

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		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 Taxpayer Identification No. ▶ 1,1,9,7,7,2,9,8,4		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) ▶ DE CASTRO, CHRISTINA ELENA CRUZ		5 RDO Code ▶ 0,5,1	
6 Registered Address ▶ 8 Leyte St., Bgy San Perfecto, San Juan City, 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) ▶ 1,0,3,1,1,9,5,4		8 Telephone Number ▶	
9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 0.00	
10 Name of Qualified Dependent Children		33 Holiday Pay (MWE) 33 0.00	
11 Date of Birth (MM/DD/YYYY) ▶ 0,0,0,0 - 0,0,0,0		34 Overtime Pay (MWE) 34 0.00	
12 Statutory Minimum Wage rate per day 12		35 Night Shift Differential (MWE) 35 0.00	
13 Statutory Minimum Wage rate per month 13 0.00		36 Hazard Pay (MWE) 36 0.00	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		37 13th Month Pay and Other Benefits 37 82,000.00	
Part II Employer Information (Present)		38 De Minimis Benefits 38 31,200.00	
15 Taxpayer Identification No. ▶ 0,0,0,8,2,6,3,6,6,0,0,0		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 13,425.60	
16 Employer's Name ▶		40 Salaries & Other Forms of Compensation 40 0.00	
17 Registered Address ▶ 733 Wood St., Malibay, Pasay		41 Total Non-Taxable/Exempt Compensation Income 41 126,625.60	
17A Zip Code ▶ 1,3,0,0		B. TAXABLE COMPENSATION INCOME REGULAR	
City <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		42 Basic Salary 42 637,466.40	
Part III Employer Information (Previous)		43 Representation 43 0.00	
18 Taxpayer Identification No. ▶		44 Transportation 44 0.00	
19 Employer's Name ▶		45 Cost of Living Allowance 45 4,692.00	
20 Registered Address ▶		46 Fixed Housing Allowance 46 0.00	
20A Zip Code ▶		47 Others (Specify)	
Part IV-A Summary		47A Tempo Allowance 47A 0.00	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 833,306.82		47B Service Allowance 47B 0.00	
22 Less: Total Non-Taxable/Exempt (Item 41) 22 126,625.60		SUPPLEMENTARY	
23 Taxable Compensation Income from Present Employer (Item 55) 23 706,681.22		48 Commission 48 0.00	
24 Add: Taxable Compensation Income from Previous Employer 24 0.00		49 Profit Sharing 49 0.00	
25 Gross Taxable Compensation Income 25 706,681.22		50 Fees Including Director's Fees 50 0.00	
26 Less: Total Exemptions 26 50,000.00		51 Taxable 13th Month Pay and Other Benefits 51 64,522.82	
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 27 0.00		52 Hazard Pay 52 0.00	
28 Net Taxable Compensation Income 28 656,681.22		53 Overtime Pay 53 0.00	
29 Tax Due 29 175,137.99		54 Others (Specify)	
30 Amount of Taxes Withheld		54A 54A 0.00	
30A Present Employer 30A 175,139.54		54B 54B 0.00	
30B Previous Employer 30B 0.00		55 Total Taxable Compensation Income 55 706,681.22	
31 Total Amount of Taxes Withheld As adjusted 31 -1.55			

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

Date Signed

Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME:

57 DE CASTRO, CHRISTINA ELENA CRUZ

Date Signed

CTC No. Employee Signature Over Printed Name

of 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 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 DE CASTRO, CHRISTINA ELENA CRUZ

Employee Signature Over Printed Name