

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas InternasCertificate 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. 2, 4, 3, 6, 5, 9, 2, 0, 9	
4 Employee's Name (Last Name, First Name, Middle Name) SARGEANT, ALEXANDER TIMOTHY SANTIAGO 5 RDO Code 0, 5, 1	
6 Registered Address 1665 Interior 38 West Zamora st. Paco, Metro Manila 6A Zip Code 	
6B Local Home Address 6C Zip Code 	
6D Foreign Address 6E Zip Code 	
7 Date of Birth (MM/DD/YYYY) 0, 8, 0, 7, 1, 9, 8, 8	8 Telephone Number
9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married	
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> 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 13 Statutory Minimum Wage rate per month 0.00	
14 <input type="checkbox"/> 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. 0, 0, 0, 8, 2, 6, 3, 6, 6, 0, 0, 0	
16 Employer's Name 	
17 Registered Address 733 Wood St., Malibay, Pasay 17A Zip Code 1, 3, 0, 0	
City <input type="checkbox"/> Main Employer <input type="checkbox"/> 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)	390,261.39
22 Less: Total Non-Taxable/Exempt (Item 41)	86,627.90
23 Taxable Compensation Income from Present Employer (Item 55)	303,633.49
24 Add: Taxable Compensation Income from Previous Employer	0.00
25 Gross Taxable Compensation Income	303,633.49
26 Less: Total Exemptions	50,000.00
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	0.00
28 Net Taxable Compensation Income	253,633.49
29 Tax Due	51,090.04
30 Amount of Taxes Withheld	
30A Present Employer	51,553.73
30B Previous Employer	0.00
31 Total Amount of Taxes Withheld As adjusted	-463.69

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
Amount	
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
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	44,400.00
38 De Minimis Benefits	30,452.30
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	11,775.60
40 Salaries & Other Forms of Compensation	0.00
41 Total Non-Taxable/Exempt Compensation Income	86,627.90
B. TAXABLE COMPENSATION INCOME REGULAR	
42 Basic Salary	268,053.93
43 Representation	0.00
44 Transportation	0.00
45 Cost of Living Allowance	4,579.56
46 Fixed Housing Allowance	0.00
47 Others (Specify)	
47A Tempo Allowance	0.00
47B Service Allowance	0.00
SUPPLEMENTARY	
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	0.00
52 Hazard Pay	0.00
53 Overtime Pay	31,000.00
54 Others (Specify)	
54A 	0.00
54B 	0.00
55 Total Taxable Compensation Income	303,633.49

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 SARGEANT, ALEXANDER TIMOTHY SANTIAGODate 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 SARGEANT, ALEXANDER TIMOTHY SANTIAGO

Employee Signature Over Printed Name