(To be filled	I up by the BIR)				PSC	DC:	► PSIC:
Eill in all a	Republika ng Pi Kagawaran ng F Kawanihan ng F	Pananalapi Rentas Internas	Annual In of Income Compensation an	Taxes V	Vithhel	d on	BIR Form No. 1604-CF July 2008 (ENCS)
1 For the	Year		ended Return?		3	No of Sheets Atta	ached
(YYYY) Part I			► ► Ye Background Inf	ormation			
4 TIN ▶			5 RDO Code	e 6	Line of Bus Occupation		
7 Withhol	lding Agent's Nam	e (Last Name, First Nam	ne, Middle Name for Individual	s)/(Registered Nar	me for Non-Ind	dividuals)	8 Telephone No.
● 9 Registe	ered Address						10 Zip Code
			year-end adjustment on co			s, specify	
12 Total A	mount of Overrem		13 Month	of First Creditin		date of refund 14 Category of W	
Part II	thheld under Com		Summary			ces	ivate Government
Schedule 1		NAME OF BANK/BANK CODE/	Remittance p			N o. 1601-C	TOTAL AMOUNT
MONTH JAN	REMITTANCE	ROR NO., IF ANY	TAXES WITHHELD	ADJUSTME	ENT	PENALTIES	REMITTED
FEB							
MAR APR							
MAY JUN							
JUL							
AUG SEP							
OCT NOV							
DEC							
TOTAL Schedule 2	2		Remittance p	per BIR	Form	N o. 1601-F	
MONTH	DATE OF	NAME OF BANK/BANK CODE	TAXES		PENAL		
JAN	REMITTANCE	ROR NO., IF ANY	WITHHEL	D	T ENVIL	11123	REMITTED
FEB MAR							
APR							
MAY JUN							
JUL AUG							
SEP							
OCT NOV							
DEC TOTAL							
Schedule 3				per BIR	Form	N o. 1602	
MONTH JAN	DATE OF REMITTANCE	NAME OF BANK/BANK CODE/ ROR NO., IF ANY	TAXES WITHHEL	D	PEN	ALTIES	TOTAL AMOUNT REMITTED
FEB MAR							
APR MAY							
JUN							
JUL AUG	┟──┤						
SEP OCT							
NOV							
DEC TOTAL							
Schedule 4	DATE OF	NAME OF BANK/BANK CODE/	Remittance TAXES	per BIR	Form	N O. 1603	TOTAL AMOUNT
QUARTER	REMITTANCE	ROR NO., IF ANY	WITHHEI	_D	PEN	ALTIES	REMITTED
2ND QTR 3RD QTR							
4TH QTR TOTAL							
knowledge ar		correct, pursuant to the provi	ation has been made in good since the second signal signs of the National Internal I	-			Stamp of Receiving Office and Date of Receipt
15	Author	dent/Principal Officer/Accredi ized Representative/Taxpaye nature Over Printed Name)	0	Treasurer/Ass (Signature Ove		-	
Ti	itle/Position of Signa	tory TIN	of Signatory		on of Signatory	/	
Tax Age	nt Acc. No./Atty's Ro	II No. (if applicable) Date of Issual	nce Date of Expiry	TIN of	Signatory		

