



BIR Form No.

2316

September 2021(ENCS)

Certificate of Compensation
Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

2316 9/21ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY)	2 0 2 2	2 For the Period From (MM/DD)	0 7 1 8	To (MM/DD)	1 2 3 1
Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer			
3 TIN	3 1 4 - 4 1 1 - 2 9 0 - 0 0 0 0 0	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
4 Employee's Name (Last Name, First Name, Middle Name)		5 RDO Code			
Rogero, Ojelle Morada					
6 Registered Address		6A ZIP Code			
c/o Accenture Inc.		1 5 5 4			
6B Local Home Address		6C ZIP Code			
7th Floor Robinsons Cybergate 1 Pioneer Street, Mandaluyong City, Metro Manila					
6D Foreign Address					
7 Date of Birth (MM/DD/YYYY)		8 Contact Number			
0 8 0 2 1 9 9 1					
9 Statutory Minimum Wage rate per day		00.00			
10 Statutory Minimum Wage rate per month		00.00			
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE			
Part II - Employer Information (Present)		30 Holiday Pay (MWE)			
12 TIN		31 Overtime Pay (MWE)			
0 0 0 - 8 4 5 - 5 4 3 - 0 0 0 0 0		32 Night Shift Differential (MWE)			
13 Employer's Name		33 Hazard Pay (MWE)			
ACCENTURE, INC.		34 13th Month Pay and Other Benefits (maximum of P90,000)			
14 Registered Address		35 De Minimis Benefits			
7th Floor Robinsons Cybergate 1 Pioneer Street, Mandaluyong City, Metro Manila		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)			
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		37 Salaries and Other Forms of Compensation			
Part III - Employer Information (Previous)		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)			
16 TIN		B. TAXABLE COMPENSATION INCOME REGULAR			
		39 Basic Salary			
17 Employer's Name		40 Representation			
		41 Transportation			
18 Registered Address		42 Cost of Living Allowance (COLA)			
18A ZIP Code		43 Fixed Housing Allowance			
		44 Others (specify)			
Part IVA - Summary		44A Other Income			
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)		44B Other Income			
617,752.26		SUPPLEMENTARY			
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)		45 Commission			
129,892.31		46 Profit Sharing			
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)		47 Fees Including Director's Fees			
487,859.95		48 Taxable 13th Month Benefits			
22 Add: Taxable Compensation Income from Previous Employer, if applicable		49 Hazard Pay			
0.00		50 Overtime Pay			
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)		51 Others (specify)			
487,859.95		51A Other Income			
24 Tax Due		51B Other Income			
51,964.98		52 Total Taxable Compensation Income (Sum of Items 39 to 51B)			
25 Amount of Taxes Withheld		7,218.51			
25A Present Employer		0.00			
25B Previous Employer, if applicable					
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)		487,859.95			
51,964.98					
27 5% Tax Credit (PERA Act of 2008)		0.00			
28 Total Taxes Withheld (Sum of Items 26 and 27)		51,964.98			

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 <u>Jennifer P. Agcaoili</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed	0 1 3 1 2 0 2 3
CONFORME:		
54 <u>Rogero, Ojelle Morada</u> Employee Signature over Printed Name	Date Signed	
CTC/Valid ID No. <u></u> Place of Issue <u></u>	Date Issued	
of Employee		Amount paid, if CTC <u></u>

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 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.
55 <u>Jennifer P. Agcaoili</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	56 <u>Rogero, Ojelle Morada</u> Employee Signature over Printed Name

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