



BIR Form No. 2316 September 2021(ENCS)		Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld		 2316 9/21ENCS	
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 8 9 - 0 7 8 - 2 5 8 - 0 0 0 0 0 0			A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount		
4 Employee's Name (Last Name, First Name, Middle Name) Joaquin, Noel Cedrix Ocharan			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.			30 Holiday Pay (MWE) 0.00		
6A ZIP Code 1 5 5 4			31 Overtime Pay (MWE) 0.00		
6B Local Home Address 7th Floor Robinsons Cybergate 1 Pioneer Street, Mandaluyong City, Metro Manila			32 Night Shift Differential (MWE) 0.00		
6C ZIP Code 			33 Hazard Pay (MWE) 0.00		
6D Foreign Address 			34 13th Month Pay and Other Benefits (maximum of P90,000) 90,000.00		
7 Date of Birth (MM/DD/YYYY) 1 2 2 0 1 9 9 5			35 De Minimis Benefits 44,876.75		
8 Contact Number 			36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 21,010.00		
9 Statutory Minimum Wage rate per day 00.00			37 Salaries and Other Forms of Compensation 0.00		
10 Statutory Minimum Wage rate per month 00.00			38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 155,886.75		
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax			B. TAXABLE COMPENSATION INCOME REGULAR		
Part II - Employer Information (Present)			39 Basic Salary 294,490.00		
12 TIN 0 0 0 - 8 4 5 - 5 4 3 - 0 0 0 0 0 0			40 Representation 0.00		
13 Employer's Name ACCENTURE, INC.			41 Transportation 0.00		
14 Registered Address 7th Floor Robinsons Cybergate 1 Pioneer Street, Mandaluyong City, Metro Manila			42 Cost of Living Allowance (COLA) 0.00		
14A ZIP Code 1 5 5 4			43 Fixed Housing Allowance 0.00		
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer			44 Others (specify)		
Part III - Employer Information (Previous)			44A Other Income 0.00		
16 TIN 			44B Other Income 0.00		
17 Employer's Name 			SUPPLEMENTARY		
18 Registered Address 			45 Commission 0.00		
18A ZIP Code 			46 Profit Sharing 0.00		
Part IVA - Summary			47 Fees Including Director's Fees 0.00		
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 510,980.37			48 Taxable 13th Month Benefits 3,771.76		
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 155,886.75			49 Hazard Pay 0.00		
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 355,093.62			50 Overtime Pay 0.00		
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00			51 Others (specify)		
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 355,093.62			51A Other Income 56,831.86		
24 Tax Due 21,018.72			51B Other Income 0.00		
25 Amount of Taxes Withheld			52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 355,093.62		
25A Present Employer 21,018.72					
25B Previous Employer, if applicable 0.00					
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 21,018.72					
27 5% Tax Credit (PERA Act of 2008) 0.00					
28 Total Taxes Withheld (Sum of Items 26 and 27) 21,018.72					
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 Present Employer/Authorized Agent Signature over Printed Name			Date Signed 0 1 3 1 2 0 2 3		
CONFORME:					
54 Joaquin, Noel Cedrix Ocharan Employee Signature over Printed Name			Date Signed 		
CTC/Valid ID No. of Employee 			Date Issued 		
Place of Issue 			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 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)			56 Joaquin, Noel Cedrix Ocharan Employee Signature over Printed Name		