						(5			NCS) - PAGE 2		
Part							from whom Taxes				
SEQ NO.		NAME O (Last Name Middle Name	F PAYEES e, First Name, e for Individuals,	ADDRESS OF PAYEES	* STATUS (As to Resid Nationality)	ATC	NATURE OF INCOME PAYMENT (Refer to BIR Form No. 1601-F)	Δ	R Form No. 2306) MOUNT OF INCOME PAYMENT	RATE OF TAX	AMOUNT OF TAX WITHHELD (Not Creditable)
(1)	(2)	complete name f	or Non - Individual: (3)	s) (4)	(5)	(6)	(7)		(8)	(9)	(10)
(1)	(2)		(5)	(+)	(3)		(7)	Р	(0)		P
											·
		-									
- 1							I				
Tota	1										P
Sch	edule 6										
SE SE NC	Q D.	TIN	NAM Last Name	IE OF EMPLO First Name	YEES Middle Na	AT me	C AMOUNT FRINGE BEN	OF	GROSSED MONETA VALUE	- UP RY	d Under BIR Form No. 230 AMOUNT OF TAX WITHHELD (NOT CREDITABLE)
SE	Q D.		NAM	IE OF EMPLO	YEES	AT	C AMOUNT FRINGE BEN	OF	GROSSED MONETA	- UP RY	AMOUNT OF TAX WITHHELD
SE SE NC	Q D.	TIN	NAM Last Name	IE OF EMPLO First Name	YEES Middle Na	AT	C AMOUNT FRINGE BEN) (5)	OF	GROSSED MONETA VALUE (6)	- UP RY	AMOUNT OF TAX WITHHELD (NOT CREDITABLE) (7)
SE SE NC	Q D.	TIN	NAM Last Name	IE OF EMPLO First Name	YEES Middle Na	AT	C AMOUNT FRINGE BEN) (5)	OF	GROSSED MONETA VALUE (6)	- UP RY	AMOUNT OF TAX WITHHELD (NOT CREDITABLE) (7)
SE SE NC	Q D.	TIN	NAM Last Name	IE OF EMPLO First Name	YEES Middle Na	AT	C AMOUNT FRINGE BEN) (5)	OF	GROSSED MONETA VALUE (6)	- UP RY	AMOUNT OF TAX WITHHELD (NOT CREDITABLE) (7)
SE SE NC	Q D.	TIN	NAM Last Name	IE OF EMPLO First Name	YEES Middle Na	AT	C AMOUNT FRINGE BEN) (5)	OF	GROSSED MONETA VALUE (6)	- UP RY	AMOUNT OF TAX WITHHELD (NOT CREDITABLE) (7)
SE SE NC	Q D.	TIN	NAM Last Name	IE OF EMPLO First Name	YEES Middle Na	AT	C AMOUNT FRINGE BEN) (5)	OF	GROSSED MONETA VALUE (6)	- UP RY	AMOUNT OF TAX WITHHELD (NOT CREDITABLE) (7)
SE SE NC	Q D.	TIN	NAM Last Name	IE OF EMPLO First Name	YEES Middle Na	AT	C AMOUNT FRINGE BEN) (5)	OF	GROSSED MONETA VALUE (6)	- UP RY	AMOUNT OF TAX WITHHELD (NOT CREDITABLE) (7)
SE SE NC	Q D.	TIN	NAM Last Name	IE OF EMPLO First Name	YEES Middle Na	AT	C AMOUNT FRINGE BEN) (5)	OF	GROSSED MONETA VALUE (6)	- UP RY	AMOUNT OF TAX WITHHELD (NOT CREDITABLE) (7)
SE SE NC	Q D.	TIN	NAM Last Name	IE OF EMPLO First Name	YEES Middle Na	AT	C AMOUNT FRINGE BEN) (5)	OF	GROSSED MONETA VALUE (6)	- UP RY	AMOUNT OF TAX WITHHELD (NOT CREDITABLE) (7)
SE SE NC	Q D.	TIN	NAM Last Name	IE OF EMPLO First Name	YEES Middle Na	AT	C AMOUNT FRINGE BEN) (5)	OF	GROSSED MONETA VALUE (6)	- UP RY	AMOUNT OF TAX WITHHELD (NOT CREDITABLE) (7)
SE SE NC	Q D.	TIN	NAM Last Name	IE OF EMPLO First Name	YEES Middle Na	AT	C AMOUNT FRINGE BEN) (5)	OF	GROSSED MONETA VALUE (6)	- UP RY	AMOUNT OF TAX WITHHELD (NOT CREDITABLE) (7)
SE SE NC	Q D.	TIN	NAM Last Name	IE OF EMPLO First Name	YEES Middle Na	AT	C AMOUNT FRINGE BEN) (5)	OF	GROSSED MONETA VALUE (6)	- UP RY	AMOUNT OF TAX WITHHELD (NOT CREDITABLE) (7)
SE SE NC	Q D.	TIN	NAM Last Name	IE OF EMPLO First Name	YEES Middle Na	AT	C AMOUNT FRINGE BEN) (5)	OF	GROSSED MONETA VALUE (6)	- UP RY	AMOUNT OF TAX WITHHELD (NOT CREDITABLE) (7)
SE SE NC	Q D.	TIN	NAM Last Name	IE OF EMPLO First Name	YEES Middle Na	AT	C AMOUNT FRINGE BEN) (5)	OF	GROSSED MONETA VALUE (6)	- UP RY	AMOUNT OF TAX WITHHELD (NOT CREDITABLE) (7)
SE SE NC	Q D.	TIN	NAM Last Name	IE OF EMPLO First Name	YEES Middle Na	AT	C AMOUNT FRINGE BEN) (5)	OF	GROSSED MONETA VALUE (6)	- UP RY	AMOUNT OF TAX WITHHELD (NOT CREDITABLE) (7)
SE SE NC	Q D.	TIN	NAM Last Name	IE OF EMPLO First Name	YEES Middle Na	AT	C AMOUNT FRINGE BEN) (5)	OF	GROSSED MONETA VALUE (6)	- UP RY	AMOUNT OF TAX WITHHELD (NOT CREDITABLE) (7)
SE SE NC	Q D.	TIN	NAM Last Name	IE OF EMPLO First Name	YEES Middle Na	AT	C AMOUNT FRINGE BEN) (5)	OF	GROSSED MONETA VALUE (6)	- UP RY	AMOUNT OF TAX WITHHELD (NOT CREDITABLE) (7)
SE SE NC		TIN	NAM Last Name	IE OF EMPLO First Name	YEES Middle Na	AT	C AMOUNT FRINGE BEN) (5)	OF	GROSSED MONETA VALUE (6)	- UP RY	AMOUNT OF TAX WITHHELD (NOT CREDITABLE) (7)

