



BIR Form No.

2316

January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

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

<p>1 For the Year (YYYY) <input type="text" value="2020"/></p>	<p>2 For the Period From (MM/DD) <input type="text" value="01 01"/> To (MM/DD) <input type="text" value="12 31"/></p>
Part I - Employee Information	
<p>3 TIN <input type="text" value="111 - 111 - 115 - 000"/></p>	
<p>4 Employee's Name (Last Name, First Name, Middle Na <input type="text" value="TEST 5, TEST 5 TEST 5"/> 5 RDO Code <input type="text"/></p>	
<p>6 Registered Address <input type="text" value="IT-BA (POB.), MANITO, ALBAY"/> 6A Zip Code <input type="text"/></p>	
<p>6B Local Home Address <input type="text"/> 6C Zip Code <input type="text"/></p>	
<p>6D Foreign Address <input type="text"/></p>	
<p>7 Date of Birth (MM/DD/YYYY) <input type="text" value="06 03 2004"/></p>	<p>8 Contact Number <input type="text"/></p>
<p>9 Statutory Minimum Wage rate per day <input type="text" value="0.00"/></p>	
<p>10 Statutory Minimum Wage rate per month <input type="text" value="0.00"/></p>	
<p>11 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</p>	
Part II - Employer Information (Present)	
<p>12 TIN <input type="text" value="123 - 456 - 789 - 000"/></p>	
<p>13 Employer's Name <input type="text" value="For Demo Only"/></p>	
<p>14 Registered Address <input type="text" value="Kaypian, San Jose Del Month City"/> 14A Zip Code <input type="text" value="3023"/></p>	
<p>15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p>	
Part III - Employer Information (Previous)	
<p>16 TIN <input type="text"/></p>	
<p>17 Employer's Name <input type="text"/></p>	
<p>18 Registered Address <input type="text"/> 18A Zip Code <input type="text"/></p>	
Part IVA - Summary	
<p>19 Gross Compensation Income from Present Employer (Sum of items 36 and 50) <input type="text" value="368,600.00"/></p>	
<p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36) <input type="text" value="100,812.00"/></p>	
<p>21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50) <input type="text" value="267,788.00"/></p>	
<p>22 Add: Taxable Compensation Income from Previous Employer, if applicable <input type="text" value="0.00"/></p>	
<p>23 Gross Taxable Compensation Income (Sum of items 21 and 22) <input type="text" value="267,788.00"/></p>	
<p>24 Tax Due <input type="text" value="3,557.60"/></p>	
<p>25 Amount of Taxes Withheld</p>	
<p>25A Present Employer <input type="text" value="3,557.60"/></p>	
<p>25B Previous Employer <input type="text" value="0.00"/></p>	
<p>26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B) <input type="text" value="3,557.60"/></p>	
<p>27 Basic Salary (including the exempt P250,000 & below) Statutory Minimum Wage Earner (MWE) <input type="text" value="0.00"/></p>	
<p>28 Holiday Pay (MWE) <input type="text" value="0.00"/></p>	
<p>29 Overtime Pay (MWE) <input type="text" value="0.00"/></p>	
<p>30 Night Shift Differential (MWE) <input type="text" value="0.00"/></p>	
<p>31 Hazard Pay (MWE) <input type="text" value="0.00"/></p>	
<p>32 13th Month Pay and Other Benefits (maximum of P90,000) <input type="text" value="85,800.00"/></p>	
<p>33 De Minimis Benefits <input type="text" value="0.00"/></p>	
<p>34 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) <input type="text" value="15,012.00"/></p>	
<p>35 Salaries & Other Forms of Compensation <input type="text" value="0.00"/></p>	
<p>36 Total Non-Taxable/Exempt Comp. Income (Sum of items 27 to 35) <input type="text" value="100,812.00"/></p>	
B. TAXABLE COMPENSATION INCOME REGULAR	
<p>37 Basic Salary <input type="text" value="265,788.00"/></p>	
<p>38 Representation <input type="text"/></p>	
<p>39 Transportation <input type="text"/></p>	
<p>40 Cost of Living Allowance (COLA) <input type="text"/></p>	
<p>41 Fixed Housing Allowance <input type="text"/></p>	
<p>42 Others (Specify)</p>	
<p>42A <input type="text" value="2,000.00"/></p>	
<p>42B <input type="text"/></p>	
SUPPLEMENTARY	
<p>43 Commission <input type="text"/></p>	
<p>44 Profit Sharing <input type="text"/></p>	
<p>45 Fees Including Director's Fees <input type="text"/></p>	
<p>46 Taxable 13th Month Benefits <input type="text" value="0.00"/></p>	
<p>47 Hazard Pay <input type="text"/></p>	
<p>48 Overtime Pay <input type="text"/></p>	
<p>49 Others (Specify)</p>	
<p>49A <input type="text"/></p>	
<p>49B <input type="text"/></p>	
<p>50 Total Taxable Compensation Income (Sum of items 37 to 49B) <input type="text" value="267,788.00"/></p>	

I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the of my/our information as contemplated under the * Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

<p>51 Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name</p>	<p>Date Signed <input type="text"/></p>
<p>CONFORME: 52 TEST 5 T. TEST 5 CTC/Valid ID No. <input type="text"/> Employee Signature Over Printed Name of Employee <input type="text"/> Place of Issue <input type="text"/></p>	<p>Date Signed <input type="text"/></p> <p>Date Signed <input type="text"/> Amount Paid, if CTC <input type="text"/></p>

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C which has been filed with the Bureau of Internal Revenue.

<p>53 Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)</p>	<p>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 Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604C 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.</p> <p>54 TEST 5 T. TEST 5 Employee Signature Over Printed Name</p>
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BIR Form No.

