

BIR Form No.
2316
January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld



Deriquito, Rosendo Caesar Reillo Imployee Signature over Printed Name

For Companyation Payment With at Without Tax Withhold

Fill in all applicable spaces. Mark all appropriate boxe	s with an "X".		
1 For the Year 2 0 2 1		2 For the Period 1 1 2 2 Tag (14/08)	1 2 3 1
(YYYY) Part I - Employee Informa	ation	From (MM/DD) To (N Part IV-B Details of Compensation Income & Tax Wi	ithheld from Present Employer
3 TIN 1 0 0 - 7 0 1 - 4 0		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
4 Employee's Name (Last Name, First Name, Middle Nar Deriquito, Rosendo Caesar Reillo	ne) 5 RDO Code	27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	0.00
6 Registered Address 6A ZIP Code		28 Holiday Pay (MWE)	0.00
c/o Accenture Inc.	1 5 5 4	29 Overtime Pay (MWE)	0.00
6B Local Home Address 6C ZIP Code 7th Floor Robinsons Cybergate 1 Pioneer Street, Mandaluyong Citv. Metro Manila		30 Night Shift Differential (MWE)	0.00
6D Foreign Address		31 Hazard Pay (MWE)	0.00
7 Date of Birth (MM/DD/YYYY) 8 Contact Number		32 13th Month Pay and Other Benefits (maximum of P90,000)	23,483.00
0 4 1 5 1 9 6 9		33 De Minimis Benefits	4,716.67
9 Statutory Minimum Wage rate per day 00.00		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (<i>Employee share only</i>)	2,125.00
10 Statutory Minimum Wage rate per month 00.00		35 Salaries and Other Forms of Compensation	0.00
Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax Part II - Employer Information (Present)		36 Total Non-Taxable/Exempt Compensation	30,324.67
12 TIN		Income (Sum of Items 27 to 35) B. TAXABLE COMPENSATION INCOME REGULAR	
13 Employer's Name		37 Basic Salary	267,179.55
ACCENTURE, INC.	111 770 0	38 Representation	0.00
14 Registered Address 7th Floor Robinsons Cybergate 1 Pioneer Street, Mandaluyong Citv. Metro Manila 14A ZIP Code 1 1 5 5 4		39 Transportation	0.00
15 Type of Employer X Main Employer Secondary Employer		40 Cost of Living Allowance (COLA)	0.00
Part III - Employer Information (Previous) 16 TIN		, ,	
41		41 Fixed Housing Allowance42 Others (specify)	0.00
17 Employer's Name		42A Other Income	0.00
18 Registered Address	18A ZIP Code	42B Other Income	0.00
SUPP		SUPPLEMENTARY	
Part IVA - Summary 19 Gross Compensation Income from Present	246 224 40	43 Commission	0.00
Employer (Sum of Items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation	316,231.49	44 Profit Sharing	0.00
Income from Present Employer (From Item 36) 21 Taxable Compensation Income from Present	30,324.67	45 Fees Including Director's Fees	0.00
Employer (Item 19 Less Item 20) (From Item 50)	285,906.82	46 Taxable 13th Month Benefits	0.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	47 Hazard Pay	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	285,906.82	48 Overtime Pay	0.00
24 Tax Due	7,181.36	49 Others (specify)	0.00
25 Amount of Taxes Withheld 25A Present Employer	7,181.36	49A Other Income	18,727.27
25B Previous Employer, if applicable	0.00	49B Other Income	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	7,181.36	50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	285,906.82
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 correct, 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 processing of my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.			
51 Jennifer & Agcaoili Present Employer/Authorized Agent Signa	Date Signed 0 1 3 1 2	0 2 2	
CONFORME: 52 Deriquito, Rosendo Caesa	Date Signed		
Employee Signature over Pri	nted Name	·	Amount paid, if CTC
CTC/Valid ID No. of Employee	Place of Issue	Date Signed	
To be accomplished under substituted filing I declare, under the penalties of perjury that the information herein stated are I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return			
reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.		(BIR Form No. 1700), since I received purely compensation income fro for the calendar year; that taxes have been correctly withheld by my er the BIR Form No. 1604-C filed by my employer to the BIR shall constit Form No. 2316 shall serve the same purpose as if BIR Form No. 1700	om only one employer in the Philippines mployer (tax due equals tax withheld); that rute as my income tax return; and that BIR
		of Revenue Regulations (RR) No. 3-2002, as amended.	The provided the provided to

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)

Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)