 A - Citizens of the Philippines
 B - Resident Alien Individuals
 C - Non-Resident Alien Engaged in Business
 D - Non-Resident Alien not Engaged in Business

 E - Domestic Corporation
 F - Resident Foreign Corp.
 G - Non-Resident Foreign Corp.
 D - Non-Resident Alien not Engaged in Business

 H - Alien employees of oil exploration service contractors and subcontractors, offshore banking units and regional or area headquarters of multinational corporations

ALPHABETICAL LIST OF EMPLOYEES/PAYEES FROM WHOM TAXES WERE WITHHELD (FORMAT ONLY)

		5 for Minimum Wage	Earner)									orted Under DID	Correction and	224 ()					
Schedu	le 7.1					(Use the s				prepare a separate colun					ovment.				
						The annualiz	ed method	d should have b	been appl	ed in computing the tax d	lue from the em	ployee upon te	erminatio	on of the employment	contract.)				
SEQ	le 7.2 TIN	NAME OF EM	APLOYEES		OF EMPLOYEES W	HOSE COMPE	NSATION IN	COME ARE EXEN	GROSS C	WITHHOLDING TAX BUT SUB OMPENSATION INCOME	SJECT TO INCOME	TAX (Reporte	ed Under E	BIR Form No. 2316) (App	icable from Janu	arv 1 to Julv 5. 2)08)	Ne	+ 1
NO		Last First	Middle	Gross				NON - TAXABLE				Taxable/Exempt		TAXABLE		EXEMPTION		Paid Taxa	
		Name Name	Name	Compensation Income	13th Month Pay & Other Benefits	De Minimis Benefits	SSS,G Contrib	SIS,PHIC, & Pag - outions, and Union	- ibig Dues	Salaries & Other Forms of Compensation	Compe		Basic Salary	Salaries & Other Forms of Compensation	Code	Amount	on Health a Hosp		
(1)	(2)	(3a) (3b)	(3c)	4(a)	4(b)	4(c)	oonano	4(d)	5400	4(e)	4		4(g)	4(h)	(5a)	(5b)	Insuran	ce (6) (7)	
											-								
			TOTALS	Р	Р	Р	Р		F)	Р		Р	P		Р	Р	P	Р
Schedu	le 7.3					ALPHA	LIST OF EM	IPLOYEES AS OF	F DECEMBI	ER 31 WITH NO PREVIOUS EM	PLOYER WITHIN	THE YEAR (Re	eported Un	nder BIR Form No.2316)	•				
SEQ	TIN	NAME OF EN		Grane	1				NON - TAXA		(4) GROSS	COMPENSATIO	N INCOME			TAXA			
NO		Last First Name Name	Middle Name	Gross Compensation	13th Month Pav	De Minimis	SSS,G	SIS,PHIC, & Pag		Salaries & Other Forms	Total Non-Ta:	xable/Exempt	Basic	13th Month	Pay		s & Other Forms		Total Taxable
(1)	(0)	(3a) (3b)	Income & Other Benefits		her Benefits Benefits Contributions, and Union Dues		of Compensation 4(e)	Compensat	tion Income	n Income Salary & Other Bene 4(g) 4(h)		nefits	of C	ompensation	ppensation Compensatior 4(i) 4(j)				
(1)	(2)	(38) (30)	(30)	4(a)	4(D)	4(C)		4(u)		4(6)	4	(1)	4(g)	4(1)			4(1)		40)
			TOTALS	Р	Р	Р	Р		ŀ)	Р		Р	Р		Р		Р	
Schedu	le 7.3 (co	ntinuation) Premium	Paid on	Net	1 T/	AX DUE	/	TAX WITHHE	MPLOYEES	AS OF DECEMBER 31 WITH	YEAR - END AL	<u>MPLOYER WITHI</u> DUUSTMENT (10a	N THE YE	AR		AMOUNT	DE TAX	-	Substituted