2316

January 2018 (ENCS)

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Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

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

<p>1 For the Year (YYYY) <input type="text" value="2020"/></p>	<p>2 For the Period From (MM/DD) <input type="text" value="01 01"/> To (MM/DD) <input type="text" value="12 31"/></p>																																																										
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<p>6D Foreign Address <input type="text"/></p>																																																											
<p>7 Date of Birth (MM/DD/YYYY) <input type="text" value="07"/> <input type="text" value="10"/> <input type="text" value="1996"/></p>	<p>8 Contact Number <input type="text"/></p>																																																										
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<p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36) <input type="text" value="172,100.00"/></p>																																																											
<p>21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50) <input type="text" value="402,900.00"/></p>																																																											
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<p>26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B) <input type="text" value="30,725.00"/></p>																																																											
<p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:20%; text-align: right;">Amount</th> </tr> </thead> <tbody> <tr> <td>27 Basic Salary (including the exempt P250,000 & below) Statutory Minimum Wage Earner (MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>28 Holiday Pay (MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>29 Overtime Pay (MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>30 Night Shift Differential (MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>31 Hazard Pay (MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>32 13th Month Pay and Other Benefits (maximum of P90,000)</td> <td style="text-align: right;">155,000.00</td> </tr> <tr> <td>33 De Minimis Benefits</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>34 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)</td> <td style="text-align: right;">17,100.00</td> </tr> <tr> <td>35 Salaries & Other Forms of Compensation</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>36 Total Non-Taxable/Exempt Comp. Income (Sum of items 27 to 35)</td> <td style="text-align: right;">172,100.00</td> </tr> </tbody> </table> <p>B. TAXABLE COMPENSATION INCOME REGULAR</p> <table style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>37 Basic Salary</td> <td style="text-align: right;">402,900.00</td> </tr> <tr> <td>38 Representation</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>39 Transportation</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>40 Cost of Living Allowance (COLA)</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>41 Fixed Housing Allowance</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>42 Others (Specify)</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>42A <input type="text"/></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>42B <input type="text"/></td> <td style="text-align: right;"><input type="text"/></td> </tr> </tbody> </table> <p>SUPPLEMENTARY</p> <table style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>43 Commission</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>44 Profit Sharing</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>45 Fees Including Director's Fees</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>46 Taxable 13th Month Benefits</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>47 Hazard Pay</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>48 Overtime Pay</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>49 Others (Specify)</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>49A <input type="text"/></td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>49B <input type="text"/></td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>50 Total Taxable Compensation Income (Sum of items 37 to 49B)</td> <td style="text-align: right;">402,900.00</td> </tr> </tbody> </table>			Amount	27 Basic Salary (including the exempt P250,000 & below) Statutory Minimum Wage Earner (MWE)	0.00	28 Holiday Pay (MWE)	0.00	29 Overtime Pay (MWE)	0.00	30 Night Shift Differential (MWE)	0.00	31 Hazard Pay (MWE)	0.00	32 13th Month Pay and Other Benefits (maximum of P90,000)	155,000.00	33 De Minimis Benefits	0.00	34 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	17,100.00	35 Salaries & Other Forms of Compensation	0.00	36 Total Non-Taxable/Exempt Comp. Income (Sum of items 27 to 35)	172,100.00	37 Basic Salary	402,900.00	38 Representation	<input type="text"/>	39 Transportation	<input type="text"/>	40 Cost of Living Allowance (COLA)	<input type="text"/>	41 Fixed Housing Allowance	<input type="text"/>	42 Others (Specify)	<input type="text"/>	42A <input type="text"/>	0.00	42B <input type="text"/>	<input type="text"/>	43 Commission	<input type="text"/>	44 Profit Sharing	<input type="text"/>	45 Fees Including Director's Fees	<input type="text"/>	46 Taxable 13th Month Benefits	0.00	47 Hazard Pay	<input type="text"/>	48 Overtime Pay	<input type="text"/>	49 Others (Specify)	<input type="text"/>	49A <input type="text"/>	<input type="text"/>	49B <input type="text"/>	<input type="text"/>	50 Total Taxable Compensation Income (Sum of items 37 to 49B)	402,900.00
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50 Total Taxable Compensation Income (Sum of items 37 to 49B)	402,900.00																																																										

I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the of my/our information as contemplated under the * Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

<p>51 Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name</p> <p>CONFORME: 52 TEST 6 T. TEST 6 CTC/Valid ID No. <input type="text"/> Employee Signature Over Printed Name of Employee <input type="text"/> Place of Issue <input type="text"/></p>	<p>Date Signed <input type="text"/></p> <p>Date Signed <input type="text"/></p> <p>Date Signed <input type="text"/> Amount Paid, if CTC <input type="text"/></p>
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To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C which has been filed with the Bureau of Internal Revenue.

<p>53 Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)</p>	<p>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 Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604C 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.</p> <p>54 TEST 6 T. TEST 6 Employee Signature Over Printed Name</p>
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BIR Form No.

2316

January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

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

1 For the Year (YYYY) 2020	2 For the Period From (MM/DD) 01 01 To (MM/DD) 12 31
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Part I - Employee Information

3 TIN **356 - 453 - 425 - 000**

4 Employee's Name (Last Name, First Name, Middle Na) **TEST 7, TEST 7 TEST 7** 5 RDO Code

6 Registered Address **LUBUKAN, HADJI MUHTAMAD, BASILAN** 6A Zip Code

6B Local Home Address 6C Zip Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **03 09 1994** 8 Contact Number

9 Statutory Minimum Wage rate per day **0.00**

10 Statutory Minimum Wage rate per month **0.00**

11 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
27 Basic Salary (including the exempt P250,000 & below) Statutory Minimum Wage Earner (MWE)	0.00
28 Holiday Pay (MWE)	0.00
29 Overtime Pay (MWE)	0.00
30 Night Shift Differential (MWE)	0.00
31 Hazard Pay (MWE)	0.00
32 13th Month Pay and Other Benefits (maximum of P90,000)	126,000.00
33 De Minimis Benefits	0.00
34 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	16,200.00
35 Salaries & Other Forms of Compensation	0.00
36 Total Non-Taxable/Exempt Comp. Income (Sum of items 27 to 35)	142,200.00

Part II - Employer Information (Present)

12 TIN **123 - 456 - 789 - 000**

13 Employer's Name **For Demo Only**

14 Registered Address **Kaypian, San Jose Del Month City** 14A Zip Code **3023**

15 Type of Employer Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

37 Basic Salary	343,800.00
38 Representation	
39 Transportation	
40 Cost of Living Allowance (COLA)	
41 Fixed Housing Allowance	
42 Others (Specify)	
42A	0.00
42B	

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address 18A Zip Code

SUPPLEMENTARY

43 Commission	
44 Profit Sharing	
45 Fees Including Director's Fees	
46 Taxable 13th Month Benefits	0.00
47 Hazard Pay	
48 Overtime Pay	
49 Others (Specify)	
49A	
49B	
50 Total Taxable Compensation Income (Sum of items 37 to 49B)	343,800.00

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of items 36 and 50)	486,000.00
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36)	142,200.00
21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50)	343,800.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of items 21 and 22)	343,800.00
24 Tax Due	18,760.00
25 Amount of Taxes Withheld	
25A Present Employer	18,760.00
25B Previous Employer	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B)	18,760.00

I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the of my/our information as contemplated under the * Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

51 Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name	Date Signed <input type="text"/>
CONFORME: 52 TEST 7 T. TEST 7 Employee Signature Over Printed Name	Date Signed <input type="text"/>
CTC/Valid ID No. <input type="text"/> of Employee <input type="text"/> Place of Issue <input type="text"/>	Date Signed <input type="text"/> Amount Paid, if CTC <input type="text"/>

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C which has been filed with the Bureau of Internal Revenue.

