

Certificate of Compensation Payment/Tax Withheld

BIR Form No.
2316
July 2008 (ENCS)

Compensation Payment With or Without Tax Withheld

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

For the Year (YYYY) **2018**

2 For the Period From (MM/DD) **08 20** To (MM/DD) **12 31**

Part I Employee Information

3 Taxpayer Identification No. **348 963 829 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **UGMAREZ, AINSLEY NHORE GONZAGA** 5 RDO Code **123**

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) **11/04/1997** 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 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	
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	3,707.86
38 De Minimis Benefits	38	
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	3,203.55
40 Salaries & Other Forms of Compensation	40	
41 Total Non-Taxable/Exempt Compensation Income	41	6,911.41

Part II Employer Information (Present)

15 Taxpayer Identification No. **007 421 984 0000**

16 Employer's Name **SKYLOGISTICS PHILIPPINES, INC.**

17 Registered Address 17A Zip Code **6015**
MOVENPICK HOTEL MACTAN ISLAND, PUNTA ENGAÑO, LAPU-LAPU CITY

Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

42 Basic Salary	42	41,289.12
43 Representation	43	
44 Transportation	44	
45 Cost of Living Allowance	45	
46 Fixed Housing Allowance	46	
47 Others (Specify)	47A	10,048.50
	47B	

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	58,249.03
22 Less: Total Non-Taxable/Exempt (Item 41)	22	6,911.41
23 Taxable Compensation Income from Present Employer (Item 55)	23	51,337.62
24 Add: Taxable Compensation Income from Previous Employer	24	
25 Gross Taxable Compensation Income	25	51,337.62
26 Less: Total Exemptions	26	
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27	
28 Net Taxable Compensation Income	28	51,337.62
29 Tax Due	29	
30 Amount of Taxes Withheld	30A	
30A Present Employer	30A	
30B Previous Employer	30B	
31 Total Amount of Taxes Withheld As adjusted	31	

SUPPLEMENTARY

48 Commission	48	
49 Profit Sharing	49	
50 Fees Including Director's Fees	50	
51 Taxable 13th Month Pay and Other Benefits	51	
52 Hazard Pay	52	
53 Overtime Pay	53	
54 Others (Specify)	54A	
	54B	
55 Total Taxable Compensation Income	55	51,337.62

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 **ROSE ANN E. ROMASANTA** Present Employer/ Authorized Agent Signature Over Printed Name Date Signed

57 **UGMAREZ, AINSLEY NHORE GONZAGA** Employee Signature Over Printed Name Date Signed

CIC No. of Employer _____ 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 correct under BIR Form No. 1604CF 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 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 completely withheld by my employer (tax due equals tax withheld); that the BIR Form