EXEM	IPTION	Health a	and/or	Taxable		NDEC.)		(JAN NOV	/.)	AMOUNT	T WITHHELD			OVER WITHHELD TAX		WITH	ELD		Filing?
Code	Amount	Hospital Ir	isurance	Compensation Income							PAID FOR CEMBER			REFUNDED TO EMPLOYEE	(10	AS ADJU be reflected in B		6)	Yes/No
(5a)	(5b)	(6)	(7)		(8)		(9)			= (8) - (9)			(10b)=(9) - (8)	(1	(11)=(9+10a)		<i>.</i>	(12)
I	<u> </u>			+															
	P	P		Р	Р		P		F				P		P				
Schedu	le 7.4					ALPH	ALIST OF EN	MPLOYEES AS O	OF DECEME	ER 31 WITH PREVIOUS EMPL	OYER/S WITHIN 1	THE YEAR (Rep	ported Und	der BIR Form No. 2316)					
SEQ NO	TIN	NAME OF EM	MPLOYEES	Gross						PREVIOUS EMPLOY	GROSS CO	OMPENSATION IN	NCOME					PRESENT EMPLOYER	
NO		Last First	Middle	Compensation			NON - TAXA					_	TAXA					NON - TAXABLE	
		Name Name	Name	Income	13th Month Pay & Other	De Minimis Benefits		GSIS,PHIC & g Contributions,		Forms Total Non-Taxable	Basic Salary	13th Month & Other		Salaries & Other Forms	Total Taxable (Previous Employer	13th Month D Pay & Other Mini			
					Benefits			Union Dues	Of Comp	ensation (Previous)		Benefit		of Compensation	(Benefits Ben	efits and Unior	Dues of Compe	nsation (Present)
(1)	(2)	(3a) (3b)	(3c)	(4a)	(4b)	(4c)		(4d)	(4	e) (4f)	(4q)	(4h)		(4i)	(4j= 4g+4h+4i)	(4k) (4	l) (4m) (4n) (40)
			TOTALS	P P		Р	Р		Р	Р	Ρ	Ρ		Ρ	Р	P P	P	P	P
Schedu	le 7.4 (co						CEMBER 31			R/S WITHIN THE YEAR									
Schedu		PRESENT EMPLOYER	1	Total	Total Ta	xable		Premium	n Paid on	Net TAX	1		ITHHELD - NOV.)			END ADJUSTME		TAX	AMOUNT OF TAX WITHHELD
Basic	13th Mo	PRESENT EMPLOYER TAXABLE onth Pay S	alaries &			xable Present	EXEMPT	ION Health Hos	n Paid on and/or pital	Net TAX Taxable DUE Compen- (JAN	PREV	(JAN. VIOUS	ITHHELD - NOV.)	PRESENT	AMOUNT W & PAID F	//HELD C	VER WITHHEL	0	WITHHELD AS ADJUSTED
		PRESENT EMPLOYER TAXABLE onth Pay S other Ot		Total Compensation	Total Ta (Previous &	xable Present	EXEMPT	ION Premium	n Paid on and/or pital	Net TAX Taxable DUE	EMPL	(JAN. VIOUS OYER		EMPLOYER	AMOUNT W & PAID F IN DECEN	//HELD C FOR //BER	VER WITHHELI REFUNDED T EMPLOYEE	O (To be re issued	WITHHELD
Basic	13th Mo & C Ben	PRESENT EMPLOYER TAXABLE onth Pay S other Ot	alaries & her Forms	Total Compensation	Total Ta (Previous & Employe	xable Present ers)	EXEMPT Code Ar	ION Premium Health Hosp Insura	n Paid on and/or pital rance	Net TAX Taxable DUE Compen- (JAN sation DEC.)	EMPL	(JAN. VIOUS		PRESENT EMPLOYER (9b)	AMOUNT W & PAID F	//HELD C FOR //BER	VER WITHHEL	O (To be re issued	WITHHELD AS ADJUSTED flected in BIR Form No. 2316