53 **Ruben Corral / Accounting Head**
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 or Income Tax Returns(BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604C 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.

54 **TEST 7 T. TEST 7**
Employee Signature Over Printed Name



BIR Form No.

2316

January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

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

<p>1 For the Year (YYYY) <input type="text" value="2020"/></p>	<p>2 For the Period From (MM/DD) <input type="text" value="01 01"/> To (MM/DD) <input type="text" value="12 31"/></p>
Part I - Employee Information	
<p>3 TIN <input type="text" value="431 - 242 - 133 - 000"/></p>	
<p>4 Employee's Name (Last Name, First Name, Middle Na <input type="text" value="TEST 8, TEST 8 TEST 8"/> 5 RDO Code <input type="text"/></p>	
<p>6 Registered Address <input type="text"/> 6A Zip Code <input type="text"/></p>	
<p>6B Local Home Address <input type="text"/> 6C Zip Code <input type="text"/></p>	
<p>6D Foreign Address <input type="text"/></p>	
<p>7 Date of Birth (MM/DD/YYYY) <input type="text" value="02 08 1989"/></p>	<p>8 Contact Number <input type="text"/></p>
<p>9 Statutory Minimum Wage rate per day <input type="text" value="0.00"/></p>	
<p>10 Statutory Minimum Wage rate per month <input type="text" value="0.00"/></p>	
<p>11 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</p>	
Part II - Employer Information (Present)	
<p>12 TIN <input type="text" value="123 - 456 - 789 - 000"/></p>	
<p>13 Employer's Name <input type="text" value="For Demo Only"/></p>	
<p>14 Registered Address <input type="text" value="Kaypian, San Jose Del Month City"/> 14A Zip Code <input type="text" value="3023"/></p>	
<p>15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p>	
Part III - Employer Information (Previous)	
<p>16 TIN <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/></p>	
<p>17 Employer's Name <input type="text"/></p>	
<p>18 Registered Address <input type="text"/> 18A Zip Code <input type="text"/></p>	
Part IVA - Summary	
<p>19 Gross Compensation Income from Present Employer (Sum of items 36 and 50) <input type="text" value="701,704.30"/></p>	
<p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36) <input type="text" value="236,930.40"/></p>	
<p>21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50) <input type="text" value="464,773.90"/></p>	
<p>22 Add: Taxable Compensation Income from Previous Employer, if applicable <input type="text" value="0.00"/></p>	
<p>23 Gross Taxable Compensation Income (Sum of items 21 and 22) <input type="text" value="464,773.90"/></p>	
<p>24 Tax Due <input type="text" value="46,193.47"/></p>	
<p>25 Amount of Taxes Withheld</p>	
<p>25A Present Employer <input type="text" value="46,193.47"/></p>	
<p>25B Previous Employer <input type="text" value="0.00"/></p>	
<p>26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B) <input type="text" value="46,193.47"/></p>	
<p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</p>	
Amount	
27 Basic Salary (including the exempt P250,000 & below) Statutory Minimum Wage Earner (MWE)	<input type="text" value="0.00"/>
28 Holiday Pay (MWE)	<input type="text" value="0.00"/>
29 Overtime Pay (MWE)	<input type="text" value="0.00"/>
30 Night Shift Differential (MWE)	<input type="text" value="0.00"/>
31 Hazard Pay (MWE)	<input type="text" value="0.00"/>
32 13th Month Pay and Other Benefits (maximum of P90,000)	<input type="text" value="218,964.30"/>
33 De Minimis Benefits	<input type="text" value="0.00"/>
34 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	<input type="text" value="17,966.10"/>
35 Salaries & Other Forms of Compensation	<input type="text" value="0.00"/>
36 Total Non-Taxable/Exempt Comp. Income (Sum of items 27 to 35)	<input type="text" value="236,930.40"/>
B. TAXABLE COMPENSATION INCOME REGULAR	
37 Basic Salary	<input type="text" value="459,773.90"/>
38 Representation	<input type="text"/>
39 Transportation	<input type="text"/>
40 Cost of Living Allowance (COLA)	<input type="text"/>
41 Fixed Housing Allowance	<input type="text"/>
42 Others (Specify)	<input type="text"/>
42A <input type="text"/>	<input type="text" value="5,000.00"/>
42B <input type="text"/>	<input type="text"/>
SUPPLEMENTARY	
43 Commission	<input type="text"/>
44 Profit Sharing	<input type="text"/>
45 Fees Including Director's Fees	<input type="text"/>
46 Taxable 13th Month Benefits	<input type="text" value="0.00"/>
47 Hazard Pay	<input type="text"/>
48 Overtime Pay	<input type="text"/>
49 Others (Specify)	<input type="text"/>
49A <input type="text"/>	<input type="text"/>
49B <input type="text"/>	<input type="text"/>
50 Total Taxable Compensation Income (Sum of items 37 to 49B)	<input type="text" value="464,773.90"/>

I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the of my/our information as contemplated under the * Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

<p>51 Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name</p> <p>CONFORME: 52 TEST 8 T. TEST 8 CTC/Valid ID No. <input type="text"/> Employee Signature Over Printed Name of Employee <input type="text"/> Place of Issue <input type="text"/></p>	<p>Date Signed <input type="text"/></p> <p>Date Signed <input type="text"/></p> <p>Date Signed <input type="text"/> <input type="text" value="Amount Paid, if CTC"/></p>
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To be accomplished under substituted filing

<p>I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C which has been filed with the Bureau of Internal Revenue.</p> <p>53 Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)</p>	<p>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 Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604C 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.</p> <p>54 TEST 8 T. TEST 8 Employee Signature Over Printed Name</p>
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BIR Form No.

