



# 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"

<div>1 For the Year (YYYY) <span style="border: 1px solid black; padding: 2px;">2,0,1,7</span></div> <div><b>Part I Employee Information</b></div> <div>3 Taxpayer Identification No. <span style="border: 1px solid black; padding: 2px;">1,4,1,2,6,3,0,8,4</span></div> <div>4 Employee's Name (Last Name, First Name, Middle Name) <span style="border: 1px solid black; padding: 2px;">CARMEN, MA RITA PERTIERRA</span></div> <div>5 RDO Code <span style="border: 1px solid black; padding: 2px;">1,1</span></div> <div>6 Registered Address <span style="border: 1px solid black; padding: 2px;">Block 2 Lot 14 Villa Milagrosa Subdivision, Bgy San Vicente San Pedro Laguna, n/a</span></div> <div>6A Zip Code <span style="border: 1px solid black; padding: 2px;">1,1,1,1,1,1</span></div> <div>6B Local Home Address <span style="border: 1px solid black; padding: 2px;"></span></div> <div>6C Zip Code <span style="border: 1px solid black; padding: 2px;">1,1,1,1,1,1</span></div> <div>6D Foreign Address <span style="border: 1px solid black; padding: 2px;"></span></div> <div>6E Zip Code <span style="border: 1px solid black; padding: 2px;">1,1,1,1,1,1</span></div> <div>7 Date of Birth (MM/DD/YYYY) <span style="border: 1px solid black; padding: 2px;">1,1,2,9,1,9,5,6</span></div> <div>8 Telephone Number <span style="border: 1px solid black; padding: 2px;"></span></div> <div>9 Exemption Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married</div> <div>9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>10 Name of Qualified Dependent Children <span style="border: 1px solid black; padding: 2px;"></span></div> <div>11 Date of Birth (MM/DD/YYYY) <span style="border: 1px solid black; padding: 2px;">0,0,0,0,-,0,0,0</span></div> <div>12 Statutory Minimum Wage rate per day <span style="border: 1px solid black; padding: 2px;"></span></div> <div>13 Statutory Minimum Wage rate per month <span style="border: 1px solid black; padding: 2px;">0,0,0</span></div> <div>14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</div>		<div>2 For the Period From (MM/DD) <span style="border: 1px solid black; padding: 2px;">0,1,0,1</span> To (MM/DD) <span style="border: 1px solid black; padding: 2px;">0,0,0,0</span></div> <div><b>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</b></div> <div><b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b></div> <div>32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) <span style="border: 1px solid black; padding: 2px;">0,0,0</span></div> <div>33 Holiday Pay (MWE) <span style="border: 1px solid black; padding: 2px;">0,0,0</span></div> <div>34 Overtime Pay (MWE) <span style="border: 1px solid black; padding: 2px;">0,0,0</span></div> <div>35 Night Shift Differential (MWE) <span style="border: 1px solid black; padding: 2px;">0,0,0</span></div> <div>36 Hazard Pay (MWE) <span style="border: 1px solid black; padding: 2px;">0,0,0</span></div> <div>37 13th Month Pay and Other Benefits <span style="border: 1px solid black; padding: 2px;">0,0,0</span></div> <div>38 De Minimis Benefits <span style="border: 1px solid black; padding: 2px;">31,200.00</span></div> <div>39 SSS, GSIS, PHIC &amp; Pag-ibig Contributions, &amp; Union Dues (Employee share only) <span style="border: 1px solid black; padding: 2px;">13,425.60</span></div> <div>40 Salaries &amp; Other Forms of Compensation <span style="border: 1px solid black; padding: 2px;">0,0,0</span></div> <div>41 Total Non-Taxable/Exempt Compensation Income <span style="border: 1px solid black; padding: 2px;">44,625.60</span></div> <div><b>B. TAXABLE COMPENSATION INCOME REGULAR</b></div> <div>42 Basic Salary <span style="border: 1px solid black; padding: 2px;">705,626.40</span></div> <div>43 Representation <span style="border: 1px solid black; padding: 2px;">0,0,0</span></div> <div>44 Transportation <span style="border: 1px solid black; padding: 2px;">0,0,0</span></div> <div>45 Cost of Living Allowance <span style="border: 1px solid black; padding: 2px;">4,692.00</span></div> <div>46 Fixed Housing Allowance <span style="border: 1px solid black; padding: 2px;">0,0,0</span></div> <div>47 Others (Specify) <span style="border: 1px solid black; padding: 2px;">Tempo Allowance</span></div> <div>47A <span style="border: 1px solid black; padding: 2px;">0,0,0</span></div> <div>47B <span style="border: 1px solid black; padding: 2px;">0,0,0</span></div> <div><b>SUPPLEMENTARY</b></div> <div>48 Commission <span style="border: 1px solid black; padding: 2px;">0,0,0</span></div> <div>49 Profit Sharing <span style="border: 1px solid black; padding: 2px;">0,0,0</span></div> <div>50 Fees Including Director's Fees <span style="border: 1px solid black; padding: 2px;">0,0,0</span></div> <div>51 Taxable 13th Month Pay and Other Benefits <span style="border: 1px solid black; padding: 2px;">137,521.00</span></div> <div>52 Hazard Pay <span style="border: 1px solid black; padding: 2px;">0,0,0</span></div> <div>53 Overtime Pay <span style="border: 1px solid black; padding: 2px;">0,0,0</span></div> <div>54 Others (Specify) <span style="border: 1px solid black; padding: 2px;"></span></div> <div>54A <span style="border: 1px solid black; padding: 2px;">0,0,0</span></div> <div>54B <span style="border: 1px solid black; padding: 2px;">0,0,0</span></div> <div>55 Total Taxable Compensation Income <span style="border: 1px solid black; padding: 2px;">847,839.40</span></div>	
