

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>3 Taxpayer Identification No. 2,7,8,3,8,3,5,8,6</div><div>4 Employee's Name (Last Name, First Name, Middle Name) RONSAIRO, ADRIAN BENDO 5 RDO Code 0,5,1</div><div>6 Registered Address 22 Fabian dela Rosa st. Loyola Heights Quezon, City, 098 Brgy. Sta Theresa Alfonso, Cavite 6A Zip Code </div><div>6B Local Home Address 6C Zip Code </div><div>6D Foreign Address 6E Zip Code </div><div>7 Date of Birth (MM/DD/YYYY) 0,8,1,6,1,9,8,4 8 Telephone Number </div><div>9 Exemption Status <input checked="" type="checkbox"/> Single <input 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 11 Date of Birth (MM/DD/YYYY) <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%; height: 20px;"></td><td style="width:30%; height: 20px;"></td><td style="width:30%; height: 20px;"></td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table></div><div>12 Statutory Minimum Wage rate per day 12 </div><div>13 Statutory Minimum Wage rate per month 13 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> <div>Part II Employer Information (Present)<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 17A Zip Code 1,3,0,0</div><div>City <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</div></div> <div>Part III Employer Information (Previous)<div>18 Taxpayer Identification No. </div><div>19 Employer's Name </div><div>20 Registered Address 20A Zip Code </div></div> <div>Part IV-A Summary<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:20%;">21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)</td><td style="width:10%; text-align: center;">21</td><td style="width:10%;"></td><td style="width:10%; text-align: right;">414,185.27</td></tr><tr><td>22 Less: Total Non-Taxable/Exempt (Item 41)</td><td style="text-align: center;">22</td><td></td><td style="text-align: right;">95,032.08</td></tr><tr><td>23 Taxable Compensation Income from Present Employer (Item 55)</td><td style="text-align: center;">23</td><td></td><td style="text-align: right;">319,153.19</td></tr><tr><td>24 Add: Taxable Compensation Income from Previous Employer</td><td style="text-align: center;">24</td><td></td><td style="text-align: right;">0.00</td></tr><tr><td>25 Gross Taxable Compensation Income</td><td style="text-align: center;">25</td><td></td><td style="text-align: right;">319,153.19</td></tr><tr><td>26 Less: Total Exemptions</td><td style="text-align: center;">26</td><td></td><td style="text-align: right;">50,000.00</td></tr><tr><td>27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)</td><td style="text-align: center;">27</td><td></td><td style="text-align: right;">0.00</td></tr><tr><td>28 Net Taxable Compensation Income</td><td style="text-align: center;">28</td><td></td><td style="text-align: right;">269,153.19</td></tr><tr><td>29 Tax Due</td><td style="text-align: center;">29</td><td></td><td style="text-align: right;">55,745.95</td></tr><tr><td>30 Amount of Taxes Withheld</td><td></td><td></td><td></td></tr><tr><td>30A Present Employer</td><td style="text-align: center;">30A</td><td></td><td style="text-align: right;">56,190.60</td></tr><tr><td>30B Previous Employer</td><td style="text-align: center;">30B</td><td></td><td style="text-align: right;">0.00</td></tr><tr><td>31 Total Amount of Taxes Withheld As adjusted</td><td style="text-align: center;">31</td><td></td><td style="text-align: right;">-444.65</td></tr></table></div>										21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21		414,185.27	22 Less: Total Non-Taxable/Exempt (Item 41)	22		95,032.08	23 Taxable Compensation Income from Present Employer (Item 55)	23		319,153.19	24 Add: Taxable Compensation Income from Previous Employer	24		0.00	25 Gross Taxable Compensation Income	25		319,153.19	26 Less: Total Exemptions	26		50,000.00	27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27		0.00	28 Net Taxable Compensation Income	28		269,153.19	29 Tax Due	29		55,745.95	30 Amount of Taxes Withheld				30A Present Employer	30A		56,190.60	30B Previous Employer	30B		0.00	31 Total Amount of Taxes Withheld As adjusted	31		-444.65	<div>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer<table border="1" style="width:100%; border-collapse: collapse;"><tr><th