



BIR Form No. 2316 September 2021(ENCS)		Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld		 2316 9/21ENCS	
1 For the Year (YYYY) 2022		2 For the Period From (MM/DD) 01 01 To (MM/DD) 12 31			
Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer			
3 TIN 723 - 582 - 581 - 0000		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount			
4 Employee's Name (Last Name, First Name, Middle Name) Sabado, Michael, A		29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) 12,522.50			
5 RDO Code 050		30 Holiday Pay (MWE)			
6 Registered Address Zone 1 Calepaan Asingan Pangasinan		31 Overtime Pay (MWE)			
6A ZIP Code		32 Night Shift Differential (MWE)			
6B Local Home Address		33 Hazard Pay (MWE)			
6C ZIP Code		34 13th Month Pay and Other Benefits (maximum of P90,000) 1,500.00			
6D Foreign Address		35 De Minimis Benefits 4,500.00			
7 Date of Birth (MM/DD/YYYY) 04 27 2000		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 977.50			
8 Contact Number		37 Salaries and Other Forms of Compensation 0.00			
9 Statutory Minimum Wage rate per day		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 19,500.00			
10 Statutory Minimum Wage rate per month		B. TAXABLE COMPENSATION INCOME REGULAR			
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		39 Basic Salary 0.00			
Part II - Employer Information (Present)		40 Representation			
12 TIN 008 - 899 - 067 - 00000		41 Transportation			
13 Employer's Name YNS PHILIPPINES INC		42 Cost of Living Allowance (COLA)			
14 Registered Address UNIT 410 PENINSULA COURT 8735 MAKATI AVENUE MAKATI NCR		43 Fixed Housing Allowance			
14A ZIP Code 1209		44 Others (specify) 44A 0.00 44B			
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		SUPPLEMENTARY			
Part III - Employer Information (Previous)		45 Commission			
16 TIN		46 Profit Sharing			
17 Employer's Name		47 Fees Including Director's Fees			
18 Registered Address		48 Taxable 13th Month Benefits 0.00			
18A ZIP Code		49 Hazard Pay			
Part IVA - Summary		50 Overtime Pay			
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 19,500.00		51 Others (specify) 51A 51B			
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 19,500.00		52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 0.00			
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 0.00					
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00					
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 0.00					
24 Tax Due 0.00					
25 Amount of Taxes Withheld 25A Present Employer 0.00 25B Previous Employer, if applicable 0.00					
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00					
27 5% Tax Credit (PERA Act of 2008) 0.00					
28 Total Taxes Withheld (Sum of Items 26 and 27) 0.00					
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.					
53 Manabu Yamazaki Present Employer/Authorized Agent Signature over Printed Name		Date Signed			
CONFORME: 54 Michael A Sabado Employee Signature over Printed Name		Date Signed			
CTC/Valid ID No. of Employee		Date Issued			
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. 55 Manabu Yamazaki 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. 56 Michael A Sabado Employee Signature over Printed Name		