



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

LAÑOJAN, CHRISTY GIOVANNI N.

TIN: **243-983-187-000**

398-H VISITACION STREET

SAMBAG II

CEBU CITY

DATE BIRTH: 11/03/1986

ISSUE DATE: 03/21/2006



A handwritten signature in black ink, appearing to read 'Christy Giovanni N. Lañojan', written over a horizontal line.

SIGNATURE



TIN Validation



Ref. no.: 00331202210080720

Agent: 203



thank you

Please be informed that the TIN 243-983-187 you provided is valid and registered under your name with RDO 043 - Pasig. For other inquiries, you may visit our website at www.bir.gov.ph to keep track of revenue issuances relative to your concerns, or you may opt to give us a call at this number (02) 8538-3200.

TIN Verified.

DLN:



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Compensation Payment/Tax Withheld

BIR Form No.
2316
July 2008 (ENC5)

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) **2019**

2 For the Period From (MM/DD) **0101** To (MM/DD) **0331**

Part I Employee Information

3 Taxpayer Identification No. **243 983 187 000**

4 Employee's Name (Last Name, First Name, Middle Name) **Casiano, Christy Giovanni, Lafojan** 5 RDO Code

6 Registered Address **Butuanon Bridge Mandaue Hwy Bridge** 6A Zip Code **6014**

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) **11031986** 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

Part II Employer Information (Present)

15 Taxpayer Identification No. **008 492 428 000**

16 Employer's Name (Last Name, First Name, Middle Name) **TELSTRA INTERNATIONAL PHILIPPINES INC.**

17 Registered Address **15F Zuellig Bldg, Makati Ave. corner Sta. Potenciana St.** 17A Zip Code **1225**

Main Employer Secondary Employer

Part III Employer Information (Previous)

18 Taxpayer Identification No.

19 Employer's Name (Last Name, First Name, Middle Name)

20 Registered Address 20A Zip Code

Part IV-A Summary

21	Gross Compensation Income from Present Employer (Item 41 plus Item 55)	127,897.95
22	Less: Total Non-Taxable/Exempt (Item 41)	37,387.82
23	Taxable Compensation Income from Present Employer (Item 55)	90,510.13
24	Add: Taxable Compensation Income from Previous Employer	0.00
25	Gross Taxable Compensation Income	90,510.13
26	Less: Total Exemptions	0.00
27	Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	0.00
28	Net Taxable Compensation Income	90,510.13
29	Tax Due	0.00
30	Amount of Taxes Withheld	
30A	Present Employer	0.00
30B	Previous Employer	0.00
31	Total Amount of Taxes Withheld As adjusted	0.00

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		Amount
32	Basic Salary Statutory Minimum Wage Minimum Wage Earner(MWE)	0.00
33	Holiday Pay (MWE)	0.00
34	Overtime Pay (MWE)	0.00
35	Night Shift Differential (MWE)	0.00
36	Hazard Pay (MWE)	0.00
37	13th Month Pay and Other Benefits	7,200.58
38	De Minimis Benefits	26,325.88
39	SSS, GSIS, PHIC & Pag-ibig Contributions & Union Dues (Employee share only)	3,861.36
40	Salaries & Other Form of Compensation	0.00
41	Total Non-Taxable/Exempt Compensation Income	37,387.82

B. TAXABLE COMPENSATION INCOME REGULAR

42	Basic Salary	82,827.45
43	Representation	0.00
44	Transportation	3,000.00
45	Cost of Living Allowance	0.00
46	Fixed Housing Allowance	0.00
47	Others (Specify)	
47A	Meal All	3,000.00
47B		0.00

SUPPLEMENTARY

48	Commission	0.00
49	Profit Sharing	0.00
50	Fees Including Director's Fees	0.00
51	Taxable 13th Month Pay and Other Benefits	0.00
52	Hazard Pay	0.00
53	Overtime Pay	810.04
54	Others (Specify)	
54A	Dividend	872.64
54B		0.00
55	Total Taxable Compensation Income	90,510.13

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 **EXCELSIS SAN DIEGO MAGNO**
Present Employer/ Authorized Agent Signature Over Printed Name

CONFORME:
57 **Casiano, Christy Giovanni, Lafojan**
Employee Signature Over Printed Name

of Employee _____ Place of issue _____

Date Signed **04242019**

Date Signed _____ Amount Paid _____

Date of Issue _____

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.

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

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.

59 _____
Employee Signature Over Printed Name