Basic	13th Mo & C Ben	PRESENT EMPLOYER TAXABLE onth Pay S other Ot efits of Co	alaries & her Forms ompensation	Total Compensation Present	Total Ta (Previous & Employe	xable Present ers)	EXEMPT Code Ar	ION Premium Health Hosp Insura	n Paid on and/or pital rance	Net TAX Taxable DUE Compen- (JAN sation DEC.) Income	EMPL	(JAN. VIOUS OYER		EMPLOYER	AMOUNT W & PAID F IN DECEN	//HELD C FOR //BER	VER WITHHELI REFUNDED T EMPLOYEE	O (To be re issued	WITHHELD AS ADJUSTED flected in BIR Form No. 2316 I by the present employer)
Basic	13th Mo & C Ben	PRESENT EMPLOYER TAXABLE onth Pay S other Ot efits of Co	alaries & her Forms ompensation	Total Compensation Present	Total Ta (Previous & Employe	xable Present ers)	EXEMPT Code Ar	ION Premium Health Hosp Insura	n Paid on and/or pital rance	Net TAX Taxable DUE Compen- (JAN sation DEC.) Income	EMPL	(JAN. VIOUS OYER		EMPLOYER	AMOUNT W & PAID F IN DECEN	//HELD C FOR //BER	VER WITHHELI REFUNDED T EMPLOYEE	O (To be re issued	WITHHELD AS ADJUSTED flected in BIR Form No. 2316 I by the present employer)
Basic	13th Mo & C Ben (4	PRESENT EMPLOYER TAXABLE onth Pay S other Ot efits of Co	alaries & her Forms ompensation	Total Compensation Present	Total Ta (Previous & Employe	xable Present ers)	EXEMPT Code Ar	ION Health Hosy mount (5b) (6	n Paid on and/or pital rance 6)	Net TAX Taxable DUE Compen- (JAN sation DEC.) Income	EMPL (9 P (Reported Under	(JAN. /IOUS OYER a) BIR Form No. 23	- NOV.) P 16)	EMPLOYER (9b)	AMOUNT W & PAID F IN DECEN	//HELD C FOR //BER	VER WITHHELI REFUNDED T EMPLOYEE	O (To be re issued	WITHHELD AS ADJUSTED flected in BIR Form No. 2316 I by the present employer)
Basic Salary (4p) P Schedu SEQ	13th Mo & C Ben (4	PRESENT EMPLOYER TAXABLE onth Pay S other Ot efits of Co	alaries & her Forms mpensation (4r)	Total Compensation Present (4s = 4p+4q+4r) P	Total Ta (Previous & Employe	xable Present ers)	EXEMPT Code Ar	ION Health Hosy mount (5b) (6	n Paid on and/or pital rance 6)	Net TAX Taxable DUE Compen- (JAN - sation DEC.) (7) (8) P P	EMPL (9 P (Reported Under	(JAN. /IOUS OYER a) BIR Form No. 23 BUSS CUMPEN	- NOV.) P 16)	EMPLOYER (9b)	AMOUNT W & PAID F IN DECEN	//HELD C FOR //BER	VER WITHHELI REFUNDED T EMPLOYEE	O (To be re issued	WITHHELD AS ADJUSTED flected in BIR Form No. 2316 I by the present employer)
Basic Salary (4 _D) P Schedu	13th Mo & C Ben (4	PRESENT EMPLOYER TAXABLE onth Pay S ther Ot efits of Cc Iq) P NAME OF EN Last First	alaries & her Forms ompensation (4r) MPLOYEES Middle	Total Compensation Present (4s = 4p+4q+4r) P P Region No. Where	Total Ta (Previous & Employ (4t = 4j-	xable Present ers) + 4s)	EXEMPT Code Ar	ION Health Hosy mount (5b) (6	n Paid on and/or pital ance 6) F HALIST OF	Net TAX Taxable DUE Compen- (JAN - sation DEC.) (7) (8) P MINIMUM WAGE EARNERS	EMPL (9 P (Reported Under XABLE	(JAN. (IOUS OYER a) BIR Form No. 23 BIR Form No. 24 BIR Form No. 24	- NOV.) P 16) SATION IN EMPLOYER	EMPLOYER (9b) ICOME R	AMOUNT W & PAID F IN DECEN (10a)=(8)-(5	//HELD (OR //HER	VER WITHHEL REFUNDED T EMPLOYEE (10b)=(9a+9b)-	O (To be re issued (8) (11 P TAXABLE	WITHHELD AS ADJUSTED flected in BIR Form No. 2316 by the present employer))=(9b+10a) or (9b-10b)
Basic Salary (4p) P Schedu SEQ	13th Mo & C Ben (4	PRESENT EMPLOYER TAXABLE onth Pay S ther Ot lefits of Cc g) P P	alaries & her Forms ompensation (4r) MPLOYEES	Total Compensation Present (4s = 4p+4q+4r)	Total Ta (Previous & Employ (4t = 4j-	xable Present ers) + 4s) Basic/	EXEMPT Code Ar (5a) P Holiday Ov	ION mount (5b) P ALPP vertime Night	Paid on and/or pital rance 6) F HALIST OF	Net TAX Taxable DUE Compen- (JAN - sation DEC.) (7) (8) P P MINIMUM WAGE EARNERS	EMPL (9 P (Reported Under C XABLE De Minimis	(JAN. OYER a) BIR Form No. 23 PREVIOUS E PREVIOUS E SSS,GSIS,P	- NOV.) P P 16) SATION IN EMPLOYER	EMPLOYER (9b) COME R Salaries & Other	AMOUNT W & PAID F IN DECEN (10a)=(8)-(9	//HELD (FOR //BER //B	VER WITHHELD REFUNDED T EMPLOYEE (10b)=(9a+9b)-	O (To be re issuec (8) (11 P TAXABLE Salaries &	WITHHELD AS ADJUSTED flected in BIR Form No. 2316 by the present employer) =(9b+10a) or (9b-10b)
Basic Salary (4p) P Schedu SEQ	13th Mo & C Ben (4	PRESENT EMPLOYER TAXABLE onth Pay S ther Ot lefits of C iq) P NAME OF EM Last First Name Name	alaries & her Forms mpensation (4r) MPLOYEES Middle Name	Total Compensation Present (4s = 4p+4q+4r) P P Region No. Where Assigned	Total Ta (Previous & Employ (4t = 4j-	xable Present ers) + 4s) Basic/ SMW	EXEMPT Code Ar (5a) P Holiday Ov Pay	ION Premium Health Hosy Insur- (5b) (6 P P ALPH Pay Differentia	Paid on and/or pital rance 6) FALLIST OF HALIST OF HAZard Pay	Net TAX Taxable DUE Compen- sation DEC.) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (7) (7) (8) (7)	EMPL (9 P (Reported Under C XABLE De Minimis Benefits	(JAN. IOUS OYER a) BIR Form No. 23 SROSS COMPENS PREVIOUS E SSS,GSIS,P Pag - ibig Contu and Union I	- NOV.) P 16) SATION IN EMPLOYEF PHIC & rributions,	EMPLOYER (9b) COME R Salaries & Other Forms of Compensation	AMOUNT W & PAID F IN DECEN (10a)=(8)-(9 (10a)=(8)-(9 (10a)=(8)-(9 P	//HELD (FOR MBER) Ja+9b) P I Non- 13t P/Exempt ensation	VER WITHHEL REFUNDED T EMPLOYEE (10b)=(9a+9b)- (10b)=(10b)=(10b)-(10b	O (To be re issued (8) (11 P IAXABLE Salaries & Other Forms of Compensatio	WITHHELD AS ADJUSTED flected in BIR Form No. 2316 by the present employer) =(9b+10a) or (9b-10b) Total Taxable (Previous Employer)
