



Certificate of Compensation Payment/Tax Withheld

BIR Form No.
2316
July 2008 (ENCS)

For Compensation Payment With or Without Tax Withheld

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

2 For the Period From (MM/DD) **01 01** To (MM/DD) **06 26**

Part I Employee Information

3 Taxpayer Identification No. **437 112 576 0000**

4 Employer's Name (Last Name, First Name, Middle Name) **DRAGON, NINO TORREAS**

5 RDO Code **081**

6 Registered Address **512 GONDO AVE CAMPUTHAW CEBU CITY**

6A Zip Code

6B Local Home Address

6C Zip Code

6D Foreign Address

6E Zip Code

7 Date of Birth (MM/DD/YYYY) **09 15 1991**

8 Telephone Number

9 Exemption Status
 Single
 Married
 10 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

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

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	78.80
38 De Minimis Benefits	38	95.65
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39	826.17
40 Salaries & Other Forms of Compensation	40	0.00
41 Total Non-Taxable/Exempt Compensation Income	41	1,000.62

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 **15TH FLR, CHINABANK BLDG SAMAR LOOP**

17A Zip Code **6000**

18 Taxpayer Identification No.

19 Employer's Name

20 Registered Address

20A Zip Code

B. TAXABLE COMPENSATION INCOME REGULAR

42 Basic Salary	42	119.48
43 Representation	43	
44 Transportation	44	
45 Cost of Living Allowance	45	
46 Fixed Housing Allowance	46	
47 Others (Specify)	47A	0.00
47B	47B	
47C	47C	
47D	47D	
47E	47E	

Part IV-A Summary

21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21	1,120.10
22 Less: Total Non-Taxable/Exempt (Item 41)	22	1,000.62
23 Taxable Compensation Income from Present Employer (Item 55)	23	214.05
24 Add: Taxable Compensation Income from Previous Employer	24	
25 Gross Taxable Compensation Income	25	214.05
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	214.05
29 Tax Due	29	0.00
30 Amount of Taxes Withheld	30	0.00
30A Present Employer	30A	0.00
30B Previous Employer	30B	0.00
31 Total Amount of Taxes Withheld As adjusted	31	0.00

SUPPLEMENTARY

48 Commission	48	
49 Profit Sharing	49	
50 Fees Including Director's Fees	50	
51 Taxable 13th Month Pay and Other Benefits	51	94.57
52 Hazard Pay	52	
53 Overtime Pay	53	
54 Others (Specify)	54A	
54B	54B	
54C	54C	
54D	54D	
54E	54E	
55 Total Taxable Compensation Income	55	214.05

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
ALTHEA DUMAGAN
Date Signed

57 Employee Signature Over Printed Name
NINO TORREAS DRAGON
Date Signed

CTC No. _____ Place of Issue _____ Date of Issue _____

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1804CF which has been filed with the Bureau of Internal Revenue.

58 **ALTHEA DUMAGAN**

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 I have correctly withheld and remitted to the BIR.