



For Compensation Payment With or Without Tax Withheld

1 For the Year (YYYY)		2 For the Period From (MM/DD) To (MM/DD)	
Part I Employee Information		Part IV Details of Compensation Income and Tax Withheld from Present Employer	
3 Taxpayer Identification No.		A. Non-Taxable/Exempt Compensation Income	
4 Employee's Name (Last Name, First Name, Middle Name)		25 13th Month Pay and Other Benefits	
5 RDO Code		26 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union dues	
6 Registered Address		27 Salaries & Other Forms of Compensation	
6A Zip Code		28 Total Non-Taxable/Exempt Compensation Income	
6B Local Home Address		B. Taxable Compensation Income	
6C Zip Code		REGULAR	
6D Foreign Address		29 Basic Salary	
6E Zip Code		30 Representation	
7 Date of Birth (MM/DD/YYYY)		31 Transportation	
8 Telephone Number		32 Cost of Living Allowance	
9 Exemption Status		33 Fixed Housing Allowance	
10 Single		34 Others (Specify)	
11 Head of the Family		34A	
12 Married		34B	
9A Is the wife claiming the additional exemption for qualified dependent children?		SUPPLEMENTARY	
10 Name of Qualified Dependent Children		35 Commission	
11 Date of Birth (MM/DD/YYYY)		36 Profit Sharing	
12 Other Dependent (to be accomplished if taxpayer is head of the family)		37 Fees Including Director's Fees	
Name of Dependent		38 Taxable 13th Month Pay and Other Benefits	
Relationship		39 Hazard Pay	
Date of Birth (MM/DD/YYYY)		40 Others (Specify)	
13 Taxpayer Identification No.		40A	
14 Employer's Name		40B	
15 Registered Address		41 Total Taxable Compensation Income	
15A Zip code		Summary	
16 main employer		42 Taxable Compensation Income from Present Employer	
17 secondary employer		43 Add: Taxable Compensation from Previous Employer (s)	
Part III Employer Information (Previous)-1		44 Gross Taxable Compensation Income	
16 Taxpayer Identification No.		45 Less: Total Exemptions	
17 Employer's Name		46 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	
18 Registered Address		47 Taxable Compensation Income	
18A Zip code		48 Tax Due	
Employer Information (Previous)-2		49 Amount of Taxes Withheld	
19 Taxpayer Identification No.		49A Present Employer	
20 Employer's Name		49B Previous Employer(s)	
21 Registered Address		50 Total Amount of Taxes Withheld	
21A Zip code			
Employer Information (Previous)-3			
22 Taxpayer Identification No.			
23 Employer's Name			
24 Registered Address			
24A Zip code			
I 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.			
51 Present Employer/ Authorized Agent Signature Over Printed Name		Date Signed	
52 CTC No.		Date Signed	
Employee Signature Over Printed Name		Date of Issue	
of Employee		Amount Paid	
Place 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 have been filed with the Bureau of Internal Revenue.		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 3-2002, as amended.	
53 Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)		54 Employee Signature Over Printed Name	