div>5 RDO Code 0,5,1</div> <div>6 Registered Address BLK 24 LOT AR 1 KAUNLARAN VILLAGE NAVOTAS, STA CRUZ LOCOS SUR</div> <div>6A Zip Code </div> <div>6B Local Home Address </div> <div>6C Zip Code </div> <div>6D Foreign Address </div> <div>6E Zip Code </div> <div>7 Date of Birth (MM/DD/YYYY) 0,3,1,7,1,9,7,4</div> <div>8 Telephone Number </div> <div>9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married</div> <div>9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>10 Name of Qualified Dependent Children</div> <div>11 Date of Birth (MM/DD/YYYY) 0,0,0,0,-0,0,0,0</div> <div>12 Statutory Minimum Wage rate per day </div> <div>13 Statutory Minimum Wage rate per month 0.00</div> <div>14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</div> <div>Part II Employer Information (Present)</div> <div>15 Taxpayer Identification No. 0,0,0,8,2,6,3,6,6,0,0,0</div> <div>16 Employer's Name </div> <div>17 Registered Address 733 Wood St., Malibay, Pasay</div> <div>17A Zip Code 1,3,0,0</div> <div>City <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</div> <div>Part III Employer Information (Previous)</div> <div>18 Taxpayer Identification No. </div> <div>19 Employer's Name </div> <div>20 Registered Address </div> <div>20A Zip Code </div> <div>Part IV-A Summary</div> <div>21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 504,181.27</div> <div>22 Less: Total Non-Taxable/Exempt (Item 41) 130,001.00</div> <div>23 Taxable Compensation Income from Present Employer (Item 55) 374,180.27</div> <div>24 Add: Taxable Compensation Income from Previous Employer 0.00</div> <div>25 Gross Taxable Compensation Income 374,180.27</div> <div>26 Less: Total Exemptions 75,000.00</div> <div>27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 0.00</div> <div>28 Net Taxable Compensation Income 299,180.27</div> <div>29 Tax Due 64,754.08</div> <div>30 Amount of Taxes Withheld</div> <div>30A Present Employer 71,211.28</div> <div>30B Previous Employer 0.00</div> <div>31 Total Amount of Taxes Withheld As adjusted -6,457.20</div>	<div>2 For the Period From (MM/DD) 0,1,0,1 To (MM/DD) 0,0,0,0</div> <div>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</div> <div>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</div> <div>32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 0.00</div> <div>33 Holiday Pay (MWE) 0.00</div> <div>34 Overtime Pay (MWE) 0.00</div> <div>35 Night Shift Differential (MWE) 0.00</div> <div>36 Hazard Pay (MWE) 0.00</div> <div>37 13th Month Pay and Other Benefits 82,000.00</div> <div>38 De Minimis Benefits 36,075.40</div> <div>39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 11,925.60</div> <div>40 Salaries & Other Forms of Compensation 0.00</div> <div>41 Total Non-Taxable/Exempt Compensation Income 130,001.00</div> <div>B. TAXABLE COMPENSATION INCOME REGULAR</div> <div>42 Basic Salary 289,929.84</div> <div>43 Representation 0.00</div> <div>44 Transportation 0.00</div> <div>45 Cost of Living Allowance 4,673.26</div> <div>46 Fixed Housing Allowance 0.00</div> <div>47 Others (Specify)</div> <div>47A Tempo Allowance 0.00</div> <div>47B Service Allowance 0.00</div> <div>SUPPLEMENTARY</div> <div>48 Commission 0.00</div> <div>49 Profit Sharing 0.00</div> <div>50 Fees Including Director's Fees 0.00</div> <div>51 Taxable 13th Month Pay and Other Benefits 75,357.17</div> <div>52 Hazard Pay 0.00</div> <div>53 Overtime Pay 4,220.00</div> <div>54 Others (Specify)</div> <div>54A 0.00</div> <div>54B 0.00</div> <div>55 Total Taxable Compensation Income 374,180.27</div>
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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 MA RITA CARMENDate Signed

Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME:

57 CACANINDIN, JENELYN ANGELESDate Signed CTC No. Employee Signature Over Printed Nameof Employee Place of Issue 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 MA RITA CARMENPresent 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 CACANINDIN, JENELYN ANGELES

Employee Signature Over Printed Name