



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)	2016	2 For the Period From (MM/DD)	To (MM/DD)
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Part I Employee Information

3 Taxpayer Identification No. **326 204 213 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **TIMBAL, NEIL JOHN**

5 RDO Code **080**

6 Registered Address **LAPU LAPU LAPU LAPU CITY**

6A Zip Code

6B Local Home Address

6C Zip Code

6D Foreign Address

6E Zip Code

7 Date of Birth (MM/DD/YYYY) **08 22 1993**

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

13 Statutory Minimum Wage rate per month

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. **000 307 370 0000**

16 Employer's Name **MIASCOR GROUNDHANDLING CORPORATION**

17 Registered Address **3F MIASCOR BLDG. AIRPORT ROAD MCIA**

17A Zip Code **6015**

18 City/Municipality **LAPU LAPU CITY**

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)	148,050.61
22 Less: Total Non-Taxable/Exempt (Item 41)	15,341.14
23 Taxable Compensation Income from Present Employer (Item 55)	132,709.47
24 Add: Taxable Compensation Income from Previous Employer	
25 Gross Taxable Compensation Income	132,709.47
26 Less: Total Exemptions	50,000.00
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	0.00
28 Net Taxable Compensation Income	82,709.47
29 Tax Due	11,041.89
30 Amount of Taxes Withheld	
30A Present Employer	11,041.89
30B Previous Employer	
31 Total Amount of Taxes Withheld As adjusted	11,041.89

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

	Amount
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 7,312.44
38 De Minimis Benefits	38 0.00
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 8,028.70
40 Salaries & Other Forms of Compensation	40 0.00
41 Total Non-Taxable/Exempt Compensation Income	41 15,341.14
B. TAXABLE COMPENSATION INCOME REGULAR	
42 Basic Salary	42 132,709.47
43 Representation	43
44 Transportation	44
45 Cost of Living Allowance	45
46 Fixed Housing Allowance	46
47 Others (Specify)	
47A	47A 0.00
47B	47B
SUPPLEMENTARY	
48 Commission	48
49 Profit Sharing	49
50 Fees Including Director's Fees	50
51 Taxable 13th Month Pay and Other Benefits	51 0.00
52 Hazard Pay	52
53 Overtime Pay	53
54 Others (Specify)	
54A	54A
54B	54B
55 Total Taxable Compensation Income	55 132,709.47

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 **IMELDA O. CAIBOY**
Present Employer/Authorized Agent Signature Over Printed Name
Date Signed

CONFORME:
57 **NEIL JOHN TIMBAL**
Employee Signature Over Printed Name
Date Signed

CTC No. _____ 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 **IMELDA O. CAIBOY**
Present Employer/Authorized Agent Signature Over Printed Name
(Head of Accounting/ Human Resource or Authorized Representative)

59 **NEIL JOHN TIMBAL**
Employee Signature Over Printed Name