



Certificate of Compensation Payment/Tax Withheld

2316

For Compensation Payment With or Without Tax Withheld

July 2008 (ENCS)

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

1 For the Year (YYYY)	2 For the Period From (MM/DD) To (MM/DD)
2018	

Part I Employee Information	Part IV-B Details of Compensation Income and Tax Withheld from Present Employer
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3 Taxpayer Identification No.	4 Employee's Name (Last Name, First Name, Middle Name)	5 RDO Code
319 972 399 0000	TUMULAK, AL GWEN E	080
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		
9A Is the wife claiming the additional exemption for qualified dependent children?		
10 Name of Qualified Dependent Children	11 Date of Birth (MM/DD/YYYY)	
12 Statutory Minimum Wage rate per day	13 Statutory Minimum Wage rate per month	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		

	Amount
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 5,471.79
38 De Minimis Benefits	38 0.00
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 4,189.50
40 Salaries & Other Forms of Compensation	40 0.00
41 Total Non-Taxable/Exempt Compensation Income	41 9,661.29

Part II Employer Information (Present)

15 Taxpayer Identification No.	16 Employer's Name
205 852 796 0000	BENEDICTO COLLEGE, INC.
17 Registered Address	17A Zip Code
A.S. FORTUNA STREET BAKILID MANDAUE	6014

B. TAXABLE COMPENSATION INCOME REGULAR

42 Basic Salary	42 73,155.29
43 Representation	43
44 Transportation	44
45 Cost of Living Allowance	45
46 Fixed Housing Allowance	46
47 Others (Specify)	47A 0.00

Part III Employer Information (Previous)

18 Taxpayer Identification No.	19 Employer's Name
20 Registered Address	20A Zip Code

SUPPLEMENTARY

47B	47B
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

Part IV-A Summary

21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21 82,816.58
22 Less: Total Non-Taxable/Exempt (Item 41)	22 9,661.29
23 Taxable Compensation Income from Present Employer (Item 55)	23 73,155.29
24 Add: Taxable Compensation Income from Previous Employer	24 0.00
25 Gross Taxable Compensation Income	25 73,155.29
26 Less: Total Exemptions	26 0.00
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	27 0.00
28 Net Taxable Compensation Income	28 73,155.29
29 Tax Due	29 0.00
30 Amount of Taxes Withheld	30A 30B
30A Present Employer	30A 0.00
30B Previous Employer	30B 0.00
31 Total Amount of Taxes Withheld	31 0.00

51	51 0.00
52	52
53	53
54	54A 54B
55 Total Taxable Compensation Income	55 73,155.29

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
LILIAN B. HUAN

Date Signed