

Certificate of Compensation Payment/Tax Withheld

BIR Form No.
2316
July 2008 (ENCS)

For Compensation Payment With or Without Tax Withheld
Fill in all appropriate spaces. Mark all appropriate boxes with an 'X'.

1 For the Year (YYYY) **2010**

2 For the Period From (MM/DD) **01/01** To (MM/DD) **05/20**

Part I Employee Information

3 Taxpayer Identification No. **025813241**

4 Employee's Name (Last Name, First Name, Middle Name) **BERCNO, VINCE** 5 RPO 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) **12/31/87** 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 Child 11 Date of Birth (MM/DD/YYYY)

12 Statutory Minimum Wage rate per day 13 340.00

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. **004639744000**

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

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

18 Taxpayer Identification No.

19 Employer's Name

20 Registered Address 20A Zip Code

Part IV-A Summary

Code	Description	Amount
21	Gross Compensation Income from Present Employer (Item 41 plus Item 42)	87,599.73
22	Less: Total Non-Taxable Exempt Item 41	15,558.82
23	Taxable Compensation Income from Present Employer (Item 21)	81,849.91
24	Add: Taxable Compensation Income from Previous Employer	0.00
25	Gross Taxable Compensation Income	81,849.91
26	Less: Total Exemptions	0.00
27	Less: Premium Paid on Health and/or Health Insurance (if available)	0.00
28	Net Taxable Compensation Income	81,849.91
29	Tax Due	0.00
30	Amount of Taxes Withheld	0.00
30A	Present Employer	0.00
30B	Previous Employer	0.00
31	Total Amount of Taxes Withheld As Adjusted	0.00

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

Code	Description	Amount
32	Basic Salary/ Statutory Minimum Wage/ Minimum Wage Earner (MWE)	0.00
33	Holiday Pay (MWE)	0.00
34	Overtime Pay (MWE)	0.00
35	Night Shift Differential (MWE)	0.00
36	Hazard Pay (MWE)	0.00
37	13th Month Pay and Other Benefits	5,541.29
38	De Minimis Benefits	1,000.00
39	SSS, GSIS, PRC & Pag-ibig Contributions & Union Dues (Employer share only)	4,192.15
40	Salaries & Other Forms of Compensation	-173.62
41	Total Non-Taxable Exempt Compensation Income	15,558.82

Part IV-C Taxable Compensation Income REGULAR

Code	Description	Amount
42	Basic Salary	79,726.33
43	Representation	0.00
44	Transportation	0.00
45	Cost of Living Allowance	0.00
46	Field Housing Allowance	0.00
47	Others (Specify)	0.00
47A		0.00
47B		0.00

Part IV-D SUPPLEMENTARY

Code	Description	Amount
48	Commission	0.00
49	Profit Sharing	0.00
50	Fees Inclusive Directors' Fees	0.00
51	Taxable 13th Month Pay and Other Benefits	0.00
52	Hazard Pay	0.00
53	Overtime Pay	5,213.01
54	Others (Specify)	0.00
54A		0.00
54B		0.00
55	Total Taxable Compensation Income	81,849.91

We declare, under the penalty 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 Internal Revenue Code, as amended, and the regulations issued under authority thereof.

56 **LEAHE SAGET, JR.** President/Authorized Representative/Authorized Signatory
Date Signed: _____

57 **VINCE BERCNO** Employee
Date Signed: _____
Place of Issue: _____ Amount Paid: _____

I declare, under the penalty of perjury, that I am qualified under subsection (b) of Section 2316 of the Internal Revenue Code and received under BIR Form No. 2316-CF which was issued by the Bureau of Internal Revenue.

58 **LEAHE SAGET, JR.** President/Authorized Representative/Authorized Signatory
Date Signed: _____

59 **VINCE BERCNO** Employee
Date Signed: _____