

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"

<p>1 For the Year (YYYY) 2018</p> <p>Part I Employee Information</p> <p>3 Taxpayer Identification No. 244 485 698 0000</p> <p>4 Employee's Name (Last Name, First Name, Middle Name) MIJARES, BRIAN LANURIAS</p> <p>5 RDO Code 081</p> <p>6 Registered Address 6A Zip Code</p> <p>6B Local Home Address 6C Zip Code</p> <p>6D Foreign Address 6E Zip Code</p> <p>7 Date of Birth (MM/DD/YYYY)</p> <p>8 Telephone Number</p> <p>9 Exemption Status <input type="checkbox"/> Single <input type="checkbox"/> Married 9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>10 Name of Qualified Dependent Children</p> <p>11 Date of Birth (MM/DD/YYYY)</p> <p>12 Statutory Minimum Wage rate per day 12</p> <p>13 Statutory Minimum Wage rate per month 13</p> <p>14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</p> <p>Part II Employer Information (Present)</p> <p>15 Taxpayer Identification No. 210 637 387 0000</p> <p>16 Employer's Name LEXMARK RESEARCH AND DEVELOPMENT CORPORATION</p> <p>17 Registered Address 17A Zip Code LEXMARK PLAZA, SAMAR LOOP PANAY RD, 6000 CEB BUSINESS PARK CEBU CITY CEBU</p> <p>Part III Employer Information (Previous)</p> <p>18 Taxpayer Identification No.</p> <p>19 Employer's Name</p> <p>20 Registered Address 20A Zip Code</p>	<p>2 For the Period From (MM/DD) 01 01 To (MM/DD) 10 04</p> <p>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Amount</th> </tr> </thead> <tbody> <tr> <td colspan="2">A. 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<p>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.</p> <p>56 MARY YOLY M. ARMADA Present Employer's Authorized Agent Signature Over Printed Name Date Signed</p> <p>57 BRIAN LANURIAS MIJARES Employee Signature Over Printed Name Date Signed</p> <p>CONFORME: BRIAN LANURIAS MIJARES CTC No. of Employee _____ Place of Issue _____ Date of Issue _____</p> <p style="text-align: right;">Amount Paid _____</p>																																																																	
<p style="text-align: center;">To be accomplished under substituted filing</p> <p>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 _____</p>																																																																	