Basic Salary (4p) P Schedu SEQ	13th Mo & C Ben (4	PRESENT EMPLOYER TAXABLE onth Pay S ther Ot efits of Cc Iq) P NAME OF EN Last First	alaries & her Forms ompensation (4r) MPLOYEES Middle	Total Compensation Present (4s = 4p+4q+4r) P P Region No. Where	Total Ta (Previous & Employ (4t = 4j-	xable Present ers) + 4s) Basic/	EXEMPT Code Ar (5a) P Holiday Ov Pay	ION Premium Health Hosy Insur (6) P ALPH Pay Shift	Paid on and/or pital rance 6) F HALIST OF	Net TAX Taxable DUE Compen- sation (JAN DEC.) (Income (Income (7) (8) (8) (Income (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (8) (100) (9) P MINIMUM WAGE EARNERS NON - TA 13th Month Pay & Other	EMPL (9 P (Reported Under C XABLE De Minimis	(JAN. OVER a) BIR Form No. 23 SROSS COMPENS PREVIOUS PREVIOUS Pag - ibig Cont	- NOV.) P 16) SATION IN EMPLOYEF PHIC & rributions,	EMPLOYER (9b) COME R Salaries & Other Forms of	AMOUNT W & PAID F IN DECEN (10a)=(8)-(9 (10a)=(8)-(9 (10a)=(8)-(9 P	//HELD (FOR MBER 2(a+9b) P P	VER WITHHEL REFUNDED T EMPLOYEE (10b)=(9a+9b)-	O (To be re issuec (8) (11 P TAXABLE Salaries & Other Forms	WITHHELD AS ADJUSTED flected in BIR Form No. 2316 by the present employer))=(9b+10a) or (9b-10b)
Basic Salary (4p) P Schedu SEQ	13th Mo & C Ben (4	PRESENT EMPLOYER TAXABLE onth Pay S ther Ot lefits of C iq) P NAME OF EM Last First Name Name	alaries & her Forms mpensation (4r) MPLOYEES Middle Name	Total Compensation Present (4s = 4p+4q+4r) P Region No. Where Assigned (4)	Total Ta (Previous & Employ. (4t = 4j- (4t = 4j-))))))))))))))))))))))))))))))))))))	xable Present ers) + 4s) Basic/ SMW	EXEMPT Code Ar (5a) P Holiday Ov Pay	ION Premium Health Hosy Insur- (5b) (6 P P ALPH Pay Differentia	Paid on and/or pital rance 6) FALLIST OF HALIST OF HAZard Pay	Net TAX Taxable DUE Compen- sation DEC.) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (7) (7) (8) (7)	EMPL (9 P (Reported Under C XABLE De Minimis Benefits	(JAN. IOUS OYER a) BIR Form No. 23 SROSS COMPENS PREVIOUS E SSS,GSIS,P Pag - ibig Contu and Union I	- NOV.) P 16) SATION IN EMPLOYEF PHIC & rributions,	EMPLOYER (9b) COME R Salaries & Other Forms of Compensation	AMOUNT W & PAID F IN DECEN (10a)=(8)-(9 (10a)=(8)-(9 (10a)=(8)-(9 P	//HELD (FOR MBER) Ja+9b) P I Non- 13t P/Exempt ensation	VER WITHHEL REFUNDED T EMPLOYEE (10b)=(9a+9b)- (10b)=(10b)=(10b)-(10b	O (To be re issued (8) (11 P IAXABLE Salaries & Other Forms of Compensatio	WITHHELD AS ADJUSTED flected in BIR Form No. 2316 by the present employer) =(9b+10a) or (9b-10b) Total Taxable (Previous Employer)
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Who Shall File

