



BIR Form No. <b>2316</b>	<b>Certificate of Compensation Payment/Tax Withheld</b>	
September 2011 (ENC5)	For Compensation Payment With or Without Tax Withheld	Z316 9(2)ENC5

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

1 For the year (YYYY) <b>2013</b>	2 For the Period From (MM/DD) <b>01/01</b> To (MM/DD) <b>03/03</b>
<b>Part I - Employee Information</b>	
3 TIN <b>519-641-978-000</b>	<b>Part IV Details of Compensation Income and Tax Withheld from Present Employer</b>
4 Employee's Name (Last Name, First Name, Middle Name) <b>INOCENCIO, JUARA HANNAH</b>	5 RDO Code
6 Registered Address <b>SA</b> Zip Code	29 Non Taxable-EXEMPT COMPENSATION INCOME
6B Local Home Address <b>9C</b> Zip Code	29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE
6C Foreign Address	30 Holiday Pay (MWE)
7 Date of Birth (MM/DD/YYYY) <b>03/18/2000</b>	31 Overtime Pay (MWE)
8 Contact Number	32 Night Shift Differential (MWE)
9 Statutory Minimum Wage rate per day	33 Hazard Pay (MWE)
10 Statutory Minimum Wage rate per month	34 13th Month Pay and Other Benefits (Maximum of P90,000)
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	35 De Minimis Benefits
<b>Part II - Employer Information (Present)</b>	
12 TIN <b>244-963-878-000</b>	36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)
13 Employer's Name <b>QUALFON PHILS. INC. CEBU</b>	37 Salaries and Other Forms of Compensation
14 Registered Address <b>14A</b> Zip Code <b>Skyrise 3, Qualfon Building, Astatown IT Park, Lahug 6000</b>	38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	<b>Part III - Employer Information (Previous)</b>
<b>Part III - Employer Information (Previous)</b>	
16 TIN	39 Basic Salary
17 Employer's Name	40 Representation
18 Registered Address <b>18A</b> Zip Code	41 Transportation
<b>Part IV A - Summary</b>	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 37)	42 Cost of Living Allowance (COLA)
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	43 Fixed Housing Allowance
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 38)	44 Others (Specify)
22 Add: Taxable Compensation Income from Previous Employer, if applicable	44A <b>OA BIR</b>
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	44B
24 Tax Due	<b>SUPPLEMENTARY</b>
25 Amount of Taxes Withheld	45 Commission
25A Present Employer	46 Profit Sharing
25B Previous Employer, if applicable	47 Fees Including Director's Fees
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	48 Taxable 13th Month Benefits
27 5% Tax Credit (PEPA Act of 2008)	49 Hazard Pay
28 Total Taxes Withheld (Sum of Items 26 and 27)	50 Overtime Pay
	51 Others (Specify)
	51A
	51B
	52 Total Taxable Compensation Income (Sum of Items 39 to 51B)

I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/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. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173)" for legitimate and lawful purpose.

33 <b>METHYL TAER</b> Present Employer/Authorized Agent Signature over Printed Name	Date Signed <b>02/24/2013</b>
34 <b>INOCENCIO, JUARA HANNAH</b> Employee Signature over Printed Name	Date Signed
CTC/Valid ID No. of Employee _____ Place of Issue _____	Amount Paid, if CTC _____
Date of Issue _____	Date of Issue _____

To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.	I declare under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1702), since I received purely compensation income from only one employer in the Philippines for the calendar year, that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C 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. 1702 had been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.
55 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)	56 Employee Signature over Printed Name