



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) 2018	2 For the Period From (MM/DD) 01 To (MM/DD) 01
Part I - Employee Information	
3 TIN 000-000-0000	Part IV-B Details of Compensation Income & Tax Withheld from Present Employer
4 Employee's Name (Last Name, First Name, Middle Name) BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, TAGUIG	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME
5 RDO Code 1633	27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 0.00
6 Registered Address	28 Holiday Pay (MWE) 0.00
6A ZIP Code	29 Overtime Pay (MWE) 0.00
6B Local Home Address	30 Night Shift Differential (MWE) 0.00
6C ZIP Code	31 Hazard Pay (MWE) 0.00
6D Foreign Address 06301973	32 13th Month Pay and Other Benefits (maximum of P90,000) 90,000.00
7 Date of Birth (MM/DD/YYYY)	33 De Minimis Benefits 25,775.72
8 Contact Number	34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 12,574.86
9 Statutory Minimum Wage rate per day	35 Salaries and Other Forms of Compensation
10 Statutory Minimum Wage rate per month	36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 0.00
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)	
12 TIN 000-000-0000	37 Basic Salary 128,350.58
13 Employer's Name	38 Representation
14 Registered Address 003943213	39 Transportation 297,959.45
14A ZIP Code 000	40 Cost of Living Allowance (COLA) 0.00
15 Type of Employer <input checked="" type="checkbox"/> Primary Employer <input type="checkbox"/> Secondary Employer	41 Fixed Housing Allowance 0.00
Part III - Employer Information (Previous)	
16 TIN 770 E. Rodriguez Ext., Malibay, Pasay City 1300	42 Others (specify) 3,876.27
17 Employer's Name	42A 0.00
18 Registered Address	42B 37,654.96
18A ZIP Code	SUPPLEMENTARY
Part IVA - Summary	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 406,973.08	43 Service Allowance 0.00
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 535,323.66	44 Profit Sharing 0.00
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 406,973.08	45 Fees Including Director's Fees 0.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00	46 Taxable 13th Month Benefits 0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 406,973.08	47 Hazard Pay 2,046.00
24 Tax Due 0.00	48 Overtime Pay
25 Amount of Taxes Withheld	49 Others (specify) 0.00
25A Present Employer 406,973.08	49A 65,436.40
25B Previous Employer, if applicable 31,743.27	49B 0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 44,013.08	50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 406,973.08

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 business purposes.

51 MA RITA CARMEN Present Employer/Authorized Agent Signature over Printed Name	Date Signed
CONFORME: GARCES, JOCELYN SERIO	
52 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	
53 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	54 Employee Signature over Printed Name