This return shall be filed in triplicate by every employer or withholding agent/payor who is either an individual, estate, trust, partnership, corporation, government agency and instrumentality, government-owned and controlled corporation, local government unit and other juridical entity required to deduct and withhold taxes on compensation paid to employees and on other income payments subject to Final Withholding Taxes. The tax rates for and nature of income payments subject to withholding tax on compensation and final withholding taxes are BIR Form 1601-C and 1601F, printed in respectively.

If the payor is the Government of the Philippines or any political subdivision or agency/instrumentality thereof, or governmentowned and controlled corporation, the return shall be made by the officer or employee having control of the payments or by any designated officer or employee.

If the person required to withhold and pay the tax is a corporation, the return shall be made in the name of the corporation and shall be signed and verified by the president, vice president or authorized officer and shall be countersigned by the treasurer or assistant treasurer.

With respect to fiduciary, the return shall be made in the name of the individual, estate or trust for which such fiduciary acts, and shall be signed and verified by such fiduciary. In case of two or more fiduciaries, the return shall be signed and verified by one of such fiduciaries.

When and Where to File

The return shall be filed on or before January 31 of the year following the calendar year in which the compensation payment and other income payments subjected to final withholding taxes were paid or accrued.

The return shall be filed with the Revenue Collection Officer or duly authorized City/Municipal Treasurer of the Revenue District Office having jurisdiction over the withholding agent's place of business/office.

A taxpayer may file a separate return for the head office and for each branch or place of business/office or a consolidated return for the head office and all the branches/offices except in the case of large taxpayers where only one consolidated return is required.

Penalty for failure to file information returns

In the case of each failure to file an information return, statement or list, or keep any record, or supply any information required by the Code or by the Commissioner on the date prescribed therefor, unless it is shown that such failure is due to reasonable cause and not to willful neglect, there shall, upon notice and demand by the Commissioner, be paid by the person failing to file, keep or supply the same, One thousand pesos (P 1,000.00) for each such failure: Provided, however, that the aggregate amount imposed for all such failures during a calendar year shall not exceed Twenty five thousand pesos (P 25,000.00).

Attachments Required

- 1. Alphalist of Employees as of December 31 with No Previous Employer within the Year.
- 2. Alphalist of Employees as of December 31 with Previous Employer/s within the Year.
- 3. Alphalist of Employees Terminated before December 31.
- 4. Alphalist of Employees Whose Compensation Income Are Exempt from Withholding Tax but Subject to Income Tax.
- 5. Alphalist of Employees other than Rank & File Who Were Given Fringe Benefits During the year.
- 6. Alphalist of Payees Subjected to Final Withholding Tax.
- 7. Alphalist of Minimum Wage Earners.

Note: All background information must be properly filled up.

- All returns filed by an accredited tax agent on behalf of a taxpayer shall bear the following information:
 - A. For CPAs and others (individual practitioners and members of GPPs);
 - a.1 Taxpayer Identification Number (TIN); and
 - a.2 Certificate of Accreditation Number, Date of Issuance, and Date of Expiry.
 - B. For members of the Philippine Bar (individual practitioners, members of GPPs); b.1 Taxpayer Identification Number (TIN); and

b.2 Attorney's Roll Number or Accreditation Number, if any

- The last 4 digits of the 13-digit TIN refer to the branch code.
- Box No. 1 refers to transaction period and not the date of filing this return.
- TIN= Taxpayer Identification Number.
- The ATC in the Alphabetical List of Payees/Employees shall be taken from BIR Form Nos. 2316 and 2306.
- Employees earning an annual compensation income of not exceeding P 60,000 from one employer who did not opt to be subjected to withholding tax on compensation shall be reported under Schedule 7.2 (Alphalist of Employees Whose Compensation Income are Exempt from Withholding Tax But Subject to Income Tax). (Applicable from January 1 to July 5, 2008)