For BIR Use Only | BCS/ Item:

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

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): 2022

2 For the Period From *(MM/DD)*: 0926 To *(MM/DD)*: 1231

Part I - Employee Information

3 TIN: 612 - 441 - 750 - 0000

4 Employee's Name *(Last Name, First Name, Middle Name)*: MARTE, MARK RJ SALGARINO

5 RDO Code: 080

6 Registered Address: Bogo, Tomas Oppus Southern Leyte

6A ZIP Code: 6605

6B Local Home Address: Bogo, Tomas Oppus Southern Leyte

6C ZIP Code: 6605

6D Foreign Address:

7 Date of Birth *(MM/DD/YYYY)*: 06 09 1999

8 Contact Number: 09058172767

9 Statutory Minimum Wage rate per day:

10 Statutory Minimum Wage rate per month:

11 [ ] Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information *(Present)*

12 TIN: 427 - 099 - 777 - 0000

13 Employer's Name: CATAPULT INTERNATIONAL LLC PHIL BRANCH

14 Registered Address: 2F NORKIS CYBERPARK BLDG AS FORTUNA ST BAKILID MANDAUE CITY

14A ZIP Code: 6014

15 Type of Employer: [X] Main Employer [ ] Secondary Employer

Part III - Employer Information *(Previous)*

16 TIN: - -

17 Employer's Name:

18 Registered Address:

18A ZIP Code:

Part IVA - Summary

19	Gross Compensation Income from Present Employer *(Sum of Items 36 and 50)*	128,124.99
20	Less: Total Non-Taxable/Exempt Compensation Income from Present Employer *(From Item 36)*	24,884.60
21	Taxable Compensation Income from Present Employer *(Item 19 Less Item 20) (From Item 50)*	103,240.39
22	Add: Taxable Compensation Income from Previous Employer, if applicable	-
23	Gross Taxable Compensation Income *(Sum of Items 21 and 22)*	103,240.39
24	Tax Due	-
25	Amount of Taxes Withheld	
	25A Present Employer	-
	25B Previous Employer, if applicable	-
26	Total Amount of Taxes Withheld as adjusted *(Sum of Items 25A and 25B)*	-

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer

		Amount
	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
27	Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	
28	Holiday Pay (MWE)	
29	Overtime Pay (MWE)	
30	Night Shift Differential (MWE)	
31	Hazard Pay (MWE)	
32	13th Month Pay and Other Benefits *(maximum of P90,000)*	17,355.77
33	De Minimis Benefits	-
34	SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues *(Employee share only)*	7,528.83
35	Salaries and Other Forms of Compensation	-
36	Total Non-Taxable/Exempt Compensation Income *(Sum of Items 27 to 35)*	24,884.60
	B. TAXABLE COMPENSATION INCOME REGULAR	
37	Basic Salary	103,240.39
38	Representation	
39	Transportation	
40	Cost of Living Allowance (COLA)	
41	Fixed Housing Allowance	
42	Others *(specify)*	
42A	Other Taxable Income	-
42B		
	SUPPLEMENTARY	
43	Commission	
44	Profit Sharing	
45	Fees Including Director's Fees	
46	Taxable 13th Month Benefits	-
47	Hazard Pay	
48	Overtime Pay	
49	Others *(specify)*	
49A		
49B		
50	Total Taxable Compensation Income *(Sum of Items 37 to 49B)*	103,240.39

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 PATAYAN JEPHUNNE
Present Employer/Authorized Agent Signature over Printed Name

Date Signed:

CONFORME:

52 MARTE MARK RJ SALGARINO
Employee Signature over Printed Name

Date Signed: 01242023

CTC/Valid ID No. of Employee: | Place of Issue: | Date Issued: | 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.

53 _____
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 if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

54 MARK RJ S. MARTE
Employee Signature over Printed Name

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)