



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"

<p>1 For the Year (YYYY) 2, 0, 1, 7</p> <p>Part I Employee Information</p> <p>3 Taxpayer Identification No. 1, 7, 3, 7, 8, 8, 3, 9, 8</p> <p>4 Employee's Name (Last Name, First Name, Middle Name) AVES, RAYMUNDO SALAZAR</p> <p>5 RDO Code 1, 1</p> <p>6 Registered Address 733 Wood St., Pasay City</p> <p>6A Zip Code 1, 1, 1, 1</p> <p>6B Local Home Address </p> <p>6C Zip Code 1, 1, 1, 1</p> <p>6D Foreign Address </p> <p>6E Zip Code 1, 1, 1, 1</p> <p>7 Date of Birth (MM/DD/YYYY) 0, 9, 0, 9, 1, 9, 7, 0</p> <p>8 Telephone Number </p> <p>9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married</p> <p>9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10 Name of Qualified Dependent Children </p> <p>11 Date of Birth (MM/DD/YYYY) 0, 0, 0, 0, -, 0, 0, 0</p> <p>12 Statutory Minimum Wage rate per day </p> <p>13 Statutory Minimum Wage rate per month 0.00</p> <p>14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</p> <p>Part II Employer Information (Present)</p> <p>15 Taxpayer Identification No. 0, 0, 1, 2, 1, 8, 9, 1, 1, 0, 0, 0</p> <p>16 Employer's Name </p> <p>17 Registered Address 60 Pioneer cor. Madison St. Mandaluyong City</p> <p>17A Zip Code 1, 5, 0, 0</p> <p><input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>Part III Employer Information (Previous)</p> <p>18 Taxpayer Identification No. </p> <p>19 Employer's Name </p> <p>20 Registered Address </p> <p>20A Zip Code </p> <p>Part IV-A Summary</p> <table style="width:100%;"> <tr><td>21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)</td><td style="text-align: right;">873,457.91</td></tr> <tr><td>22 Less: Total Non-Taxable/Exempt (Item 41)</td><td style="text-align: right;">55,840.51</td></tr> <tr><td>23 Taxable Compensation Income from Present Employer (Item 55)</td><td style="text-align: right;">817,617.40</td></tr> <tr><td>24 Add: Taxable Compensation Income from Previous Employer</td><td style="text-align: right;">0.00</td></tr> <tr><td>25 Gross Taxable Compensation Income</td><td style="text-align: right;">817,617.40</td></tr> <tr><td>26 Less: Total Exemptions</td><td style="text-align: right;">100,000.00</td></tr> <tr><td>27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)</td><td style="text-align: right;">0.00</td></tr> <tr><td>28 Net Taxable Compensation Income</td><td style="text-align: right;">717,617.40</td></tr> <tr><td>29 Tax Due</td><td style="text-align: right;">194,637.25</td></tr> <tr><td>30 Amount of Taxes Withheld</td><td></td></tr> <tr><td>30A Present Employer</td><td style="text-align: right;">159,895.28</td></tr> <tr><td>30B Previous Employer</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: right;">34,741.97</td></tr> </table>	21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	873,457.91	22 Less: Total Non-Taxable/Exempt (Item 41)	55,840.51	23 Taxable Compensation Income from Present Employer (Item 55)	817,617.40	24 Add: Taxable Compensation Income from Previous Employer	0.00	25 Gross Taxable Compensation Income	817,617.40	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	717,617.40	29 Tax Due	194,637.25	30 Amount of Taxes Withheld		30A Present Employer	159,895.28	30B Previous Employer	0.00	31 Total Amount of Taxes Withheld As adjusted	34,741.97	<p>2 For the Period From (MM/DD) 0, 1, 0, 1 To (MM/DD) 0, 0, 0, 0</p> <p>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</p> <p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</p> <table style="width:100%;"> <tr><td>32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>33 Holiday Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>34 Overtime Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>35 Night Shift Differential (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>36 Hazard Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>37 13th Month Pay and Other Benefits</td><td style="text-align: right;">15,158.00</td></tr> <tr><td>38 De Minimis Benefits</td><td style="text-align: right;">28,375.71</td></tr> <tr><td>39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)</td><td style="text-align: right;">12,306.80</td></tr> <tr><td>40 Salaries & Other Forms of Compensation</td><td style="text-align: right;">0.00</td></tr> <tr><td>41 Total Non-Taxable/Exempt Compensation Income</td><td style="text-align: right;">55,840.51</td></tr> </table> <p>B. TAXABLE COMPENSATION INCOME REGULAR</p> <table style="width:100%;"> <tr><td>42 Basic Salary</td><td style="text-align: right;">579,676.18</td></tr> <tr><td>43 Representation</td><td style="text-align: right;">0.00</td></tr> <tr><td>44 Transportation</td><td style="text-align: right;">0.00</td></tr> <tr><td>45 Cost of Living Allowance</td><td style="text-align: right;">4,267.27</td></tr> <tr><td>46 Fixed Housing Allowance</td><td style="text-align: right;">0.00</td></tr> <tr><td>47 Others (Specify)</td><td></td></tr> <tr><td>47A Tempo Allowance</td><td style="text-align: right;">0.00</td></tr> <tr><td>47B</td><td style="text-align: right;">0.00</td></tr> </table> <p>SUPPLEMENTARY</p> <table style="width:100%;"> <tr><td>48 Commission</td><td style="text-align: right;">0.00</td></tr> <tr><td>49 Profit Sharing</td><td style="text-align: right;">0.00</td></tr> <tr><td>50 Fees Including Director's Fees</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: right;">233,673.95</td></tr> <tr><td>52 Hazard Pay</td><td style="text-align: right;">0.00</td></tr> <tr><td>53 Overtime Pay</td><td style="text-align: right;">0.00</td></tr> <tr><td>54 Others (Specify)</td><td></td></tr> <tr><td>54A</td><td style="text-align: right;">0.00</td></tr> <tr><td>54B</td><td style="text-align: right;">0.00</td></tr> <tr><td>55 Total Taxable Compensation Income</td><td style="text-align: right;">817,617.40</td></tr> </table>	32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	0.00	33 Holiday Pay (MWE)	0.00	34 Overtime Pay (MWE)	0.00	35 Night Shift Differential (MWE)	0.00	36 Hazard Pay (MWE)	0.00	37 13th Month Pay and Other Benefits	15,158.00	38 De Minimis Benefits	28,375.71	39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	12,306.80	40 Salaries & Other Forms of Compensation	0.00	41 Total Non-Taxable/Exempt Compensation Income	55,840.51	42 Basic Salary	579,676.18	43 Representation	0.00	44 Transportation	0.00	45 Cost of Living Allowance	4,267.27	46 Fixed Housing Allowance	0.00	47 Others (Specify)		47A Tempo Allowance	0.00	47B	0.00	48 Commission	0.00	49 Profit Sharing	0.00	50 Fees Including Director's Fees	0.00	51 Taxable 13th Month Pay and Other Benefits	233,673.95	52 Hazard Pay	0.00	53 Overtime Pay	0.00	54 Others (Specify)		54A	0.00	54B	0.00	55 Total Taxable Compensation Income	817,617.40
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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. LOURDES SUNIGA
Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME:

57 AVES, RAYMUNDO SALAZAR
CTC No. _____ Employee Signature Over Printed Name
of Employee _____ Place of Issue _____

Date Signed _____ 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. LOURDES SUNIGA
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 AVES, RAYMUNDO SALAZAR
Employee Signature Over Printed Name