

# Certificate of Compensation Payment/Tax Withheld

BIR Form No

# 2316

July 2008 (ENCS)

For Compensation Payment With or Without Tax Withheld

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

For the Year (YYYY) **2018**

For the Period From (MM/DD) **01 01** To (MM/DD) **09 02**

### Part I Employee Information

3 Taxpayer Identification No. **320 531 784 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **MACARON, BABY ORTIZ**

5 RDO Code **047**

6 Registered Address **SITIO LUPA SUBANGDAKU CEBU CITY**

9A Zip Code

6B Local Home Address

6C Zip Code

6D Foreign Address

6E Zip Code

7 Date of Birth (MM/DD/YYYY) **10 22 1994**

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

Item	Description	Amount
<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>		
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 21,132.16
38	De Minimis Benefits	38 41,024.44
39	SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 6,140.78
40	Salaries & Other Forms of Compensation	40 0.00
41	<b>Total Non-Taxable/Exempt Compensation Income</b>	41 <b>68,297.38</b>
<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>		
42	Basic Salary	42 103,715.76
43	Representation	43
44	Transportation	44
45	Cost of Living Allowance	45
46	Fixed Housing Allowance	46
47	Others (Specify)	47
47A		47A 0.00
47B		47B
<b>SUPPLEMENTARY</b>		
48	Commission	48
49	Profit Sharing	49
50	Fees including Director's Fees	50
51	Taxable 13th Month Pay and Other Benefits	51 0.00
52	Hazard Pay	52
53	Overtime Pay	53
54	Others (Specify)	54
54A		54A
54B		54B
55	<b>Total Taxable Compensation Income</b>	55 <b>103,715.76</b>

### Part II Employer Information (Present)

15 Taxpayer Identification No. **007 160 195 0000**

16 Employer's Name **PEOPLEPLUSTECH INC**

17 Registered Address **9TH FLOOR JAKA BUILDING 6780 AYALA**

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)	21 172,013.14
22	Less: Total Non-Taxable/Exempt (A)	22 68,297.38
23	Taxable Compensation Income from Present Employer (Item 55)	23 103,715.76
24	Add: Taxable Compensation Income from Previous Employer	24
25	Gross Taxable Compensation Income	25 103,715.76
26	Less: Total Exemptions	26 0.00
27	Less: Premium Paid on Healths and/or Hospital Insurance (if applicable)	27 0.00
28	Net Taxable Compensation Income	28 103,715.76
29	Tax Due	29 0.00
30	Amount of Taxes Withheld	30
30A	Present Employer	30A 0.00
30B	Previous Employer	30B
31	Total Amount of Taxes Withheld As adjusted	31 0.00

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: **MARINELA DE AUSTRIA** Date Signed