




BIR Form No. 2316 September 2021 (ENCS)		Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld		 2316 9/21 ENCS	
Fill in all applicable spaces. Mark all appropriate boxes with an "X".					
1 For the Year (YYYY)		2 For the Period From (MM/DD) To (MM/DD)			
Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer			
3 TIN		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount			
4 Employee's Name (Last Name, First Name, Middle Name)		29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)			
5 RDO Code		30 Holiday Pay (MWE)			
6 Registered Address		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)			
6D Foreign Address		35 De Minimis Benefits			
7 Date of Birth (MM/DD/YYYY)		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)			
8 Contact Number		37 Salaries and Other Forms of Compensation			
9 Statutory Minimum Wage rate per day		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)			
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			
Part II - Employer Information (Present)		40 Representation			
12 TIN		41 Transportation			
13 Employer's Name		42 Cost of Living Allowance (COLA)			
14 Registered Address		43 Fixed Housing Allowance			
14A ZIP Code		44 Others (specify)			
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		44A			
Part III - Employer Information (Previous)		44B			
16 TIN		SUPPLEMENTARY			
17 Employer's Name		45 Commission			
18 Registered Address		46 Profit Sharing			
18A ZIP Code		47 Fees Including Director's Fees			
Part IVA - Summary		48 Taxable 13th Month Benefits			
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)		49 Hazard Pay			
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)		50 Overtime Pay			
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)		51 Others (specify)			
22 Add: Taxable Compensation Income from Previous Employer, if applicable		51A			
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)		51B			
24 Tax Due		52 Total Taxable Compensation Income (Sum of Items 39 to 51B)			
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)					
27 5% Tax Credit (PERA Act of 2008)					
28 Total Taxes Withheld (Sum of Items 26 and 27)					
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 Present Employer/Authorized Agent Signature over Printed Name		Date Signed			
CONFORME:					
54 Employee Signature over Printed Name		Date Signed			
CTC/Valid ID No. of Employee		Place of Issue		Date Issued	
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 (BIR Form No. 1700), since I received purely compensation income from only one employer in the for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld) and that I have no other income from any other source. This BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return. This BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the Department of Revenue Regulations (RR) No. 3-2002, as amended.		
55 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)			56 Employee Signature over Printed Name		