

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 | | Part IV-B Details of Compensation Income and Tax Withheld from Present Employer | |
| 3 Taxpayer Identification No. ▶ 1,9,1,9,0,2,5,3,5 | | Amount | |
| 4 Employee's Name (Last Name, First Name, Middle Name) ▶ ELISCUPIDES, ROWENA MACEDA | | 5 RDO Code | |
| 6 Registered Address ▶ 85 Orbiter St. Moonwalk Village, Talon V., Las Piñas 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) 0,8,1,0,1,9,7,1 | | 8 Telephone Number | |
| 9 Exemption Status <input type="checkbox"/> Single <input checked="" 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 0.00 | |
| Part II Employer Information (Present) | | 38 De Minimis Benefits 38 31,200.00 | |
| 15 Taxpayer Identification No. ▶ 0,0,3,9,4,3,2,1,3,0,0,0 | | 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 ▶ 770 E. Rodriguez Ext., Malibay, Pasay City | | 41 Total Non-Taxable/Exempt Compensation Income 41 44,625.60 | |
| 17A Zip Code 1,3,0,0 | | B. TAXABLE COMPENSATION INCOME REGULAR | |
| <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer | | 42 Basic Salary 42 1,189,658.40 | |
| 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 1,423,846.57 | | 47B 47B 0.00 | |
| 22 Less: Total Non-Taxable/Exempt (Item 41) 22 44,625.60 | | SUPPLEMENTARY | |
| 23 Taxable Compensation Income from Present Employer (Item 55) 23 1,379,220.97 | | 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 1,379,220.97 | | 50 Fees Including Director's Fees 50 0.00 | |
| 26 Less: Total Exemptions 26 125,000.00 | | 51 Taxable 13th Month Pay and Other Benefits 51 184,870.57 | |
| 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 1,254,220.97 | | 53 Overtime Pay 53 0.00 | |
| 29 Tax Due 29 366,350.39 | | 54 Others (Specify) | |
| 30 Amount of Taxes Withheld | | 54A 54A 0.00 | |
| 30A Present Employer 30A 366,351.98 | | 54B 54B 0.00 | |
| 30B Previous Employer 30B 0.00 | | 55 Total Taxable Compensation Income 55 1,379,220.97 | |
| 31 Total Amount of Taxes Withheld As adjusted 31 -1.59 | | | |

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 ELISCUPIDES, ROWENA MACEDA

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 ELISCUPIDES, ROWENA MACEDA

Employee Signature Over Printed Name