



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 2		2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 1 2 3 1			
Part I - Employee Information			Part IV-B Details of Compensation Income & Tax Withheld from Present Employer		
3 TIN 3 2 2 - 3 2 7 - 6 3 6 - 0 0 0 0 0		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount			
4 Employee's Name (Last Name, First Name, Middle Name) Algario, Kristine Marie Joy Macawile		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 c/o Accenture Inc.		6A ZIP Code 1 5 5 4		30 Holiday Pay (MWE) 0.00	
6B Local Home Address 7th Floor Robinsons Cybergate 1 Pioneer Street, Mandaluyong City, Metro Manila		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 2 0 2 1 9 9 5		8 Contact Number		33 Hazard Pay (MWE) 0.00	
9 Statutory Minimum Wage rate per day 00.00				34 13th Month Pay and Other Benefits (maximum of P90,000) 19,600.00	
10 Statutory Minimum Wage rate per month 00.00				35 De Minimis Benefits 49,077.57	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax				36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 18,460.07	
Part II - Employer Information (Present)			37 Salaries and Other Forms of Compensation 0.00		
12 TIN 0 0 0 - 8 4 5 - 5 4 3 - 0 0 0 0 0				38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 87,137.64	
13 Employer's Name ACCENTURE, INC.				B. TAXABLE COMPENSATION INCOME REGULAR	
14 Registered Address 7th Floor Robinsons Cybergate 1 Pioneer Street, Mandaluyong City, Metro Manila		14A ZIP Code 1 5 5 4		39 Basic Salary 198,794.75	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer				40 Representation 0.00	
Part III - Employer Information (Previous)			41 Transportation 0.00		
16 TIN				42 Cost of Living Allowance (COLA) 0.00	
17 Employer's Name				43 Fixed Housing Allowance 0.00	
18 Registered Address		18A ZIP Code		44 Others (specify) 44A Other Income 0.00 44B Other Income 0.00	
Part IVA - Summary			SUPPLEMENTARY		
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 369,259.00				45 Commission 0.00	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 87,137.64				46 Profit Sharing 0.00	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 282,121.36				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 0.00	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 282,121.36				49 Hazard Pay 0.00	
24 Tax Due 6,424.27				50 Overtime Pay 0.00	
25 Amount of Taxes Withheld 25A Present Employer 6,424.27 25B Previous Employer, if applicable 0.00				51 Others (specify) 51A Other Income 83,326.61 51B Other Income 0.00	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 6,424.27				52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 282,121.36	
27 5% Tax Credit (PERA Act of 2008) 0.00					
28 Total Taxes Withheld (Sum of Items 26 and 27) 6,424.27					
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 <u>Jennifer P. Agcaoili</u> Present Employer/Authorized Agent Signature over Printed Name		Date Signed 0 1 3 1 2 0 2 3			
CONFORME:					
54 <u>Algario, Kristine Marie Joy Macawile</u> Employee Signature over Printed Name		Date Signed			
CTC/Valid ID No. <u></u> Place of Issue <u></u>		Date Issued <u></u> Amount paid, if CTC <u></u>			
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 <u>Jennifer P. Agcaoili</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)			56 <u>Algario, Kristine Marie Joy Macawile</u> Employee Signature over Printed Name		