



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 1		2 For the Period From (MM/DD) 0 1 2 5 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 8 9 - 0 7 8 - 2 5 8 - 0 0 0 0 0		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount	
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code Joaquin, Noel Cedrix Ocharan		27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 247,065.07	
6 Registered Address 6A ZIP Code c/o Accenture Inc. 1 5 5 4		28 Holiday Pay (MWE) 0.00	
6B Local Home Address 6C ZIP Code 7th Floor Robinsons Cybergate 1 Pioneer Street, Mandaluyong City, Metro Manila		29 Overtime Pay (MWE) 0.00	
6D Foreign Address		30 Night Shift Differential (MWE) 0.00	
7 Date of Birth (MM/DD/YYYY) 8 Contact Number 1 2 2 0 1 9 9 5		31 Hazard Pay (MWE) 0.00	
9 Statutory Minimum Wage rate per day 00.00		32 13th Month Pay and Other Benefits (maximum of P90,000) 43,139.12	
10 Statutory Minimum Wage rate per month 00.00		33 De Minimis Benefits 39,596.22	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 16,824.87	
Part II - Employer Information (Present)		35 Salaries and Other Forms of Compensation 0.00	
12 TIN 0 0 0 - 8 4 5 - 5 4 3 - 0 0 0 0 0		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 346,625.28	
13 Employer's Name ACCENTURE, INC.		B. TAXABLE COMPENSATION INCOME REGULAR	
14 Registered Address 14A ZIP Code 7th Floor Robinsons Cybergate 1 Pioneer Street, Mandaluyong City, Metro Manila 1 5 5 4		37 Basic Salary 0.00	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		38 Representation 0.00	
Part III - Employer Information (Previous)		39 Transportation 0.00	
16 TIN		40 Cost of Living Allowance (COLA) 0.00	
17 Employer's Name		41 Fixed Housing Allowance 0.00	
18 Registered Address 18A ZIP Code		42 Others (specify)	
Part IVA - Summary		42A Other Income 0.00	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 346,625.28		42B Other Income 0.00	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 346,625.28		SUPPLEMENTARY	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 0.00		43 Commission 0.00	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		44 Profit Sharing 0.00	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 0.00		45 Fees Including Director's Fees 0.00	
24 Tax Due 0.00		46 Taxable 13th Month Benefits 0.00	
25 Amount of Taxes Withheld		47 Hazard Pay 0.00	
25A Present Employer 0.00		48 Overtime Pay 0.00	
25B Previous Employer, if applicable 0.00		49 Others (specify)	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00		49A Other Income 0.00	
		49B Other Income 0.00	
		50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 0.00	

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.

51 Jennifer M. Agcaoili Present Employer/Authorized Agent Signature over Printed Name	Date Signed 0 1 3 1 2 0 2 2
CONFORME:	
52 Joaquin, Noel Cedrix Ocharan Employee Signature over Printed Name	Date Signed
CTC/Valid ID No. of Employee	Place of Issue
	Date Signed
	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.
53 Jennifer M. Agcaoili Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	54 Joaquin, Noel Cedrix Ocharan Employee Signature over Printed Name