

BIR Form No. 2316

Certificate of Compensation Payment/Tax Withheld



January 2018 (ENCS)	Nith or With	out Tax With	held					2316 0°	1/18ENCS					
Fill in all applicable spaces	2 5	- Di-d												
1 For the Year (YYYY)	2 0 1 9			2 For the Period						MM/DD) 0 0 0 0				
(1111)	Part I - Employee Info	rmation			/-B Details of		ation Inc	ome &		thheld fron	n Present E	mployer		
3 TIN 1 7 9	- 5 8 1 - 5	7 0 -		A. NON-TA	XABLE/EXEM	РТ СОМРЕ	NSA TIO	N INCOM	IE		Amount 0.	0.0		
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code					27 Basic Salary (including the exempt P250,000 & below)						0.0	J0		
					or the Statutory Minimum Wage of the MWE									
	SERIU		0 5 1	28 Holiday Pay (MWE)							0.0	00		
6A ZIP Code BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN,				25 Honday Fay (MTT2)										
TAGUIG 1 6 3 3				29 Overtime Pay (MWE)						0.00				
6B Local Home Address			6C ZIP Code		O						0.	00		
	30 Night Shift Differential (MWE)													
6D Foreign Address					31 Hazard Pay (MWE)						0.00			
											90,000.00			
7 Date of Birth (MM/DD/YYYY) 8 Contact Number					32 13th Month Pay and Other Benefits (maximum of P90,000)									
0 6 3 0 1 9 7 3					33 De Minimis Benefits						25,775.72			
9 Statutory Minimum Wage rate per day					34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)						12,574.86			
10 Statutory Minimum Wage rate per month											12,57 4.00			
Minimum Wage Earner (MWE) whose compensation is exempt from					35 Salaries and Other Forms of Compensation									
with flouring tax and not subject to income tax					Non-Taxable			nsation		0.00				
Part II - Employer Information (Present) 12 TIN					Income (Sum of Items 27 to 35) B. TAXABLE COMPENSATION INCOME REGULAR						L			
					E COMPENSA	HON INCC	JME REG	ULAR		128,350.58				
13 Employer's Name				37 Basic	Salary				Î					
				1										
14 Registered Address	0 0 3 9	4 3 2 1	314A ZHP 600fe	38 Repre	esentation									
					39 Transportation						297,959.45			
15 Type At b Fathamar Holding கூடு loyer Secondary Employer											0.00			
Part III - Employer Information (Previous)					40 Cost of Living Allowance (COLA)									
16 TIN 770 E. Rodriguez Ext., Malibay, Pasay City 1 3 0 0					41 Fixed Housing Allowance						0.00			
17 Employer's Name					42 Others (specify)						3,876.27			
Ti Employer 3 Name					42A						,			
18 Registered Address 18A ZIP Code					720						0.00			
10 Negisieleu Audiess 10A ZIP Code					42B						37,654.96			
2-43/4-2					SUPPLEM AND						,			
Part IVA - Summary 19 Gross Compensation Income from Present					43 SANGE Allowance						0.00			
Employer (Sum of Items				44 Drofit	Charing									
	Less: Total Non-Taxable/Exempt Compensation 535,323.66				44 Profit Sharing						0.00			
Income from Present Employer (From Item 36)			•	45 Face Including Director's Face						0.00				
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)			128,350.58							0.00				
22 Add: Taxable Compensation Income from										0.00				
Previous Employer, if applicable 0.00				47 Hazard Pay						0.00				
23 Gross Taxable Compensation Income 406,973.08										2,046.00				
			0.00	48 Overt	ime Pay									
24 Tax Due			0.00	49 Other	S (specify)						0.0	00		
25 Amount of Taxes With			406,973.08	49A						-	65,436.	40		
25A Present Employer			31,743.27	-					_		30, 100.			
25B Previous Employer, if applicable											0	00		
26 Total Amount of Taxes Withheld as adjusted 44,013.08											0.00			
(Sum of Items 25A and 2: I/We declare, under the	penalties of perjury that this	certificate has be	en made in good failh	verified by m	of Items 37 to a nelus, and to the	ne best of	m y/our kr	nowledge	e and b	elief, is true	and correct	t, pursuant to		
the provisions of the Nation as contemplated under the	al Internal Revenue Code, a	s amended, and	the regulations issued	under author	rity thereof. Fu	ther, I/we	give my/	our cons	ent to t	ne proceszi	06,97/3.	08 formation		
and the state of t	100 100 2012 (1		- January Simple Wile	, p 00000.										
51	MA RITA CA		<u></u>		Date	Signed	1	i	ī	1 1				
-	yer/Authorized Agent Si		inted Name				18							
CONFORME:	GARCES, JOCEL	YN SERIO			D24:	Cian	1.6	132	- 40	90 88 T				
52E	mployee Signature over	Printed Name	- A		Date	Signed				1 1	Amou	nt paid, if CTO		
CTC/Valid ID No.	, ,	Place of		Ĭ	Doto	Signed	8.7	947		95) Rec	Alloui	paid, ii 010		
of Employee		Issue				20.76/9000		<u> </u>	ΙÏ					
I declare, under the pe	enalties of perjury that the		be accomplished on stated are		tituted filing		eriury that	l am quelif	ied unde	r substituted fi	ling of Income	Tay Petum		

reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.

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 the property of the 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.

Employee Signature over Printed Name