



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 1 9		2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 0 0 0 0	
Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN 0 6 3 0 1 9 7 3		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name) BLK 68 LOT 46 LAPU-LAPU ST. P-5 BRGY. UPPER BICUTAN, TAGUIG		5 RDO Code 1 6 3 3	
6 Registered Address		6A ZIP Code	
6B Local Home Address		6C ZIP Code	
6D Foreign Address		7 Date of Birth (MM/DD/YYYY)	
8 Contact Number		27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	
9 Statutory Minimum Wage rate per day		28 Holiday Pay (MWE)	
10 Statutory Minimum Wage rate per month		29 Overtime Pay (MWE)	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		30 Night Shift Differential (MWE)	
Part II - Employer Information (Present)		31 Hazard Pay (MWE)	
12 TIN		32 13th Month Pay and Other Benefits (maximum of P90,000)	
13 Employer's Name		33 De Minimis Benefits	
14 Registered Address		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	
15 Type of Employer <input checked="" type="checkbox"/> Primary Employer <input type="checkbox"/> Secondary Employer		35 Salaries and Other Forms of Compensation	
Part III - Employer Information (Previous)		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	
16 TIN		B. TAXABLE COMPENSATION INCOME REGULAR	
17 Employer's Name		37 Basic Salary	
18 Registered Address		38 Representation	
18A ZIP Code		39 Transportation	
Part IVA - Summary		40 Cost of Living Allowance (COLA)	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)		41 Fixed Housing Allowance	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)		42 Others (specify)	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)		42A	
22 Add: Taxable Compensation Income from Previous Employer, if applicable		42B	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)		43 Service Allowance	
24 Tax Due		44 Profit Sharing	
25 Amount of Taxes Withheld		45 Fees Including Director's Fees	
25A Present Employer		46 Taxable 13th Month Benefits	
25B Previous Employer, if applicable		47 Hazard Pay	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)		48 Overtime Pay	
		49 Others (specify)	
		49A	
		49B	
		50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	

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		Date Signed	
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 on the BIR shall serve 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 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)		54 Employee Signature over Printed Name	