

Certificate of Compensation
Payment/Tax Withheld

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. ▶ 2,4,4,2,1,4,4,3,6		Amount	
4 Employee's Name (Last Name, First Name, Middle Name) ▶ DEITA, AIREEN DUENAS		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
5 RDO Code ▶		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32 0.00	
6 Registered Address ▶ Sto. Nino Binan, Laguna, Roxas City		33 Holiday Pay (MWE) 33 0.00	
6A Zip Code ▶		34 Overtime Pay (MWE) 34 0.00	
6B Local Home Address ▶		35 Night Shift Differential (MWE) 35 0.00	
6C Zip Code ▶		36 Hazard Pay (MWE) 36 0.00	
6D Foreign Address ▶		37 13th Month Pay and Other Benefits 37 54,523.72	
6E Zip Code ▶		38 De Minimis Benefits 38 19,182.91	
7 Date of Birth (MM/DD/YYYY) ▶ 1,0,1,8,1,9,8,3		39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 9,694.30	
8 Telephone Number ▶		40 Salaries & Other Forms of Compensation 40 0.00	
9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married		41 Total Non-Taxable/Exempt Compensation Income 41 83,400.93	
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No		B. TAXABLE COMPENSATION INCOME REGULAR	
10 Name of Qualified Dependent Children		42 Basic Salary 42 172,355.62	
11 Date of Birth (MM/DD/YYYY) ▶ 0,0,0,0, -, 0,0,0,0		43 Representation 43 0.00	
12 Statutory Minimum Wage rate per day 12		44 Transportation 44 0.00	
13 Statutory Minimum Wage rate per month 13 0.00		45 Cost of Living Allowance 45 4,286.01	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		46 Fixed Housing Allowance 46 0.00	
Part II Employer Information (Present)		47 Others (Specify) 47A Tempo Allowance 47A 0.00	
15 Taxpayer Identification No. ▶ 0,0,4,7,3,0,5,7,1,0,0,0		47B 47B 0.00	
16 Employer's Name ▶		SUPPLEMENTARY	
17 Registered Address ▶ 733 Wood St. Malibay, Pasay City		48 Commission 48 0.00	
17A Zip Code ▶ 1,3,0,0		49 Profit Sharing 49 0.00	
<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		50 Fees Including Director's Fees 50 0.00	
Part III Employer Information (Previous)		51 Taxable 13th Month Pay and Other Benefits 51 0.00	
18 Taxpayer Identification No. ▶		52 Hazard Pay 52 0.00	
19 Employer's Name ▶		53 Overtime Pay 53 995.83	
20 Registered Address ▶		54 Others (Specify) 54A 54A 0.00	
20A Zip Code ▶		54B 54B 0.00	
Part IV-A Summary		55 Total Taxable Compensation Income 55 177,637.46	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 261,038.39			
22 Less: Total Non-Taxable/Exempt (Item 41) 22 83,400.93			
23 Taxable Compensation Income from Present Employer (Item 55) 23 177,637.46			
24 Add: Taxable Compensation Income from Previous Employer 24 0.00			
25 Gross Taxable Compensation Income 25 177,637.46			
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 28 127,637.46			
29 Tax Due 29 20,027.29			
30 Amount of Taxes Withheld			
30A Present Employer 30A 22,001.06			
30B Previous Employer 30B 0.00			
31 Total Amount of Taxes Withheld As adjusted 31 -1,973.77			

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 FELIPE FADEROGAO

Date Signed

Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME:

57 DEITA, AIREEN DUENAS

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 FELIPE FADEROGAO

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 DEITA, AIREEN DUENAS

Employee Signature Over Printed Name