



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".

<b>1 For the Year (YYYY)</b> 2024		<b>2 For the Period</b> From (MM/DD) 01 01 To (MM/DD) 12 31	
<b>Part I - Employee Information</b>			
<b>3 TIN</b> 298 - 857 - 871 - 0000		<b>5 RDO Code</b> 040	
<b>4 Employee's Name (Last Name, First Name, Middle Name)</b> ALAMPAYAN, MYRAFLOR, BAGUHHN		<b>6A ZIP Code</b>	
<b>6 Registered Address</b>		<b>6B Local Home Address</b>	
<b>6D Foreign Address</b>		<b>6C ZIP Code</b>	
<b>7 Date of Birth (MM/DD/YYYY)</b>		<b>8 Contact Number</b>	
<b>9 Statutory Minimum Wage rate per day</b> 645.00		<b>10 Statutory Minimum Wage rate per month</b> 16,823.75	
<b>11</b> <input checked="" type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax			
<b>Part II - Employer Information (Present)</b>			
<b>12 TIN</b> 207 - 225 - 474 - 00000			
<b>13 Employer's Name</b> HARMONIC SYSTEM INCORPORATED			
<b>14 Registered Address</b> 31 5TH AVENUE SOCORRO CUBAO QUEZON CITY		<b>14A ZIP Code</b> 1109	
<b>15 Type of Employer</b> <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer			
<b>Part III - Employer Information (Previous)</b>			
<b>16 TIN</b>			
<b>17 Employer's Name</b>			
<b>18 Registered Address</b>		<b>18A ZIP Code</b>	
<b>Part IVA - Summary</b>			
<b>19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)</b>		210,791.22	
<b>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)</b>		210,791.22	
<b>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)</b>		0.00	
<b>22 Add: Taxable Compensation Income from Previous Employer, if applicable</b>		0.00	
<b>23 Gross Taxable Compensation Income (Sum of Items 21 and 22)</b>		0.00	
<b>24 Tax Due</b>		0.00	
<b>25 Amount of Taxes Withheld</b>		0.00	
<b>25A Present Employer</b>		0.00	
<b>25B Previous Employer, if applicable</b>		0.00	
<b>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)</b>		0.00	
<b>27 5% Tax Credit (PERA Act of 2008)</b>		0.00	
<b>28 Total Taxes Withheld (Sum of Items 26 and 27)</b>		0.00	
<b>29 Basic Salary (including the exempt P250,000 &amp; below or the Statutory Minimum Wage of the MWE)</b>		167,050.94	
<b>30 Holiday Pay (MWE)</b>		645.00	
<b>31 Overtime Pay (MWE)</b>		12,242.13	
<b>32 Night Shift Differential (MWE)</b>		21.00	
<b>33 Hazard Pay (MWE)</b>		0.00	
<b>34 13th Month Pay and Other Benefits (maximum of P90,000)</b>		15,221.75	
<b>35 De Minimis Benefits</b>		0.00	
<b>36 SSS, GSIS, PHIC &amp; PAG-IBIG Contributions and Union Dues (Employee share only)</b>		15,610.00	
<b>37 Salaries and Other Forms of Compensation</b>		0.00	
<b>38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)</b>		210,791.22	
<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>			
<b>39 Basic Salary</b>		0.00	
<b>40 Representation</b>			
<b>41 Transportation</b>			
<b>42 Cost of Living Allowance (COLA)</b>			
<b>43 Fixed Housing Allowance</b>			
<b>44 Others (specify)</b>		0.00	
<b>44A</b>			
<b>44B</b>			
<b>SUPPLEMENTARY</b>			
<b>45 Commission</b>			
<b>46 Profit Sharing</b>			
<b>47 Fees Including Director's Fees</b>			
<b>48 Taxable 13th Month Benefits</b>		0.00	
<b>49 Hazard Pay</b>			
<b>50 Overtime Pay</b>			
<b>51 Others (specify)</b>			
<b>51A</b>			
<b>51B</b>			
<b>52 Total Taxable Compensation Income (Sum of Items 39 to 51B)</b>		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.

<b>53</b> <u>NOLI AMADA COMBENTO</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed	
<b>CONFORME:</b>		
<b>54</b> <u>MYRAFLOR BAGUHHN ALAMPAYAN</u> Employee Signature over Printed Name	Date Signed	
CTC/Valid ID No. <u></u> of Employee	Date Issued	
Place of Issue <u></u>	Amount paid, if CTC	

**To be accomplished under substituted filing**

<b>55</b> <u>NOLI AMADA COMBENTO</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	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 I/BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002.
	<b>MYRAFLOR BAGUHHN ALAMPAYAN</b> Employee Signature over Printed Name