



# Certificate of Compensation Payment/Tax Withheld

# 2316

For Compensation Payment With or Without Tax Withheld

38

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY)

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

### Part I Employee Information

3 Taxpayer Identification No.

4 Employee's Name (Last Name, First Name, Middle Name)  5 RDO Code

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.

16 Employer's Name

17 Registered Address  17A Zip Code

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)	21	<input type="text" value="16,660.63"/>
22 Less: Total Non-Taxable/Exempt (Item 41)	22	<input type="text" value="16,660.63"/>
23 Taxable Compensation Income from Present Employer (Item 55)	23	<input type="text" value="0.00"/>
24 Add: Taxable Compensation Income from Previous Employer	24	<input type="text" value="0.00"/>
25 Gross Taxable Compensation Income	25	<input type="text" value="0.00"/>
26 Less: Total Exemptions	26	<input type="text" value="0.00"/>
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27	<input type="text"/>
28 Net Taxable Compensation Income	28	<input type="text" value="0.00"/>
29 Tax Due	29	<input type="text" value="0.00"/>
30 Amount of Taxes Withheld	30	<input type="text"/>
30A Present Employer	30A	<input type="text" value="0.00"/>
30B Previous Employer	30B	<input type="text" value="0.00"/>
31 Total Amount of Taxes Withheld As adjusted	31	<input type="text" value="0.00"/>

### 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	<input type="text" value="11,454.56"/>
33 Holiday Pay (MWE)	33	<input type="text" value="1,939.80"/>
34 Overtime Pay (MWE)	34	<input type="text" value="1,148.33"/>
35 Night Shift Differential (MWE)	35	<input type="text" value="0.00"/>
36 Hazard Pay (MWE)	36	<input type="text"/>
37 13th Month Pay and Other Benefits	37	<input type="text" value="1,128.50"/>
38 De Minimis Benefits	38	<input type="text" value="0.00"/>
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	<input type="text" value="989.44"/>
40 Salaries & Other Forms of Compensation	40	<input type="text" value="0.00"/>
41 Total Non-Taxable/Exempt Compensation Income	41	<input type="text" value="16,660.63"/>

#### B. TAXABLE COMPENSATION INCOME REGULAR

42 Basic Salary	42	<input type="text" value="0.00"/>
43 Representation	43	<input type="text"/>
44 Transportation	44	<input type="text"/>
45 Cost of Living Allowance	45	<input type="text"/>
46 Fixed Housing Allowance	46	<input type="text"/>
47 Others (Specify)	47	<input type="text"/>
47A	47A	<input type="text"/>
47B	47B	<input type="text"/>

#### SUPPLEMENTARY

48 Commission	48	<input type="text"/>
49 Profit Sharing	49	<input type="text"/>
50 Fees Including Director's Fees	50	<input type="text"/>
51 Taxable 13th Month Pay and Other Benefits	51	<input type="text"/>
52 Hazard Pay	52	<input type="text"/>
53 Overtime Pay	53	<input type="text" value="0.00"/>
54 Others (Specify)	54	<input type="text"/>
54A	54A	<input type="text"/>
54B	54B	<input type="text"/>
55 Total Taxable Compensation Income	55	<input type="text" value="0.00"/>

We declare, under the penalties provided, that this report 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 Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

57 Employee Signature Over Printed Name

Date Signed

CTC No.  Place of Issue

Date of Issue  Amount Paid