2316

January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

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

<p>1 For the Year (YYYY) <input type="text" value="2020"/></p> <p align="center">Part I - Employee Information</p> <p>3 TIN <input type="text" value="435 - 245 - 252 - 000"/></p> <p>4 Employee's Name (Last Name, First Name, Middle Na) <input type="text" value="TEST 9, TEST 9 TEST 9"/> 5 RDO Code <input type="text"/></p> <p>6 Registered Address <input type="text" value="KAWAYANON, CAIBIRAN, BILIRAN"/> 6A Zip Code <input type="text"/></p> <p>6B Local Home Address <input type="text"/> 6C Zip Code <input type="text"/></p> <p>6D Foreign Address <input type="text"/></p> <p>7 Date of Birth (MM/DD/YYYY) <input type="text" value="06"/> <input type="text" value="15"/> <input type="text" value="1993"/> 8 Contact Number <input type="text"/></p> <p>9 Statutory Minimum Wage rate per day <input type="text" value="0.00"/></p> <p>10 Statutory Minimum Wage rate per month <input type="text" value="0.00"/></p> <p>11 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</p> <p align="center">Part II - Employer Information (Present)</p> <p>12 TIN <input type="text" value="123 - 456 - 789 - 000"/></p> <p>13 Employer's Name <input type="text" value="For Demo Only"/></p> <p>14 Registered Address <input type="text" value="Kaypian, San Jose Del Month City"/> 14A Zip Code <input type="text" value="3023"/></p> <p>15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p align="center">Part III - Employer Information (Previous)</p> <p>16 TIN <input type="text"/></p> <p>17 Employer's Name <input type="text"/></p> <p>18 Registered Address <input type="text"/> 18A Zip Code <input type="text"/></p> <p align="center">Part IVA - Summary</p> <table style="width:100%;"> <tr> <td style="width:70%;">19 Gross Compensation Income from Present Employer (Sum of items 36 and 50)</td> <td style="width:30%; text-align: right;">705,800.00</td> </tr> <tr> <td>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36)</td> <td style="text-align: right;">183,900.00</td> </tr> <tr> <td>21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50)</td> <td style="text-align: right;">521,900.00</td> </tr> <tr> <td>22 Add: Taxable Compensation Income from Previous Employer, if applicable</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>23 Gross Taxable Compensation Income (Sum of items 21 and 22)</td> <td style="text-align: right;">521,900.00</td> </tr> <tr> <td>24 Tax Due</td> <td style="text-align: right;">60,475.00</td> </tr> <tr> <td>25 Amount of Taxes Withheld</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">25A Present Employer</td> <td style="text-align: right;">60,475.00</td> </tr> <tr> <td style="padding-left: 20px;">25B Previous Employer</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B)</td> <td style="text-align: right;">60,475.00</td> </tr> </table>	19 Gross Compensation Income from Present Employer (Sum of items 36 and 50)	705,800.00	20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36)	183,900.00	21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50)	521,900.00	22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	23 Gross Taxable Compensation Income (Sum of items 21 and 22)	521,900.00	24 Tax Due	60,475.00	25 Amount of Taxes Withheld		25A Present Employer	60,475.00	25B Previous Employer	0.00	26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B)	60,475.00	<p>2 For the Period From (MM/DD) <input type="text" value="01"/> <input type="text" value="01"/> To (MM/DD) <input type="text" value="12"/> <input type="text" value="31"/></p> <p align="center">Part IV-B Details of Compensation Income & Tax Withheld from Present Employer</p> <table style="width:100%;"> <thead> <tr> <th style="width:80%;">A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</th> <th style="width:20%;">Amount</th> </tr> </thead> <tbody> <tr><td>27 Basic Salary (including the exempt P250,000 & below) Statutory Minimum Wage Earner (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>28 Holiday Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>29 Overtime Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>30 Night Shift Differential (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>31 Hazard Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>32 13th Month Pay and Other Benefits (maximum of P90,000)</td><td style="text-align: right;">165,000.00</td></tr> <tr><td>33 De Minimis Benefits</td><td style="text-align: right;">0.00</td></tr> <tr><td>34 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)</td><td style="text-align: right;">18,900.00</td></tr> <tr><td>35 Salaries & Other Forms of Compensation</td><td style="text-align: right;">0.00</td></tr> <tr><td>36 Total Non-Taxable/Exempt Comp. Income (Sum of items 27 to 35)</td><td style="text-align: right;">183,900.00</td></tr> </tbody> </table> <table style="width:100%;"> <thead> <tr> <th style="width:80%;">B. TAXABLE COMPENSATION INCOME REGULAR</th> <th style="width:20%;">Amount</th> </tr> </thead> <tbody> <tr><td>37 Basic Salary</td><td style="text-align: right;">521,100.00</td></tr> <tr><td>38 Representation</td><td></td></tr> <tr><td>39 Transportation</td><td></td></tr> <tr><td>40 Cost of Living Allowance (COLA)</td><td></td></tr> <tr><td>41 Fixed Housing Allowance</td><td></td></tr> <tr><td>42 Others (Specify)</td><td></td></tr> <tr><td style="padding-left: 20px;">42A <input type="text"/></td><td style="text-align: right;">800.00</td></tr> <tr><td style="padding-left: 20px;">42B <input type="text"/></td><td></td></tr> </tbody> </table> <p align="center">SUPPLEMENTARY</p> <table style="width:100%;"> <tbody> <tr><td>43 Commission</td><td></td></tr> <tr><td>44 Profit Sharing</td><td></td></tr> <tr><td>45 Fees Including Director's Fees</td><td></td></tr> <tr><td>46 Taxable 13th Month Benefits</td><td style="text-align: right;">0.00</td></tr> <tr><td>47 Hazard Pay</td><td></td></tr> <tr><td>48 Overtime Pay</td><td></td></tr> <tr><td>49 Others (Specify)</td><td></td></tr> <tr><td style="padding-left: 20px;">49A <input type="text"/></td><td></td></tr> <tr><td style="padding-left: 20px;">49B <input type="text"/></td><td></td></tr> <tr><td>50 Total Taxable Compensation Income (Sum of items 37 to 49B)</td><td style="text-align: right;">521,900.00</td></tr> </tbody> </table>	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount	27 Basic Salary (including the exempt P250,000 & below) Statutory Minimum Wage Earner (MWE)	0.00	28 Holiday Pay (MWE)	0.00	29 Overtime Pay (MWE)	0.00	30 Night Shift Differential (MWE)	0.00	31 Hazard Pay (MWE)	0.00	32 13th Month Pay and Other Benefits (maximum of P90,000)	165,000.00	33 De Minimis Benefits	0.00	34 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	18,900.00	35 Salaries & Other Forms of Compensation	0.00	36 Total Non-Taxable/Exempt Comp. Income (Sum of items 27 to 35)	183,900.00	B. TAXABLE COMPENSATION INCOME REGULAR	Amount	37 Basic Salary	521,100.00	38 Representation		39 Transportation		40 Cost of Living Allowance (COLA)		41 Fixed Housing Allowance		42 Others (Specify)		42A <input type="text"/>	800.00	42B <input type="text"/>		43 Commission		44 Profit Sharing		45 Fees Including Director's Fees		46 Taxable 13th Month Benefits	0.00	47 Hazard Pay		48 Overtime Pay		49 Others (Specify)		49A <input type="text"/>		49B <input type="text"/>		50 Total Taxable Compensation Income (Sum of items 37 to 49B)	521,900.00
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I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the of my/our information as contemplated under the * Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

