



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) **2017**

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

Part I Employee Information

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

3 Taxpayer Identification No. **313 666 310 0000**

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

4 Employee's Name (Last Name, First Name, Middle Name) **PINOTE, JO DYAN MENDEZ** 5 RDO Code **048**

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) 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

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** **7,000.00**

38 De Minimis Benefits **38** **0.00**

39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) **39** **4,706.40**

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

41 Total Non-Taxable/Exempt Compensation Income **41** **11,706.40**

Part II Employer Information (Present)

B. TAXABLE COMPENSATION INCOME REGULAR

15 Taxpayer Identification No. **212 018 390 0000**

42 Basic Salary **42** **76,367.00**

16 Employer's Name **CAMOX PHILIPPINES, INC.**

43 Representation **43**

17 Registered Address 17A Zip Code **UNIT 3A EP HERNANDEZ BLDG EVANGELISTA 1233**

44 Transportation **44**

Main Employer Secondary Employer

45 Cost of Living Allowance **45**

Part III Employer Information (Previous)

46 Fixed Housing Allowance **46**

18 Taxpayer Identification No.

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

19 Employer's Name

47B **47B**

20 Registered Address 20A Zip Code

48 Commission **48**

Part IV-A Summary

49 Profit Sharing **49**

21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) **88,073.40**

50 Fees Including Director's Fees **50**

22 Less: Total Non-Taxable/Exempt (Item 41) **11,706.40**

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

23 Taxable Compensation Income from Present Employer (Item 55) **76,367.00**

52 Hazard Pay **52**

24 Add: Taxable Compensation Income from Previous Employer **24**

53 Overtime Pay **53**

25 Gross Taxable Compensation Income **76,367.00**

54 Others (Specify) **54A** **54B** **54E**

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

55 Total Taxable Compensation Income **55** **76,367.00**

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

28 Net Taxable Compensation Income **26,367.00**

29 Tax Due **2,136.70**

30 Amount of Taxes Withheld 30A Present Employer **2,136.70**

30B Previous Employer **30B**

31 Total Amount of Taxes Withheld As adjusted **2,136.70**

56 Present Employer/ Authorized Agent Signature Over Printed Name **THELMA D. ENRIGAN**

Date Signed

57 Employee Signature Over Printed Name **JO DYAN MENDEZ PINOTE**

Date of Issue

CTC No. of Employee **58** Place of Issue **THELMA D. ENRIGAN**

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 is correct and true.