



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) 2 0 2 5

2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 1 2 31

Part I - Employee Information

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer

3 TIN 3 1 1 - 7 5 0 - 3 1 0 -

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

Amount

4 Employee's Name (Last Name, First Name, Middle Name) DULAY,JOHN PATRICK ESCOSA

29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 0.00

6 Registered Address 6A ZIP Code

30 Holiday Pay (MWE) 0.00

6B Local Home Address 6C ZIP Code

31 Overtime Pay (MWE) 0.00

6D Foreign Address

32 Night Shift Differential (MWE) 0.00

7 Date of Birth (MM/DD/YYYY) 0 3 0 1 1 9 8 9

33 Hazard Pay (MWE) 0.00

8 Contact Number

34 13th Month Pay and Other Benefits (maximum of P90,000) 90,000.00

9 Statutory Minimum Wage rate per day 0

35 De Minimis Benefits 25,200.00

10 Statutory Minimum Wage rate per month 0

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 44,562.54

11 ☐ Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

37 Salaries and Other Forms of Compensation 18,000.00

Part II - Employer Information (Present)

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 177,762.54

12 TIN 0 0 8 - 0 5 6 - 7 8 3 -

B. TAXABLE COMPENSATION INCOME REGULAR

13 Employer's Name OPTUM GLOBAL SOLUTIONS (PHILIPPINES), INC.

39 Basic Salary 863,827.58

14 Registered Address 14A ZIP Code 1/F-4/F Science Hub Tower 3, Blk 38 Campus Ave. cor. Turin St.,McKinley Hill, Fort Bonifacio, Taguig City Metro Manila 1634

40 Representation 0.00

15 Type of Employer ☐ Main Employer ☐ Secondary Employer

41 Transportation 0.00

Part III - Employer Information (Previous)

42 Cost of Living Allowance (COLA) 0.00

16 TIN

43 Fixed Housing Allowance 0.00

17 Employer's Name

44 Others (specify)

18 Registered Address 18A ZIP Code

44A 0.00 0.00

44B 0.00 0.00

Part IVA - Summary

SUPPLEMENTARY

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 1,108,302.04

45 Commission 0.00

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 177,762.54

46 Profit Sharing 0.00

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 930,539.50

47 Fees Including Director's Fees 0.00

22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00

48 Taxable 13th Month Benefits 66,711.92

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 930,539.50

49 Hazard Pay 0.00

24 Tax Due 135,134.87

50 Overtime Pay 0.00

25 Amount of Taxes Withheld 25A Present Employer 135,134.87

51 Others (specify)

25B Previous Employer, if applicable 0.00

51A 0.00 0.00

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 135,134.87

51B 0.00 0.00

27 5% Tax Credit (PERA Act of 2008) 0.00

52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 930,539.50

28 Total Taxes Withheld (Sum of Items 26 and 27) 135,134.87

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 CABAGNOT, MICHELLE KIBLATAIN Present Employer/Authorized Agent Signature over Printed Name

Date Signed

CONFORME: 54 DULAY,JOHN PATRICK ESCOSA Employee Signature over Printed Name

Date Signed

CTC/Valid ID No. of Employee Place of Issue

Date Issued

Amount paid, if CTC

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

56 DULAY,JOHN PATRICK ESCOSA Employee Signature over Printed Name