




BIR Form No. 2316 September 2021(ENCS)		Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld		 2316 9/21ENCS	
Fill in all applicable spaces. Mark all appropriate boxes with an "X".					
1 For the Year (YYYY) 2022		2 For the Period From (MM/DD) 01/01 To (MM/DD) 08/31			
Part I - Employee Information			Part IV-B Details of Compensation Income & Tax Withheld from Present Employer		
3 TIN			A. NON-TAXABLE/EXEMPT COMPENSATION INCOME		
4 Employee's Name (Last Name, First Name, Middle Name) Last Name10, First Name10 Middle Name10			Amount		
5 RDO Code			29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) 0.00		
6 Registered Address			30 Holiday Pay (MWE) 0.00		
6A ZIP Code			31 Overtime Pay (MWE) 0.00		
6B Local Home Address			32 Night Shift Differential (MWE) 0.00		
6C ZIP Code			33 Hazard Pay (MWE) 0.00		
6D Foreign Address			34 13th Month Pay and Other Benefits (maximum of P90,000) 16,516.63		
7 Date of Birth (MM/DD/YYYY)			35 De Minimis Benefits 6,499.11		
8 Contact Number			36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 11,890.61		
9 Statutory Minimum Wage rate per day			37 Salaries and Other Forms of Compensation 6,924.32		
10 Statutory Minimum Wage rate per month			38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 41,830.67		
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax			B. TAXABLE COMPENSATION INCOME REGULAR		
Part II - Employer Information (Present)			39 Basic Salary 135,715.13		
12 TIN			40 Representation 0.00		
13 Employer's Name JPS1			41 Transportation 0.00		
14 Registered Address JPS Registered Address			42 Cost of Living Allowance (COLA) 0.00		
14A ZIP Code			43 Fixed Housing Allowance 0.00		
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer			44 Others (specify)		
Part III - Employer Information (Previous)			44A Other Taxable Captic 28,303.81		
16 TIN			44B Other Taxable Captic 0.00		
17 Employer's Name			SUPPLEMENTARY		
18 Registered Address			45 Commission 0.00		
18A ZIP Code			46 Profit Sharing 0.00		
Part IVA - Summary			47 Fees Including Director's Fees 0.00		
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 238,118.42			48 Taxable 13th Month Benefits 0.00		
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 41,830.67			49 Hazard Pay 0.00		
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 196,287.75			50 Overtime Pay 17,116.94		
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00			51 Others (specify)		
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 196,287.75			51A Other Supplementary 15,151.87		
24 Tax Due 0.00			51B Other Supplementary 0.00		
25 Amount of Taxes Withheld			52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 196,287.75		
25A Present Employer 2,293.83					
25B Previous Employer, if applicable 0.00					
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 2,293.83					
27 5% Tax Credit (PERA Act of 2008) 0.00					
28 Total Taxes Withheld (Item 26 less Item 27) 2,293.83					
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.					
53 Present Employer/Authorized Agent Signature over Printed Name			Date Signed		
CONFORME: 54 Last Name10, First Name10 Middle Name10			Date Signed		
Employee Signature over Printed Name			Amount paid, if CTC		
CTC/Valid ID No. Place of Issue			Date Issued 08/25/2022		
To be accomplished under substituted filing					
I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has 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 Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C 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 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.		
55 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)			Last Name10, First Name10 Middle Name10		
			Employee Signature over Printed Name		