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Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# 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"

1 For the Year (YYYY) **2017**

2 For the Period From (MM/DD) **01/01** To (MM/DD) **12/31**

### Part I Employee Information

3 Taxpayer Identification No. **490 973 122**

4 Employee's Name (Last Name, First Name, Middle Name) **MORALES, LARRY MABITAD** 5 RDO Code **043**

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) **09/18/1994** 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. **004 639 744**

16 Employer's Name **TELEPHILIPPINES, INC**

17 Registered Address **2ND FLOOR, EDSA CORNER UNITED STREET, GREENFIELD DISTRICT, Mandaluyong City Metro** 17A Zip Code

18 Main Employer  Secondary Employer

19 Employer's Name

20 Registered Address 20A Zip Code

### 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)	204,373.51
22	Less: Total Non-Taxable/Exempt (Item 41)	51,806.88
23	Taxable Compensation Income from Present Employer (Item 55)	152,566.63
24	Add: Taxable Compensation Income from Previous Employer	0.00
25	Gross Taxable Compensation Income	152,566.63
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	102,566.63
29	Tax Due	15,013.33
30	Amount of Taxes Withheld	15,013.33
30A	Present Employer	15,013.33
30B	Previous Employer	0.00
31	Total Amount of Taxes Withheld As adjusted	15,013.33

### 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	0.00
33	Holiday Pay (MWE)	33	0.00
34	Overtime Pay (MWE)	34	0.00
35	Night Shift Differential (MWE)	35	0.00
36	Hazard Pay (MWE)	36	0.00
37	13th Month Pay and Other Benefits	37	32,581.36
38	De Minimis Benefits	38	11,000.00
39	SSS, GSIS, PFIC & Pag-IBIG Contributions, & Union Dues (Employee share only)	39	8,438.60
40	Salaries & Other Forms of Compensation	40	-213.08
41	Total Non-Taxable/Exempt Compensation Income	41	51,806.88

#### B. TAXABLE COMPENSATION INCOME REGULAR

42	Basic Salary	42	136,972.21
43	Representation	43	0.00
44	Transportation	44	0.00
45	Cost of Living Allowance	45	0.00
46	Fixed Housing Allowance	46	0.00
47	Others (Specify)	47	
47A		47A	0.00
47B		47B	0.00

#### C. SUPPLEMENTARY

48	Commission	48	21,528.46
49	Profit Sharing	49	0.00
50	Fees Including Director's Fees	50	0.00
51	Taxable 13th Month Pay and Other Benefits	51	-21,528.46
52	Hazard Pay	52	0.00
53	Overtime Pay	53	15,594.42
54	Others (Specify)	54	
54A		54A	0.00
54B		54B	0.00
55	Total Taxable Compensation Income	55	152,566.63

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.

56 **Mary Catherine Zobel-Lapina** - Payroll Director  
Present Employer: Authorized Agent Signature Over Printed Name  
Date Signed: \_\_\_\_\_

CONFORME:  
57 **LARRY MABITAD MORALES**  
Employee Signature Over Printed Name  
Date Signed: \_\_\_\_\_  
CTC No. \_\_\_\_\_ Place of Issue \_\_\_\_\_  
Date of Issue \_\_\_\_\_ Amount Paid \_\_\_\_\_

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 **Mary Catherine Zobel-Lapina** - Payroll Director  
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 **LARRY MABITAD MORALES**  
Employee Signature Over Printed Name