



Certificate of Compensation Payment/Tax Withheld

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) **2016**

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

Part I Employee Information

3 Taxpayer Identification No. **452 261 056 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **LAURON, ARVIE AMORES**

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

6 Registered Address

32 Basic Salary/ Statutory Minimum Wage Minimum Wage Eamer (MWE) **32**

6B Local Home Address

33 Holiday Pay (MWE) **33**

6C Foreign Address

34 Overtime Pay (MWE) **34**

7 Date of Birth (MM/DD/YYYY)

35 Night Shift Differential (MWE) **35**

8 Telephone Number

36 Hazard Pay (MWE) **36**

9 Employment Status Single Married

37 13th Month Pay and Other Benefits **37 2,416.67**

9A Is the wife claiming the additional exemption for qualified dependent children? Yes No

38 De Minimis Benefits **38 4,300.00**

10 Name of Qualified Dependent Children

39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) **39 1,603.60**

11 Date of Birth (MM/DD/YYYY)

40 Salaries & Other Forms of Compensation **40 0.00**

12 Statutory Minimum Wage rate per day **12**

41 Total Non-Taxable/Exempt Compensation Income **41 8,320.27**

13 Statutory Minimum Wage rate per month **13**

14 Minimum Wage Eamer whose compensation is exempt from withholding tax and not subject to income tax

B. TAXABLE COMPENSATION INCOME

Part II Employer Information (Present)

REGULAR

16 Taxpayer Identification No. **480 283 623 0000**

42 Basic Salary **42 26,225.14**

17 Registered Address **15TH FLOOR CHINABANK BLDG LUZ CEBU CITY**

43 Representation **43**

18 Employer's Name **ALFA BUSINESS OUTSOURCING PHILS INC**

44 Transportation **44**

19 Registered Address **15TH FLOOR CHINABANK BLDG LUZ CEBU CITY**

45 Cost of Living Allowance **45**

20 Registered Address **15TH FLOOR CHINABANK BLDG LUZ CEBU CITY**

46 Food Housing Allowance **46**

21 Registered Address **15TH FLOOR CHINABANK BLDG LUZ CEBU CITY**

47 Other (Specify) **47A 4,450.37**

22 Registered Address **15TH FLOOR CHINABANK BLDG LUZ CEBU CITY**

47B **47B**

23 Registered Address **15TH FLOOR CHINABANK BLDG LUZ CEBU CITY**

48 Commission **48**

24 Registered Address **15TH FLOOR CHINABANK BLDG LUZ CEBU CITY**

49 Profit Sharing **49**

25 Registered Address **15TH FLOOR CHINABANK BLDG LUZ CEBU CITY**

50 Fees including Director's Fees **50**

26 Registered Address **15TH FLOOR CHINABANK BLDG LUZ CEBU CITY**

51 Taxable 13th Month Pay and Other Benefits **51 0.00**

27 Registered Address **15TH FLOOR CHINABANK BLDG LUZ CEBU CITY**

52 Hazard Pay **52**

28 Registered Address **15TH FLOOR CHINABANK BLDG LUZ CEBU CITY**

53 Overtime Pay **53**

29 Registered Address **15TH FLOOR CHINABANK BLDG LUZ CEBU CITY**

54 Other (Specify) **54A 54B**

30 Registered Address **15TH FLOOR CHINABANK BLDG LUZ CEBU CITY**

55 Total Taxable Compensation Income **55 30,675.51**

31 Registered Address **15TH FLOOR CHINABANK BLDG LUZ CEBU CITY**

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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 Present Employer/Authorized Agent Signature Over Printed Name **ALTHEA DUMAGAN**

Date Signed

CONFORME: 57 ARVIE AMORES LAURON

Date Signed

58 Employee Signature Over Printed Name

Date of Issue

Amount Paid

To be accomplished under substituted filing

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.

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 constitute as if BIR Form No. 1700 had been filed pursuant to the provisions of RR No. 3-2002, as amended.

58 Present Employer/Authorized Agent Signature Over Printed Name **ALTHEA DUMAGAN**

59 Employee Signature Over Printed Name **ARVIE AMORES LAURON**

(Head of Accounting/ Human Resource or Authorized Representative)

Employee Signature Over Printed Name