<p>51 Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name</p> <p>CONFORME: 52 TEST 9 T. TEST 9 CTC/Valid ID No. <input type="text"/> Employee Signature Over Printed Name of Employee <input type="text"/> Place of Issue <input type="text"/></p>	<p>Date Signed <input type="text"/></p> <p>Date Signed <input type="text"/></p> <p>Date Signed <input type="text"/> Amount Paid, if CTC <input type="text"/></p>
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To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C which has been filed with the Bureau of Internal Revenue.

<p>53 Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)</p>	<p>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 Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604C 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.</p> <p>54 TEST 9 T. TEST 9 Employee Signature Over Printed Name</p>
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BIR Form No.

2316

January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

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

<p>1 For the Year (YYYY) <input type="text" value="2020"/></p> <p align="center">Part I - Employee Information</p> <p>3 TIN <input type="text" value="354"/> - <input type="text" value="323"/> - <input type="text" value="344"/> - <input type="text" value="000"/></p> <p>4 Employee's Name (Last Name, First Name, Middle Na) <input type="text" value="TEST 10, TEST 10 TEST 10"/> 5 RDO Code <input type="text"/></p> <p>6 Registered Address <input type="text" value="BARIW, MALINAO, ALBAY"/> 6A Zip Code <input type="text"/></p> <p>6B Local Home Address <input type="text"/> 6C Zip Code <input type="text"/></p> <p>6D Foreign Address <input type="text"/></p> <p>7 Date of Birth (MM/DD/YYYY) <input type="text" value="03"/> <input type="text" value="20"/> <input type="text" value="1984"/> 8 Contact Number <input type="text"/></p> <p>9 Statutory Minimum Wage rate per day <input type="text" value="0.00"/></p> <p>10 Statutory Minimum Wage rate per month <input type="text" value="0.00"/></p> <p>11 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</p> <p align="center">Part II - Employer Information (Present)</p> <p>12 TIN <input type="text" value="123"/> - <input type="text" value="456"/> - <input type="text" value="789"/> - <input type="text" value="000"/></p> <p>13 Employer's Name <input type="text" value="For Demo Only"/></p> <p>14 Registered Address <input type="text" value="Kaypian, San Jose Del Month City"/> 14A Zip Code <input type="text" value="3023"/></p> <p>15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p align="center">Part III - Employer Information (Previous)</p> <p>16 TIN <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>17 Employer's Name <input type="text"/></p> <p>18 Registered Address <input type="text"/> 18A Zip Code <input type="text"/></p> <p align="center">Part IVA - Summary</p> <p>19 Gross Compensation Income from Present Employer (Sum of items 36 and 50) <input type="text" value="604,000.00"/></p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36) <input type="text" value="142,000.00"/></p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50) <input type="text" value="462,000.00"/></p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable <input type="text" value="0.00"/></p> <p>23 Gross Taxable Compensation Income (Sum of items 21 and 22) <input type="text" value="462,000.00"/></p> <p>24 Tax Due <input type="text" value="45,500.00"/></p> <p>25 Amount of Taxes Withheld</p> <p>25A Present Employer <input type="text" value="45,500.00"/></p> <p>25B Previous Employer <input type="text" value="0.00"/></p> <p>26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B) <input type="text" value="45,500.00"/></p>	<p>2 For the Period From (MM/DD) <input type="text" value="01"/> <input type="text" value="01"/> To (MM/DD) <input type="text" value="12"/> <input type="text" value="31"/></p> <p align="center">Part IV-B Details of Compensation Income & Tax Withheld from Present Employer</p> <p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Amount</th> </tr> </thead> <tbody> <tr><td>27 Basic Salary (including the exempt P250,000 & below) Statutory Minimum Wage Earner (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>28 Holiday Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>29 Overtime Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>30 Night Shift Differential (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>31 Hazard Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td>32 13th Month Pay and Other Benefits (maximum of P90,000)</td><td style="text-align: right;">124,000.00</td></tr> <tr><td>33 De Minimis Benefits</td><td style="text-align: right;">0.00</td></tr> <tr><td>34 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)</td><td style="text-align: right;">18,000.00</td></tr> <tr><td>35 Salaries & Other Forms of Compensation</td><td style="text-align: right;">0.00</td></tr> <tr><td>36 Total Non-Taxable/Exempt Comp. Income (Sum of items 27 to 35)</td><td style="text-align: right;">142,000.00</td></tr> </tbody> </table> <p>B. TAXABLE COMPENSATION INCOME REGULAR</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td>37 Basic Salary</td><td style="text-align: right;">462,000.00</td></tr> <tr><td>38 Representation</td><td></td></tr> <tr><td>39 Transportation</td><td></td></tr> <tr><td>40 Cost of Living Allowance (COLA)</td><td></td></tr> <tr><td>41 Fixed Housing Allowance</td><td></td></tr> <tr><td>42 Others (Specify)</td><td></td></tr> <tr><td>42A <input type="text"/></td><td style="text-align: right;">0.00</td></tr> <tr><td>42B <input type="text"/></td><td></td></tr> </tbody> </table> <p align="center">SUPPLEMENTARY</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td>43 Commission</td><td></td></tr> <tr><td>44 Profit Sharing</td><td></td></tr> <tr><td>45 Fees Including Director's Fees</td><td></td></tr> <tr><td>46 Taxable 13th Month Benefits</td><td style="text-align: right;">0.00</td></tr> <tr><td>47 Hazard Pay</td><td></td></tr> <tr><td>48 Overtime Pay</td><td></td></tr> <tr><td>49 Others (Specify)</td><td></td></tr> <tr><td>49A <input type="text"/></td><td></td></tr> <tr><td>49B <input type="text"/></td><td></td></tr> <tr><td>50 Total Taxable Compensation Income (Sum of items 37 to 49B)</td><td style="text-align: right;">462,000.00</td></tr> </tbody> </table>		Amount	27 Basic Salary (including the exempt P250,000 & below) Statutory Minimum Wage Earner (MWE)	0.00	28 Holiday Pay (MWE)	0.00	29 Overtime Pay (MWE)	0.00	30 Night Shift Differential (MWE)	0.00	31 Hazard Pay (MWE)	0.00	32 13th Month Pay and Other Benefits (maximum of P90,000)	124,000.00	33 De Minimis Benefits	0.00	34 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	18,000.00	35 Salaries & Other Forms of Compensation	0.00	36 Total Non-Taxable/Exempt Comp. Income (Sum of items 27 to 35)	142,000.00	37 Basic Salary	462,000.00	38 Representation		39 Transportation		40 Cost of Living Allowance (COLA)		41 Fixed Housing Allowance		42 Others (Specify)		42A <input type="text"/>	0.00	42B <input type="text"/>		43 Commission		44 Profit Sharing		45 Fees Including Director's Fees		46 Taxable 13th Month Benefits	0.00	47 Hazard Pay		48 Overtime Pay		49 Others (Specify)		49A <input type="text"/>		49B <input type="text"/>		50 Total Taxable Compensation Income (Sum of items 37 to 49B)	462,000.00
	Amount																																																										
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I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the of my/our information as contemplated under the * Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

