




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) 2 0 2 4		2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 1 2 3 0			
Part I - Employee Information				Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN 1 2 3 - 4 5 6 - 7 8 9 - 0 0 0 0 0		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
4 Employee's Name (Last Name, First Name, Middle Name) Dela Cruz, Juanito, Cruz		5 RDO Code			
6 Registered Address		6A ZIP Code			
6B Local Home Address		6C ZIP Code			
6D Foreign Address					
7 Date of Birth (MM/DD/YYYY) 1 2 1 2 1 9 9 2		8 Contact Number			
9 Statutory Minimum Wage rate per day					
10 Statutory Minimum Wage rate per month					
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax					
Part II - Employer Information (Present)					
12 TIN 1 1 1 - 2 2 2 - 3 3 3 - 0 1 2 3 4					
13 Employer's Name Science Education Institute					
14 Registered Address Gen. Santos Ave. Bicutan Taguig City		14A ZIP Code 1 6 3			
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer					
Part III - Employer Information (Previous)					
16 TIN					
17 Employer's Name					
18 Registered Address		18A ZIP Code			
Part IV-A Summary					
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)		564,801.89			
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)		111,311.15			
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)		453,490.74			
22 Add: Taxable Compensation Income from Previous Employer, if applicable		0.00			
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)		453,490.74			
24 Tax Due		43,372.68			
25 Amount of Taxes Withheld		43,373.00			
25A Present Employer					
25B Previous Employer, if applicable		0.00			
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)		43,373.00			
27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)		0.00			
28 Holiday Pay (MWE)		0.00			
29 Overtime Pay (MWE)		0.00			
30 Night Shift Differential (MWE)		0.00			
31 Hazard Pay (MWE)		0.00			
32 13th Month Pay and Other Benefits (maximum of P90,000)		84,635.50			
33 De Minimis Benefits		17,181.75			
34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)		9,493.90			
35 Salaries and Other Forms of Compensation		0.00			
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)		111,311.15			
B. TAXABLE COMPENSATION INCOME REGULAR					
37 Basic Salary		364,684.10			
38 Representation		0.00			
39 Transportation		0.00			
40 Cost of Living Allowance (COLA)		0.00			
41 Fixed Housing Allowance		0.00			
42 Others (specify)		0.00			
42A		0.00			
42B		0.00			
SUPPLEMENTARY					
43 Commission		0.00			
44 Profit Sharing		0.00			
45 Fees Including Director's Fees		0.00			
46 Taxable 13th Month Benefits		0.00			
47 Hazard Pay		0.00			
48 Overtime Pay		0.00			
49 Others (specify)		88,806.64			
49A		0.00			
49B		0.00			
50 Total Taxable Compensation Income (Sum of Items 37 to 49B)		453,490.74			
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 Policy 2012 (R.A. No. 10173)" for legitimate and lawful purposes.					
51 Present Employer/Authorized Agent Signature over Printed Name Garcia, Rosemary Joy San Pedro		Date Signed			
CONFORME: 52 Dela Cruz, Juanito Cruz		Date Signed			
CTC/Valid ID No. of Employee		Place of Issue		Date Issued	
To be accomplished under substituted filing					
53 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)			54 Employee Signature over Printed Name		