




BIR Form No. 2316 January 2018 (ENCS)		Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld		 2316 01/18ENCS	
Fill in all applicable spaces. Mark all appropriate boxes with an "X"					
1 For the Year (YYYY) <div>2021</div>		2 For the Period From (MM/DD) <div>01 01</div> To (MM/DD) <div>05 31</div>			
Part I - Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer			
3 TIN <div>215 771 937 0000</div>		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
4 Employee's Name (Last Name, First Name, Middle Name) <div>LIBRINCA, GERMAN SARAGA</div>		5 RDO Code <div>080</div>			
6 Registered Address <div></div>		6A Zip Code <div></div>			
6B Local Home Address <div></div>		6C Zip Code <div></div>			
6D Foreign Address <div></div>		6E Zip Code <div></div>			
7 Date of Birth (MM/DD/YYYY) <div></div>		8 Telephone Number <div></div>			
9 Statutory Minimum Wage rate per day <div>0.00</div>		27 Basic Salary(including the exempt P250,000 & of the Statutory Minimum Wage of the MWE <div>0.00</div>			
10 Statutory Minimum Wage rate per month <div>0.00</div>		28 Holiday Pay (MWE) <div>0.00</div>			
11 <input checked="" type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		29 Overtime Pay (MWE) <div>0.00</div>			
Part II - Employer Information (Present)		30 Night Shift Differential (MWE) <div>0.00</div>			
12 Taxpayer <div>217 195 052 0000</div>		31 Hazard Pay (MWE) <div>0.00</div>			
13 Employer's Name <div>ENVIRONMENTAL MANAGEMENT BUREAU-7</div>		32 13th Month Pay and Other Benefits (maximum of P90,000) <div>90,000.00</div>			
14 Registered Address <div>MAHOGANY ST GREENPLAINS SUBD BANILAD</div>		33 De Minimis Benefits <div>6,000.00</div>			
14A Zip Code <div>6014</div>		34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only) <div>13,634.50</div>			
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		35 Salaries & Other Forms of Compensation <div>0.00</div>			
Part III - Employer Information (Previous)		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <div>109,634.50</div>			
16 TIN <div></div>		B. TAXABLE COMPENSATION INCOME REGULAR			
17 Employer's Name <div></div>		37 Basic Salary <div>51,331.50</div>			
18 Registered Address <div></div>		38 Representation <div></div>			
18A Zip Code <div></div>		39 Transportation <div></div>			
Part IVA - Summary		40 Cost of Living Allowance (COLA) <div></div>			
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <div>160,966.00</div>		41 Fixed Housing Allowance <div></div>			
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <div>109,634.50</div>		42 Others (Specify) <div>42A 0.00</div>			
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <div>51,331.50</div>		42B			
22 Add: Taxable Compensation Income from Previous Employer, if applicable <div>0.00</div>		SUPPLEMENTARY			
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <div>51,331.50</div>		43 Commission <div></div>			
24 Tax Due <div>0.00</div>		44 Profit Sharing <div></div>			
25 Amount of Taxes Withheld 25A Present Employer <div>0.00</div>		45 Fees Including Director's Fees <div></div>			
25B Previous Employer <div>0.00</div>		46 Taxable 13th Month Pay Benefits <div>0.00</div>			
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <div>0.00</div>		47 Hazard Pay <div></div>			
		48 Overtime Pay <div></div>			
		49 Others (Specify) <div>49A</div>			
		49B			
		50 Total Taxable Compensation Income (Sum of Items 37 and 49B) <div>51,331.50</div>			
I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by 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 <div>EDILBERTO C. LEYSON JR.</div> <div>Present Employer/ Authorized Agent Signature Over Printed Name</div> <div>Date Signed</div>					
CONFORME: 52 <div>GERMAN SARAGA LIBRINCA</div> <div>Employee Signature Over Printed Name</div> <div>Date Signed</div> <div>Amount Paid, if CTC</div>					
CTC/Valid ID No. <div></div> Place of Issue <div></div> <div>Date of Issue</div>					
To be accomplished under substituted filing					
I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C which has been filed with the Bureau of Internal Revenue. 53 <div>EDILBERTO C. LEYSON JR.</div> <div>Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)</div>			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 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. 54 <div>GERMAN SARAGA LIBRINCA</div> <div>Employee Signature Over Printed Name</div>		

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