



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 12 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 Ocharan27 Basic Salary (including the exempt P250,000 & below
or the Statutory Minimum Wage of the MWE) 247,065.076 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 ☐ Minimum Wage Earner (MWE) whose compensation is exempt from
withholding tax and not subject to income tax34 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) 346,625.2813 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 ☒ Main Employer ☐ 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
25A Present Employer 0.00

47 Hazard Pay 0.00

25B Previous Employer, if applicable 0.00

48 Overtime Pay 0.00

26 Total Amount of Taxes Withheld as adjusted
(Sum of Items 25A and 25B) 0.00

49 Others (specify)

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 P. 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

Amount paid, if CTC

CTC/Valid ID No. Place of
of Employee Issue

Date Signed

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 P. 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