

DLN:



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# 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)	2015	2 For the Period From (MM/DD)	03 24	To (MM/DD)	06 11
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<b>Part I Employee Information</b>		<b>Part IV-A Summary</b>	
3 Taxpayer Identification No.	319 099 194 000	21 Gross Compensation Income from Present Employer (Item 41, less Item 22)	35,579.43
4 Employee's Name (Last Name, First Name, Middle Name)	RUGAY, FAUSTIEN FAEZ A.	22 Less: Total Non-Taxable/Exempt Compensation (Item 41)	3,250.65
5 RDO Code		23 Taxable Compensation Income from Present Employer (Item 21)	32,328.78
6 Registered Address		24 Add: Taxable Compensation Income from Previous Employer	0.00
6A Zip Code		25 Gross Taxable Compensation Income	32,328.78
6B Local Home Address		26 Less: Total Exemptions	50,000.00
6C Zip Code		27 Less: Premium Paid on Health and Life Insurance (Item 26)	0.00
6D Foreign Address		28 Compensation Income	0.00
7 Date of Birth (MM/DD/YYYY)	11 27 1990	29 Tax Due	0.00
8 Telephone Number		30A Present Employer	0.00
9 Marital Status	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married	30B Previous Employer	0.00
10 Is the wife claiming the additional exemption for qualified dependent children?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31 Total Amount of Taxes Withheld (As indicated)	0.00
11 Name of Qualified Dependent Children			
12 Statutory Minimum Wage rate per day	0.00		
13 Statutory Minimum Wage rate per month	0.00		
14 Minimum Wage Earner (which compensation is exempt from withholding and not subject to income tax)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<b>Part II Employer Information (Current)</b>		<b>Part IV-B SUPPLEMENTARY</b>	
15 Taxpayer Identification No.	251 151 712 000	42 Basic Salary	35,579.43
16 Employer's Name	TELEPHILIPPINES, INC.	43 Representation	0.00
17 Registered Address	EDSA CENTRAL ITZ, UNITED ST., CORNER EDSA	44 Transportation	0.00
17A Zip Code	1551	45 Cost of Living Allowance	0.00
18 Taxpayer	<input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	46 Food and Lodging Allowance	0.00
<b>Part III Employer Information (Previous)</b>		47 Driver's (Specify)	
19 Taxpayer Identification No.		47A Sick Leave Conversion	0.00
20 Employer's Name		47B	0.00
21 Registered Address		48 Compensation	0.00
21A Zip Code		49 Profit Sharing	0.00
		50 Non-Excludable Director's Fees	0.00
		51 Taxable 13th Month Pay and Other Benefits	0.00
		52 Hazard Pay	0.00
		53	0.00
		54 Other (Specify)	
		54A	0.00
		54B	0.00
		55 Total Taxable Compensation	35,579.43

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 **MAE MORALES**  
Present Employer/ Authorized Agent Signature Over Printed Name

57 **RUGAY, FAUSTIEN FAEZ A.**  
Employee Signature over Printed Name

58 \_\_\_\_\_  
Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

59 \_\_\_\_\_  
Employee Signature Over Printed Name

Date Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ 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 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 RR No. 3-2002, as amended.