

2316 September 2021 (ENCS)	Certificate of Cor Payment/Tax W For Compensation Payment With or						Tiperisation /ithheld Without Tax Withheld				2316 09/21 ENCS		
Fill in all applicable spaces. Mail For the Year (YYYY)	ark all appropriate boxes with an "X"					+	For the P	eriod	- CO-10	01 01	To (MM/DD)	12 31	
	Employee Infor	mation	AF AS U	UK TOP	ratio alter	(Party	Part IV-	B Details of Compe	nsation inco	me and Tax V	Vithheld from Presen	t Employer	
3 TIN 295 133 544 0000 4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code							NON-TA	XABLE/EXEMPT	COMPENSA	ATION INCO			
Temployees Hallie (2001 Hallie) I workering I workering							Basic Sa	lary (including the	exempt P25	50,000 & be	Amour	24,340.00	
TODA, TEDRO TADROR								atutory Minimum V Pay (MWE)	Vage of the	MWE !		24,340.00	
6 Registered Address 6A Zip Code LINGSAT BANTAY ILOCOS SUR 4707												0.00	
6B Local Home Address 6C Zip Code								Pay (MWE)				0.00	
						32	Night Shi	ft Differential (MV	/E)			0.00	
6D Foreign Address 6E Zip Code						33	Hazard P	ay (MWE)				0.00	
7 Date of Birth (MM/DD/YYYY) 8 Telephone Number								nth Pay and Other m of P90,000)	Benefits			2,650.00	
ρ2 31 ,19,71 (19,71)								nis Benefits				0.00	
9 Statutory Minimum Wage rate per day 0.00						and Unio	IS, PHIC & PAG-I n Dues (Employe	e share only	)		7,460.00		
10 Statutory Minimum Wage rate per month 0.00					37	Salaries	and Other Forms	of Compens	ation		0.00		
11 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax						100000		n-Taxable/Exempl Sum of Items 29 to		tion		34,450.00	
Fart II - Employer Information (Present)  12 Taxpayer  928 900 611 9000						В.	TAXABL	E COMPENSATION	ON INCOME	REGULAR			
928 899 611 0000 13 Employer's Name						39	Basic Sa	lary		Γ		0.00	
CLEMENTE, JOSEF LIM							Represe			Ļ		5.00	
14 Registered Address 14A Zip Code										ļ			
SAN JUAN SANTA LUCIA ILOCOS SUR , 27,12,						41	Transpor	tation					
15 Type of Employer Main Employer Secondary Employer						42	Cost of L	iving Allowance (0	COLA)				
Part III - Employer Information (Previous)						43	Fixed Ho	using Allowance			and the system		
							Others (S	Specify)		¬ [		4 : 7 %	
17 Employer's Name							L		-	-		0.00	
18 Registered Address 18A Zip Code							44B			ו ע			
							SUPPLE	MENTARY					
Part IVA - Summary  19 Gross Compensation Income from Present 34,450.00						45	Commiss	sion		ſ			
Employer (Sum of Items 38 a 20 Less: Total Non-Taxable/Exempl						46	Profit Sh	aring		,		74	
Income from Present Employer (From Item 38)							Fooe						
	exable Compensation Income from Present 0.00 ployer (Item 19 Less Item 20) (From Item 52)						cluding Director's		ļ				
22 Add: Taxable Compensation Previous Employer, if applica	t: Taxable Compensation Income from				0.00	48	Taxable	13th Month Pay B	enefits			0.00	
23 Gross Taxable Compensatio	Gross Taxable Compensation Income				49	Hazard F	Pay						
(Sum of Items 21 and 22) 24 Tax Due	(Sum of Items 21 and 22) Tax Due				0.00	50	Overtime	Pay		i			
25 Amount of Taxes Withheld				9 43	0.00	1	Others (	Specify)				120	
25A Present Employer					0.00		51A	Specify	14-1-14				
25B Previous Employer				_	0.00		51B			ī ī			
26 Total Amount of Taxes Withheld	as adjusted		14,795	-	0.00	52	Total Ta:	xable Compensati	on Income		TO COMPANY	0.00	
(Sum of Items 25A and 25B)								Items 39 to 51B)					
27 5% Tax Credit (PERA Act of			_	_	0.00								
28 Total Taxes Withheld (sum of i	the second secon	nis certificate	has been n	nade in	0.00	erified	by HE and	to the best of mylour	knowledge and	d belief, is true	and correct pursuant to		
I/We declare, under the penal the provisions of the National Intern as contemplated under the *Data P	rivacy act of 2012 (F	amended.	and the regulation (73) for legiting	ulations mate an	issued under	r auth	ority thereo	f. Further, I/we give m	y/our consent	to the processi	ng of my/our information		
51	JOSEF L. CLE	MENTE						FER	210 20	25			
CONFORME:	Authorized Agent	Signature O	ver Printed	Name		Date	e Signed	FEB	2 0 20	035	_		
52 PEPRO PADRON PULA							Signed		6 0 7				
Employee Signature Over Printed Name  CTC/Valid ID No.  DI- V 73 96 - C  Place of SSC Issue							e of Issue				Amount F	aid, if CTC	
of Employee  I declare, under the penalties of perunder BIR Form No. 1604C which has	rjury, that tile inform		To b	eported	omplishe			tituted filing r the penalties of perju	ery that I am ou	ualified under s	ubstituted filing of		
under BIR Form No. 1604C which has	The U	7	ernal Reven	ue.		trom	only one	r the penalties of perjularises of perjularises. The Philamber in the Philamber of the Phil	dippines for the	e calendar yea	r, that taxes have been		
53  Present Employer Authorized Agent Signature Over Printed Name (Head of Accounting) Human Resource or Authorized Representative)						No. 1	1604-C filed that BIR Fo	t by my employer to rm No. 2316 shall ser	the BIR shall o	onstitute as my urpose as if Bil	R Form No. 1700		
(nead of Accounting Human resource of Authorized Representative)						nas I	been filed p	/ .		e Regulations ( ADRON PU	RR) No. 3-2002, as am LA	ended.	
*NOTE: The RIP Data Privacy is	In the DIO	to Armer b	is aguant's			10.0				ure Over Printe			