

Certificate of Compensation Payment/Tax Withheld

BIR Form No.

2316
October 2002 (ENCS)

For Compensation Payment With or Without Tax Withheld

1 For the Year (YYYY) 1 2007	2 For the Period From (MM/DD) 01 01 To (MM/DD) 12 31
Part I Employee Information	
3 Taxpayer Identification No. 3 115-678-923	
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code BORJA, ABIGAIL 	
6 Registered Address 6A Zip Code 2148 KARAPATAN STREET, STA. CRUZ, 	
6B Local Home Address 6C Zip Code 2148 KARAPATAN STREET, STA. CRUZ, 	
6D Foreign Address 6E Zip Code 	
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number 04-16-1969 	
9 Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Head of the Family <input checked="" type="checkbox"/> Married	
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
12 Other Dependent (to be accomplished if taxpayer is head of the family) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Name of Dependent</div> <div style="width: 30%;">Relationship</div> <div style="width: 30%;">Date of Birth (MM/DD/YYYY)</div> </div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Part II Employer Information (Present)	
13 Taxpayer Identification No. 13 CS2000	
14 Employer's Name Creative Software	
15 Registered Address 15A Zip Code Unit 605 Jafer Building No.19 Eisenhower 1504	
<input checked="" type="checkbox"/> main employer <input type="checkbox"/> secondary employer	
Part III Employer Information (Previous)-1	
16 Taxpayer Identification No. 16 	
17 Employer's Name 	
18 Registered Address 18A Zip Code 	
Employer Information (Previous)-2	
19 Taxpayer Identification No. 19 	
20 Employer's Name 	
21 Registered Address 21A Zip Code 	
Employer Information (Previous)-3	
22 Taxpayer Identification No. 22 	
23 Employer's Name 	
24 Registered Address 24A Zip Code 	
Part IV Details of Compensation Income and Tax Withheld from Present Employer	
A. Non-Taxable/Exempt Compensation Income	
25 13th Month Pay and Other Benefits	25 0.00
26 SSS, GSIS, PHIC & Pag-ibig Contributions & Union dues	26 558.30
27 Salaries & Other Forms of Compensation	27 0.00
28 Total Non-Taxable/Exempt Compensation Income	28 558.30
B. Taxable Compensation Income	
REGULAR	
29 Basic Salary	29 8491.70
30 Representation	30 0.00
31 Transportation	31 0.00
32 Cost of Living Allowance	32 0.00
33 Fixed Housing Allowance	33 0.00
34 Others (Specify)	34
34A Others Regular	34A -1000.00
34B	34B 0.00
SUPPLEMENTARY	
35 Commission	35 0.00
36 Profit Sharing	36 0.00
37 Fees Including Director's Fees	37 0.00
38 Taxable 13th Month Pay and Other Benefits	38 0.00
39 Hazard Pay	39 0.00
40 Others (Specify)	40
40A Others Supplementary	40A 0.00
40B	40B 0.00
41 Total Taxable Compensation Income	41 7491.70
Summary	
42 Taxable Compensation Income from Present Employer	42 7491.70
43 Add: Taxable Compensation from Previous Employer(s)	43 0.00
44 Gross Taxable Compensation Income	44 7491.70
45 Less: Total Exemptions	45 32000.00
46 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	46 0.00
47 Taxable Compensation Income	47 68900.40
48 Tax Due	48 8335.06
49 Amount of Taxes Withheld	49A 694.59
49A Present Employer	49B 0.00
49B Previous Employer(s)	50 694.59
50 Total Amount of Taxes Withheld	50 694.59
<p>I 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.</p>	
51 _____ Present Employer/Authorized Agent Signature Over Printed Name CONFORME: 52 BORJA, ABIGAIL	Date Signed
CTC No. _____ of Employee _____ Place of Issue 	Date Signed Amount Paid 0.00
To be accomplished under substituted filing	
<p>I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which have been filed with the Bureau of Internal Revenue</p>	
53 _____ Present Employer/Authorized Agent Signature Over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	54 _____ Employee Signature Over Printed Name

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 as if BIR Form No. 1700 had been filed pursuant to the provisions of RR 3-2002, as amended.