<p>51 Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name</p> <p>CONFORME: 52 TEST 10 T. TEST 10 CTC/Valid ID No. <input type="text"/> Employee Signature Over Printed Name of Employee <input type="text"/> Place of Issue <input type="text"/></p>	<p>Date Signed <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Date Signed <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Date Signed <input type="text"/> <input type="text"/> <input type="text"/> <input style="width: 100px;" type="text" value="Amount Paid, if CTC"/></p>
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To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C which has been filed with the Bureau of Internal Revenue.

<p>53 Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)</p>	<p>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 Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604C 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.</p> <p>54 TEST 10 T. TEST 10 Employee Signature Over Printed Name</p>
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BIR Form No.

2316

January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

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

1 For the Year (YYYY) <input style="width: 100px;" type="text" value="2020"/>	2 For the Period From (MM/DD) <input style="width: 50px;" type="text" value="01 01"/> To (MM/DD) <input style="width: 50px;" type="text" value="12 15"/>
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Part I - Employee Information	
3 TIN	<input style="width: 100%;" type="text" value="341 - 424 - 233 - 000"/>
4 Employee's Name (Last Name, First Name, Middle Na	5 RDO Code
TEST 11, TEST 11 TEST 11	
6 Registered Address	6A Zip Code
POBLACION, AGONCILLO, BATANGAS	
6B Local Home Address	6C Zip Code
6D Foreign Address	
7 Date of Birth (MM/DD/YYYY)	8 Contact Number
<input style="width: 20px;" type="text" value="06"/> <input style="width: 20px;" type="text" value="13"/> <input style="width: 20px;" type="text" value="1979"/>	<input style="width: 100%;" type="text"/>
9 Statutory Minimum Wage rate per day	<input style="width: 100%;" type="text" value="0.00"/>
10 Statutory Minimum Wage rate per month	<input style="width: 100%;" type="text" value="0.00"/>
11 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax	

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
	Amount
27 Basic Salary (including the exempt P250,000 & below) Statutory Minimum Wage Earner (MWE)	<input style="width: 100%;" type="text" value="0.00"/>
28 Holiday Pay (MWE)	<input style="width: 100%;" type="text" value="0.00"/>
29 Overtime Pay (MWE)	<input style="width: 100%;" type="text" value="0.00"/>
30 Night Shift Differential (MWE)	<input style="width: 100%;" type="text" value="0.00"/>
31 Hazard Pay (MWE)	<input style="width: 100%;" type="text" value="0.00"/>
32 13th Month Pay and Other Benefits (maximum of P90,000)	<input style="width: 100%;" type="text" value="354,583.33"/>
33 De Minimis Benefits	<input style="width: 100%;" type="text" value="0.00"/>
34 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	<input style="width: 100%;" type="text" value="19,800.00"/>
35 Salaries & Other Forms of Compensation	<input style="width: 100%;" type="text" value="0.00"/>
36 Total Non-Taxable/Exempt Comp. Income (Sum of items 27 to 35)	<input style="width: 100%;" type="text" value="374,383.33"/>

Part II - Employer Information (Present)	
12 TIN	<input style="width: 100%;" type="text" value="123 - 456 - 789 - 000"/>
13 Employer's Name	
For Demo Only	
14 Registered Address	14A Zip Code
Kaypian, San Jose Del Month City	<input style="width: 100%;" type="text" value="3023"/>
15 Type of Employer	
<input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	

B. TAXABLE COMPENSATION INCOME REGULAR	
37 Basic Salary	<input style="width: 100%;" type="text" value="785,200.00"/>
38 Representation	<input style="width: 100%;" type="text"/>
39 Transportation	<input style="width: 100%;" type="text"/>
40 Cost of Living Allowance (COLA)	<input style="width: 100%;" type="text"/>
41 Fixed Housing Allowance	<input style="width: 100%;" type="text"/>
42 Others (Specify)	
42A	<input style="width: 100%;" type="text" value="0.00"/>
42B	<input style="width: 100%;" type="text"/>

Part III - Employer Information (Previous)	
16 TIN	<input style="width: 100%;" type="text"/>
17 Employer's Name	
<input style="width: 100%;" type="text"/>	
18 Registered Address	18A Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

