



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 1		2 For the Period From (MM/DD) 0 8 1 6 To (MM/DD) 1 2 3 1	
Part I - Employee Information			
3 TIN 3 2 4 - 2 8 5 - 2 3 8 -		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
4 Employee's Name (Last Name, First Name, Middle Name) PAULE, MARK ALLAN GATUS		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
5 RDO Code		Amount	
6 Registered Address 1786 A Road 7 Fabie St. Sta. Ana Manila 1009		27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) 0.00	
6A ZIP Code		28 Holiday Pay (MWE) 0.00	
6B Local Home Address		29 Overtime Pay (MWE) 0.00	
6C ZIP Code		30 Night Shift Differential (MWE) 0.00	
6D Foreign Address		31 Hazard Pay (MWE) 0.00	
7 Date of Birth (MM/DD/YYYY) 0 9 1 1 1 9 9 5		32 13th Month Pay and Other Benefits (maximum of P90,000) 37,808.22	
8 Contact Number		33 De Minimis Benefits 12,645.16	
9 Statutory Minimum Wage rate per day		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 10,625.00	
10 Statutory Minimum Wage rate per month		35 Salaries and Other Forms of Compensation 0.00	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 61,078.38	
Part II - Employer Information (Present)			
12 TIN 0 0 9 - 3 9 2 - 3 3 4 - 0 0 0 0 0		B. TAXABLE COMPENSATION INCOME REGULAR	
13 Employer's Name ING BUSINESS SHARED SERVICES B.V. BRANCH OFFICE		37 Basic Salary 439,375.00	
14 Registered Address 23RD, 25TH, 26TH & 27TH FLOORS WORLD PLAZA BLDG. 5TH AVE. E. SQUARE ZONE CRESCENT PARK		38 Representation 0.00	
14A ZIP Code		39 Transportation 0.00	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		40 Cost of Living Allowance (COLA) 0.00	
Part III - Employer Information (Previous)			
16 TIN 0 0 9 - 4 6 0 - 1 0 5 - 0 0 0 0 0		41 Fixed Housing Allowance 0.00	
17 Employer's Name Tagit Philippines, Inc.		42 Others (specify)	
18 Registered Address U812 Tower 1 & Exchange Plaza, Ayala Triangle Makati City 1226		42A 15,806.45	
18A ZIP Code		42B 0.00	
Part IVA - Summary			
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 516,259.83		SUPPLEMENTARY	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 61,078.38		43 Commission 0.00	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 455,181.45		44 Profit Sharing 0.00	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 321,102.27		45 Fees Including Director's Fees 0.00	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 776,283.72		46 Taxable 13th Month Benefits 0.00	
24 Tax Due 124,070.93		47 Hazard Pay 0.00	
25 Amount of Taxes Withheld		48 Overtime Pay 0.00	
25A Present Employer 109,850.48		49 Others (specify)	
25B Previous Employer, if applicable 14,220.45		49A 0.00	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 124,070.93		49B 0.00	
		50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 455,181.45	

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 FERDASILLE C. MESINA Present Employer/Authorized Agent Signature over Printed Name		Date Signed 0 4 0 7 2 0 2 2	
CONFORME:			
52 PAULE, MARK ALLAN GATUS Employee Signature over Printed Name		Date Signed	
CTC/Valid ID No. of Employee		Place of Issue	
To be accomplished under substituted filing		Date Issued	
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 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)		54 Employee Signature over Printed Name	