



Statement of Compensation Payment/Tax Withheld

2316

For Compensation Payment With or Without Tax With Without

July 2008 (ENCS)

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

1 For the Year (YYYY) **2018**

Part I Employee Information

3 Taxpayer Identification No. **323 632 878 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **5** RDO Code
POGADO, REYMOND CAJOCSON 081

6 Registered Address **6A** Zip Code
BGRY. STA. ANA, BARILI, CEBU

6B Local Home Address **6C** Zip Code

6D Foreign Address **6E** Zip Code

7 Date of Birth (MM/DD/YYYY) **8** Telephone Number
01 08 1991

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

2 For the Period From (MM/DD) **01 15** To (MM/DD) **11 12**

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

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 11,748.38
38 De Minimis Benefits	38 20,833.48
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 7,661.25
40 Salaries & Other Forms of Compensation	40 0.00
41 Total Non-Taxable/Exempt Compensation Income	41 40,243.11
B. TAXABLE COMPENSATION INCOME REGULAR	
42 Basic Salary	42 132,667.20
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
SUPPLEMENTARY	
48 Commission	48
49 Profit Sharing	49
50 Fees including Director's Fees	50
51 Taxable 13th Month Pay and Other Benefits	51 21,019.61
52 Hazard Pay	52
53 Overtime Pay	53
54 Others (Specify)	54
54A	54A
54B	54B
55 Total Taxable Compensation Income	55 153,686.81

Part II Employer Information (Present)

15 Taxpayer Identification No. **480 283 823 0000**

16 Employer's Name
ALFA BUSINESS OUTSOURCING PHILIPPINES INC.

17 Registered Address **17A** Zip Code
15TH FLR, CHINABANK BLDG SAMAR LOOP 6000

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	172,910.31
22 Less: Total Non-Taxable/Exempt (Item 41)	22	40,243.11
23 Taxable Compensation Income from Present Employer (Item 55)	23	153,686.81
24 Add: Taxable Compensation Income from Previous Employer	24	
25 Gross Taxable Compensation Income	25	153,686.81
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	153,686.81
29 Tax Due	29	0.00
30 Amount of Taxes Withheld 30A Present Employer	30A	0.00
30B Previous Employer	30B	
31 Total Amount of Taxes Withheld As adjusted	31	0.00

42 Basic Salary **42** **132,667.20**

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**

SUPPLEMENTARY

48 Commission **48**

49 Profit Sharing **49**

50 Fees including Director's Fees **50**

51 Taxable 13th Month Pay and Other Benefits **51** **21,019.61**

52 Hazard Pay **52**

53 Overtime Pay **53**

54 Others (Specify) **54**

54A **54A**

54B **54B**

55 Total Taxable Compensation Income **55** **153,686.81**

We declare, under the penalties of perjury, that the information herein stated are reported 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
ALTHEA DORAGAN

CONFORME: **REYMOND CAJOCSON POGADO**

57 Employee Signature Over Printed Name
CTC No. _____ Place of Issue _____

Date Signed _____

Date Signed _____

Date of Issue _____

Amount Paid _____

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.

58 Present Employer/Authorized Agent Signature Over Printed Name
(Head of Accounting/ Human Resources or Authorized Representative)
ALTHEA DORAGAN

To be accomplished under substituted filing

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 to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 had been filed pursuant to the provisions of RA No. 3200, as amended.

59 Employee Signature Over Printed Name
REYMOND CAJOCSON POGADO