SUPPLEMENTARY	
43 Commission	<input style="width: 100%;" type="text"/>
44 Profit Sharing	<input style="width: 100%;" type="text"/>
45 Fees Including Director's Fees	<input style="width: 100%;" type="text"/>
46 Taxable 13th Month Benefits	<input style="width: 100%;" type="text" value="0.00"/>
47 Hazard Pay	<input style="width: 100%;" type="text"/>
48 Overtime Pay	<input style="width: 100%;" type="text"/>
49 Others (Specify)	
49A	<input style="width: 100%;" type="text"/>
49B	<input style="width: 100%;" type="text"/>
50 Total Taxable Compensation Income (Sum of items 37 to 49B)	<input style="width: 100%;" type="text" value="785,200.00"/>

I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the of my/our information as contemplated under the * Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

51 Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name	Date Signed <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/>
CONFORME: 52 TEST 11 T. TEST 11 CTC/Valid ID No. <input style="width: 100px;" type="text"/> Employee Signature Over Printed Name of Employee <input style="width: 100px;" type="text"/> Place of Issue <input style="width: 100px;" type="text"/>	Date Signed <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> Date Signed <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/>
Amount Paid, if CTC <input style="width: 100px;" type="text"/>	

To be accomplished under substituted filing	
I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C which has been filed with the Bureau of Internal Revenue.	I declare, under the penalties of perjury that I am qualified under substituted filing or Income Tax Returns(BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604C 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.
53 Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)	54 TEST 11 T. TEST 11 Employee Signature Over Printed Name



BIR Form No.

2316

January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

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

<p>1 For the Year (YYYY) <input type="text" value="2020"/></p>	<p>2 For the Period From (MM/DD) <input type="text" value="01 01"/> To (MM/DD) <input type="text" value="12 15"/></p>
Part I - Employee Information	
<p>3 TIN <input type="text" value="453"/> - <input type="text" value="546"/> - <input type="text" value="546"/> - <input type="text" value="000"/></p>	
<p>4 Employee's Name (Last Name, First Name, Middle Na <input type="text" value="TEST 12, TEST 12 TEST 12"/> 5 RDO Code <input type="text"/></p>	
<p>6 Registered Address <input type="text" value="NEW CULAYLAYAN, LINAPACAN, PALAWAN"/> 6A Zip Code <input type="text"/></p>	
<p>6B Local Home Address <input type="text"/> 6C Zip Code <input type="text"/></p>	
<p>6D Foreign Address <input type="text"/></p>	
<p>7 Date of Birth (MM/DD/YYYY) <input type="text" value="06"/> <input type="text" value="16"/> <input type="text" value="1970"/></p>	<p>8 Contact Number <input type="text"/></p>
<p>9 Statutory Minimum Wage rate per day <input type="text" value="0.00"/></p>	
<p>10 Statutory Minimum Wage rate per month <input type="text" value="0.00"/></p>	
<p>11 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</p>	
Part II - Employer Information (Present)	
<p>12 TIN <input type="text" value="123"/> - <input type="text" value="456"/> - <input type="text" value="789"/> - <input type="text" value="000"/></p>	
<p>13 Employer's Name <input type="text" value="For Demo Only"/></p>	
<p>14 Registered Address <input type="text" value="Kaypian, San Jose Del Month City"/> 14A Zip Code <input type="text" value="3023"/></p>	
<p>15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p>	
Part III - Employer Information (Previous)	
<p>16 TIN <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/></p>	
<p>17 Employer's Name <input type="text"/></p>	
<p>18 Registered Address <input type="text"/> 18A Zip Code <input type="text"/></p>	
Part IVA - Summary	
<p>19 Gross Compensation Income from Present Employer (Sum of items 36 and 50) <input type="text" value="981,000.00"/></p>	
<p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36) <input type="text" value="307,300.00"/></p>	
<p>21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50) <input type="text" value="673,700.00"/></p>	
<p>22 Add: Taxable Compensation Income from Previous Employer, if applicable <input type="text" value="0.00"/></p>	
<p>23 Gross Taxable Compensation Income (Sum of items 21 and 22) <input type="text" value="673,700.00"/></p>	
<p>24 Tax Due <input type="text" value="98,425.00"/></p>	
<p>25 Amount of Taxes Withheld</p>	
<p>25A Present Employer <input type="text" value="98,425.00"/></p>	
<p>25B Previous Employer <input type="text" value="0.00"/></p>	
<p>26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B) <input type="text" value="98,425.00"/></p>	
Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
<p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</p>	
27 Basic Salary (including the exempt P250,000 & below) Statutory Minimum Wage Earner (MWE)	<input type="text" value="0.00"/>
28 Holiday Pay (MWE)	<input type="text" value="0.00"/>
29 Overtime Pay (MWE)	<input type="text" value="0.00"/>
30 Night Shift Differential (MWE)	<input type="text" value="0.00"/>
31 Hazard Pay (MWE)	<input type="text" value="0.00"/>
32 13th Month Pay and Other Benefits (maximum of P90,000)	<input type="text" value="287,500.00"/>
33 De Minimis Benefits	<input type="text" value="0.00"/>
34 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	<input type="text" value="19,800.00"/>
35 Salaries & Other Forms of Compensation	<input type="text" value="0.00"/>
36 Total Non-Taxable/Exempt Comp. Income (Sum of items 27 to 35)	<input type="text" value="307,300.00"/>
<p>B. TAXABLE COMPENSATION INCOME REGULAR</p>	
37 Basic Salary	<input type="text" value="670,200.00"/>
38 Representation	<input type="text"/>
39 Transportation	<input type="text"/>
40 Cost of Living Allowance (COLA)	<input type="text"/>
41 Fixed Housing Allowance	<input type="text"/>
42 Others (Specify)	<input type="text"/>
42A <input type="text"/>	<input type="text" value="3,500.00"/>
42B <input type="text"/>	<input type="text"/>
<p>SUPPLEMENTARY</p>	
43 Commission	<input type="text"/>
44 Profit Sharing	<input type="text"/>
45 Fees Including Director's Fees	<input type="text"/>
46 Taxable 13th Month Benefits	<input type="text" value="0.00"/>
47 Hazard Pay	<input type="text"/>
48 Overtime Pay	<input type="text"/>
49 Others (Specify)	<input type="text"/>
49A <input type="text"/>	<input type="text"/>
49B <input type="text"/>	<input type="text"/>
50 Total Taxable Compensation Income (Sum of items 37 to 49B)	<input type="text" value="673,700.00"/>

I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the of my/our information as contemplated under the * Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

<p>51 Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name</p>	<p>Date Signed <input type="text"/></p>
<p>CONFORME: 52 TEST 12 T. TEST 12 CTC/Valid ID No. <input type="text"/> Employee Signature Over Printed Name of Employee <input type="text"/> Place of Issue <input type="text"/></p>	<p>Date Signed <input type="text"/></p>
	<p>Date Signed <input type="text"/> <input type="text" value="Amount Paid, if CTC"/></p>

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C which has been filed with the Bureau of Internal Revenue.