<div><b>Part II Employer Information (Present)</b></div> <div>15 Taxpayer Identification No. <span style="border: 1px solid black; padding: 2px;">0,0,3,9,4,3,2,1,3,0,0,0</span></div> <div>16 Employer's Name <span style="border: 1px solid black; padding: 2px;"></span></div> <div>17 Registered Address <span style="border: 1px solid black; padding: 2px;">770 E. Rodriguez Ext., Malibay, Pasay City</span></div> <div>17A Zip Code <span style="border: 1px solid black; padding: 2px;">1,3,0,0</span></div> <div><input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</div>		<div><b>Part III Employer Information (Previous)</b></div> <div>18 Taxpayer Identification No. <span style="border: 1px solid black; padding: 2px;"></span></div> <div>19 Employer's Name <span style="border: 1px solid black; padding: 2px;"></span></div> <div>20 Registered Address <span style="border: 1px solid black; padding: 2px;"></span></div> <div>20A Zip Code <span style="border: 1px solid black; padding: 2px;"></span></div>	
<div><b>Part IV-A Summary</b></div> <div>21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) <span style="border: 1px solid black; padding: 2px;">892,465.00</span></div> <div>22 Less: Total Non-Taxable/ Exempt (Item 41) <span style="border: 1px solid black; padding: 2px;">44,625.60</span></div> <div>23 Taxable Compensation Income from Present Employer (Item 55) <span style="border: 1px solid black; padding: 2px;">847,839.40</span></div> <div>24 Add: Taxable Compensation Income from Previous Employer <span style="border: 1px solid black; padding: 2px;">0.00</span></div> <div>25 Gross Taxable Compensation Income <span style="border: 1px solid black; padding: 2px;">847,839.40</span></div> <div>26 Less: Total Exemptions <span style="border: 1px solid black; padding: 2px;">50,000.00</span></div> <div>27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) <span style="border: 1px solid black; padding: 2px;">0.00</span></div> <div>28 Net Taxable Compensation Income <span style="border: 1px solid black; padding: 2px;">797,839.40</span></div> <div>29 Tax Due <span style="border: 1px solid black; padding: 2px;">220,308.29</span></div> <div>30 Amount of Taxes Withheld <span style="border: 1px solid black; padding: 2px;"></span></div> <div>30A Present Employer <span style="border: 1px solid black; padding: 2px;">220,309.88</span></div> <div>30B Previous Employer <span style="border: 1px solid black; padding: 2px;">0.00</span></div> <div>31 Total Amount of Taxes Withheld As adjusted <span style="border: 1px solid black; padding: 2px;">-1.59</span></div>			
<div>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.</div> <div>56 <span style="border: 1px solid black; padding: 2px;">MA RITA CARMEN</span> Date Signed <span style="border: 1px solid black; padding: 2px;"></span></div> <div>CONFORME: <span style="border: 1px solid black; padding: 2px;">CARMEN, MA RITA PERTIERRA</span> Date Signed <span style="border: 1px solid black; padding: 2px;"></span></div> <div>CTC No. <span style="border: 1px solid black; padding: 2px;"></span> Employee Signature Over Printed Name <span style="border: 1px solid black; padding: 2px;"></span> Date of Issue <span style="border: 1px solid black; padding: 2px;"></span> Amount Paid <span style="border: 1px solid black; padding: 2px;"></span></div> <div>of Employee <span style="border: 1px solid black; padding: 2px;"></span> Place of Issue <span style="border: 1px solid black; padding: 2px;"></span></div>			
<div><b>To be accomplished under substituted filing</b></div> <div>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.</div> <div>58 <span style="border: 1px solid black; padding: 2px;">MA RITA CARMEN</span> Date Signed <span style="border: 1px solid black; padding: 2px;"></span></div> <div>Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)</div> <div>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.</div> <div>59 <span style="border: 1px solid black; padding: 2px;">CARMEN, MA RITA PERTIERRA</span> Date Signed <span style="border: 1px solid black; padding: 2px;"></span></div> <div>Employee Signature Over Printed Name</div>			