

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) 2018

2 For the Period From (MM/DD) 0101 To (MM/DD) 1231

Part I Employee Information

3 Taxpayer Identification No. 187 772 616 0000

4 Employee's Name (Last Name, First Name, Middle Name) ZANTUA, MA JOSEFINA SABLAN 5 RDO Code 039

6 Registered Address 6A Zip Code

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) 8 Telephone Number

9 Exemption Status Single Married

9A Is the wife claiming the additional exemption for qualified dependent children? Yes No

10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)

12 Statutory Minimum Wage rate per day 12

13 Statutory Minimum Wage rate per month 13

14 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. 710 476 001 0000

16 Employer's Name CIVIL SERVICE COMMISSION - NATIONAL CAPITAL REGION

17 Registered Address 17A Zip Code 25 KALIRAYA DONA JOSEFA QUEZON CITY 1113

Main Employer 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) 769,938.00

22 Less: Total Non-Taxable/Exempt (Item 41) 208,761.60

23 Taxable Compensation Income from Present Employer (Item 55) 561,176.40

24 Add: Taxable Compensation Income from Previous Employer

25 Gross Taxable Compensation Income 561,176.40

26 Less: Total Exemptions 0.00

27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable) 0.00

28 Net Taxable Compensation Income 561,176.40

29 Tax Due 70,294.10

30 Amount of Taxes Withheld 30A Present Employer 70,294.10 30B Previous Employer

31 Total Amount of Taxes Withheld As adjusted 70,294.10

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32

33 Holiday Pay (MWE) 33

34 Overtime Pay (MWE) 34

35 Night Shift Differential (MWE) 35

36 Hazard Pay (MWE) 36

37 13th Month Pay and Other Benefits 37 90,000.00

38 De Minimis Benefits 38 39,000.00

39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 55,761.60

40 Salaries & Other Forms of Compensation 40 24,000.00

41 Total Non-Taxable/Exempt Compensation Income 41 208,761.60

B. TAXABLE COMPENSATION INCOME REGULAR

42 Basic Salary 42 472,478.40

43 Representation 43

44 Transportation 44

45 Cost of Living Allowance 45

46 Fixed Housing Allowance 46

47 Others (Specify) 47A 0.00 47B

48 Commission 48

49 Profit Sharing 49

50 Fees Including Director's Fees 50

51 Taxable 13th Month Pay and Other Benefits 51 88,698.00

52 Hazard Pay 52

53 Overtime Pay 53

54 Others (Specify) 54A 54B

55 Total Taxable Compensation Income 55 561,176.40

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 Internal Revenue Code, as amended, and the regulations issued under authority thereof.

56 Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME: MA JOSEFINA SABLAN ZANTUA

57 CTC No. Employee Signature Over Printed Name

of Employee Place of Issue

Date Signed

Date Signed

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. CARISSA JONETTE D. GACUYA

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 BIR No. 3-2007 as amended.

59 MA JOSEFINA SABLAN ZANTUA

Employee Signature Over Printed Name