colspan="2"></th><th style="text-align: right;">Amount</th></tr><tr><td colspan="3">A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</td></tr><tr><td style="width:30%;">32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)</td><td style="width:10%; text-align: center;">32</td><td style="width:60%; text-align: right;">0.00</td></tr><tr><td>33 Holiday Pay (MWE)</td><td style="text-align: center;">33</td><td style="text-align: right;">0.00</td></tr><tr><td>34 Overtime Pay (MWE)</td><td style="text-align: center;">34</td><td style="text-align: right;">0.00</td></tr><tr><td>35 Night Shift Differential (MWE)</td><td style="text-align: center;">35</td><td style="text-align: right;">0.00</td></tr><tr><td>36 Hazard Pay (MWE)</td><td style="text-align: center;">36</td><td style="text-align: right;">0.00</td></tr><tr><td>37 13th Month Pay and Other Benefits</td><td style="text-align: center;">37</td><td style="text-align: right;">52,205.51</td></tr><tr><td>38 De Minimis Benefits</td><td style="text-align: center;">38</td><td style="text-align: right;">30,900.97</td></tr><tr><td>39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)</td><td style="text-align: center;">39</td><td style="text-align: right;">11,925.60</td></tr><tr><td>40 Salaries & Other Forms of Compensation</td><td style="text-align: center;">40</td><td style="text-align: right;">0.00</td></tr><tr><td>41 Total Non-Taxable/Exempt Compensation Income</td><td style="text-align: center;">41</td><td style="text-align: right;">95,032.08</td></tr><tr><td colspan="3">B. TAXABLE COMPENSATION INCOME REGULAR</td></tr><tr><td>42 Basic Salary</td><td style="text-align: center;">42</td><td style="text-align: right;">291,486.16</td></tr><tr><td>43 Representation</td><td style="text-align: center;">43</td><td style="text-align: right;">0.00</td></tr><tr><td>44 Transportation</td><td style="text-align: center;">44</td><td style="text-align: right;">0.00</td></tr><tr><td>45 Cost of Living Allowance</td><td style="text-align: center;">45</td><td style="text-align: right;">4,647.03</td></tr><tr><td>46 Fixed Housing Allowance</td><td style="text-align: center;">46</td><td style="text-align: right;">0.00</td></tr><tr><td>47 Others (Specify)</td><td style="text-align: center;">47A</td><td style="text-align: right;">0.00</td></tr><tr><td>Tempo Allowance</td><td style="text-align: center;">47B</td><td style="text-align: right;">0.00</td></tr><tr><td>Service Allowance</td><td style="text-align: center;">47C</td><td style="text-align: right;">0.00</td></tr><tr><td colspan="3">SUPPLEMENTARY</td></tr><tr><td>48 Commission</td><td style="text-align: center;">48</td><td style="text-align: right;">0.00</td></tr><tr><td>49 Profit Sharing</td><td style="text-align: center;">49</td><td style="text-align: right;">0.00</td></tr><tr><td>50 Fees Including Director's Fees</td><td style="text-align: center;">50</td><td style="text-align: right;">0.00</td></tr><tr><td>51 Taxable 13th Month Pay and Other Benefits</td><td style="text-align: center;">51</td><td style="text-align: right;">0.00</td></tr><tr><td>52 Hazard Pay</td><td style="text-align: center;">52</td><td style="text-align: right;">0.00</td></tr><tr><td>53 Overtime Pay</td><td style="text-align: center;">53</td><td style="text-align: right;">23,020.00</td></tr><tr><td>54 Others (Specify)</td><td style="text-align: center;">54A</td><td style="text-align: right;">0.00</td></tr><tr><td></td><td style="text-align: center;">54B</td><td style="text-align: right;">0.00</td></tr><tr><td>55 Total Taxable Compensation Income</td><td style="text-align: center;">55</td><td style="text-align: right;">319,153.19</td></tr></table></div>			Amount	A. 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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 CARMEN
Present Employer/ Authorized Agent Signature Over Printed Name
CONFORME:
57 RONSAIRO, ADRIAN BENDO
CTC No. Employee Signature Over Printed Name
of Employee Place of Issue

Date Signed
Date Signed
Date of Issue
Amount Paid

To be accomplished under substituted filing

58 MA RITA CARMEN
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 RONSAIRO, ADRIAN BENDO
Employee Signature Over Printed Name