



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"

1 For the Year (YYYY) **2017**

2 For the Period From (MM/DD) **01 01** To (MM/DD) **12 31**

Part I Employee Information

3 Taxpayer Identification No. **329 956 591 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **PULGO, RUSSEL JANE ELNAS** 5 RDO Code **080**

6 Registered Address 6A Zip Code

6B Local Home Address 6C Zip Code

6C Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) 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

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

Part II Employer Information (Present)

14 Taxpayer Identification No. **224 508 818 0000**

16 Employer's Name **S S I PHILIPPINES INC**

17 Registered Address **PIPC BLDG 7 MEZ 2 - SEZ BASAK LAPU LAPU** 17A Zip Code **6015**

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) **193,310.20**

22 Less: Total Non-Taxable/Exempt (Item 41) **54,631.61**

23 Taxable Compensation Income from Present Employer (Item 55) **138,678.59**

24 Add: Taxable Compensation Income from Previous Employer

25 Gross Taxable Compensation Income **138,678.59**

26 Less: Total Exemptions **50,000.00**

27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable) **0.00**

28 Net Taxable Compensation Income **88,678.59**

29 Tax Due **12,235.72**

30 Amount of Taxes Withheld 30A Present Employer **12,235.72**

30B Previous Employer

31 Total Amount of Taxes Withheld As adjusted **12,235.72**

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 **33,813.01**

38 De Minimis Benefits 38 **13,750.00**

39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 **7,068.60**

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

41 Total Non-Taxable/Exempt Compensation Income 41 **54,631.61**

B. TAXABLE COMPENSATION INCOME REGULAR

42 Basic Salary 42 **138,678.59**

43 Representation 43

44 Transportation 44

45 Cost of Living Allowance 45

46 Fixed Housing Allowance 46

47 Others (Specify) 47A **0.00**

47B

SUPPLEMENTARY

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) 54A

54B

55 Total Taxable Compensation Income 55 **138,678.59**

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.

55 Present Employer/Authorized Agent Signature Over Printed Name
 CONFORME: **CHERYL A. LEONIDAS**
PULGO, RUSSEL JANE ELNAS PULGO

Date Signed