



Certificate of Compensation Payment/Tax Withheld

BIR Form No.

2316

July 2008 (ENCS)

For Compensation Payment With or Without Tax Withheld

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

1. For the Year (YYYY) 2018		2. For the Period From (MM/DD) 02/27 To (MM/DD) 11/26	
Part I Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3. Taxpayer Identification No. 344 414 895 0000 4. Employee's Name (Last Name, First Name, Middle Name) DALMACIO, RER AUBRE BANGA 5. RDO Code 074 6. Registered Address 6A. Zip Code 6B. Local Home Address 6C. Zip Code 6D. Foreign Address 6E. Zip Code 7. Date of Birth (MM/DD/YYYY) 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)		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 8,983.33 38. De Minimis Benefits 38 0.00 39. SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only) 39 4,517.40 40. Salaries & Other Forms of Compensation 40 0.00 41. Total Non-Taxable/Exempt Compensation Income 41 13,500.73	
Part II Employer Information (Present) 12. Taxpayer Identification No. 001 004 751 0000 13. Employer's Name TAYTAY SA KAUSWAGAN A MICROFINANCE NGO, INC. 14. Registered Address 15A. Zip Code 5001 ☐ Main Employer ☐ Secondary Employer		B. TAXABLE COMPENSATION INCOME REGULAR 42. Basic Salary 42 58,132.60 43. Representation 43 44. Transportation 44 45. Cost of Living Allowance 45 46. Fixed Housing Allowance 46 47. Others (Specify) 47A 0.00 47B	
Part III Employer Information (Previous) 18. Taxpayer Identification No. 19. Employer's Name 20. Registered Address 20A. Zip Code		SUPPLEMENTARY 48. Commission 48 49. Profit Sharing 49 50. Fees Including Director's Fees 50 51. Taxable 13th Month Pay and Other Benefits 51 0.00 52. Hazard Pay 52 53. Overtime Pay 53 54. Others (Specify) 54A 54B 55. Total Taxable Compensation Income 55 58,132.60	
Part IV-A Summary 21. Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 71,633.33 22. Less: Total Non-Taxable/Exempt (Item 41) 22 13,500.73 23. Taxable Compensation Income from Present Employer (Item 55) 23 58,132.60 24. Add: Taxable Compensation Income from Previous Employer 24 25. Gross Taxable Compensation Income 25 58,132.60 26. Less: Total Exemptions 26 0.00 27. Less: Premium Paid on Health and/or medical insurance (if applicable) 27 0.00 28. Net Taxable Compensation Income 28 58,132.60 29. Tax Due 29 0.00 30. Amount of Taxes Withheld 30A. Present Employer 0.00 30B. Previous Employer 31. Total Amount of Taxes Withheld as required 31 0.00			
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. ANGIE B. SOLARTE Present Employer Authorized Agent Signature Over Printed Name 57. RER AUBRE BANGA DALMACIO Employee Signature Over Printed Name CTC No. of Employee Date Signed 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. ANGIE B. SOLARTE Present Employer Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative) 59. RER AUBRE BANGA DALMACIO Employee Signature Over Printed Name			