<p>53 Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)</p>	<p>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 Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604C 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.</p> <p>54 TEST 12 T. TEST 12 Employee Signature Over Printed Name</p>
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BIR Form No.

2316

January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

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

<p>1 For the Year (YYYY) <input type="text" value="2020"/></p>	<p>2 For the Period From (MM/DD) <input type="text" value="01 01"/> To (MM/DD) <input type="text" value="12 15"/></p>
Part I - Employee Information	
<p>3 TIN <input type="text" value="343 - 243 - 242 - 000"/></p>	
<p>4 Employee's Name (Last Name, First Name, Middle Na) <input type="text" value="TEST 14, TEST 14 TEST 14"/> 5 RDO Code <input type="text"/></p>	
<p>6 Registered Address <input type="text" value="SALVACION, LINGIG, SURIGAO DEL SUR"/> 6A Zip Code <input type="text"/></p>	
<p>6B Local Home Address <input type="text"/> 6C Zip Code <input type="text"/></p>	
<p>6D Foreign Address <input type="text"/></p>	
<p>7 Date of Birth (MM/DD/YYYY) <input type="text" value="02"/> <input type="text" value="01"/> <input type="text" value="2000"/></p>	<p>8 Contact Number <input type="text"/></p>
<p>9 Statutory Minimum Wage rate per day <input type="text" value="0.00"/></p>	
<p>10 Statutory Minimum Wage rate per month <input type="text" value="0.00"/></p>	
<p>11 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</p>	
Part II - Employer Information (Present)	
<p>12 TIN <input type="text" value="123 - 456 - 789 - 000"/></p>	
<p>13 Employer's Name <input type="text" value="For Demo Only"/></p>	
<p>14 Registered Address <input type="text" value="Kaypian, San Jose Del Month City"/> 14A Zip Code <input type="text" value="3023"/></p>	
<p>15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p>	
Part III - Employer Information (Previous)	
<p>16 TIN <input type="text"/> - <input type="text"/> - <input type="text"/></p>	
<p>17 Employer's Name <input type="text"/></p>	
<p>18 Registered Address <input type="text"/> 18A Zip Code <input type="text"/></p>	
Part IVA - Summary	
<p>19 Gross Compensation Income from Present Employer (Sum of items 36 and 50) <input type="text" value="1,336,875.00"/></p>	
<p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36) <input type="text" value="494,175.00"/></p>	
<p>21 Taxable Compensation Income from Present Employer (Item 19 Less item 20) (From item 50) <input type="text" value="842,700.00"/></p>	
<p>22 Add: Taxable Compensation Income from Previous Employer, if applicable <input type="text" value="0.00"/></p>	
<p>23 Gross Taxable Compensation Income (Sum of items 21 and 22) <input type="text" value="842,700.00"/></p>	
<p>24 Tax Due <input type="text" value="142,810.00"/></p>	
<p>25 Amount of Taxes Withheld</p>	
<p>25A Present Employer <input type="text" value="142,810.00"/></p>	
<p>25B Previous Employer <input type="text" value="0.00"/></p>	
<p>26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B) <input type="text" value="142,810.00"/></p>	
<p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</p>	
Amount	
27 Basic Salary (including the exempt P250,000 & below) Statutory Minimum Wage Earner (MWE)	<input type="text" value="0.00"/>
28 Holiday Pay (MWE)	<input type="text" value="0.00"/>
29 Overtime Pay (MWE)	<input type="text" value="0.00"/>
30 Night Shift Differential (MWE)	<input type="text" value="0.00"/>
31 Hazard Pay (MWE)	<input type="text" value="0.00"/>
32 13th Month Pay and Other Benefits (maximum of P90,000)	<input type="text" value="474,375.00"/>
33 De Minimis Benefits	<input type="text" value="0.00"/>
34 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	<input type="text" value="19,800.00"/>
35 Salaries & Other Forms of Compensation	<input type="text" value="0.00"/>
36 Total Non-Taxable/Exempt Comp. Income (Sum of items 27 to 35)	<input type="text" value="494,175.00"/>
B. TAXABLE COMPENSATION INCOME REGULAR	
37 Basic Salary	<input type="text" value="842,700.00"/>
38 Representation	<input type="text"/>
39 Transportation	<input type="text"/>
40 Cost of Living Allowance (COLA)	<input type="text"/>
41 Fixed Housing Allowance	<input type="text"/>
42 Others (Specify)	<input type="text"/>
42A	<input type="text" value="0.00"/>
42B	<input type="text"/>
SUPPLEMENTARY	
43 Commission	<input type="text"/>
44 Profit Sharing	<input type="text"/>
45 Fees Including Director's Fees	<input type="text"/>
46 Taxable 13th Month Benefits	<input type="text" value="0.00"/>
47 Hazard Pay	<input type="text"/>
48 Overtime Pay	<input type="text"/>
49 Others (Specify)	<input type="text"/>
49A	<input type="text"/>
49B	<input type="text"/>
50 Total Taxable Compensation Income (Sum of items 37 to 49B)	<input type="text" value="842,700.00"/>

I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the of my/our information as contemplated under the * Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

<p>51 Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name</p>	<p>Date Signed <input type="text"/></p>
<p>CONFORME: 52 TEST 14 T. TEST 14 CTC/Valid ID No. <input type="text"/> Employee Signature Over Printed Name</p>	<p>Date Signed <input type="text"/></p>
<p>of Employee <input type="text"/> Place of Issue <input type="text"/></p>	<p>Date Signed <input type="text"/> Amount Paid, if CTC <input type="text"/></p>

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C which has been filed with the Bureau of Internal Revenue.

<p>53 Ruben Corral / Accounting Head Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)</p>	<p>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 Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604C 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.</p> <p style="text-align: center;">54 TEST 14 T. TEST 14 Employee Signature Over Printed Name</p>
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