



Certificate of Compensation Payment/Tax Withheld



2316 9/21ENCS

BIR Form No.

2316

September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

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

1 For the Year
(YYYY)

Part I - Employee Information

3 TIN

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

4 Employee's Name (Last Name, First Name, Middle Name)

5 RDO Code

6 Registered Address

6A ZIP Code

6B Local Home Address

6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY)

8 Contact Number

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

Part III - Employer Information (Previous)

13 Employer's Name

14 Registered Address

14A ZIP Code

15 Type of Employer

Main Employer

Secondary Employer

16 TIN

Part IV - Summary

19 Gross Compensation Income from Present Employer (*Sum of Items 38 and 52*)

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (*From Item 38*)

21 Taxable Compensation Income from Present Employer (*Item 19 Less Item 20 (From Item 52)*)

22 Add: Taxable Compensation Income from Previous Employer, if applicable

23 Gross Taxable Compensation Income (*Sum of Items 21 and 22*)

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*)

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

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CONFORME:

54

Employee Signature over Printed Name

Date Signed

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CTC/Valid ID No. of Employee

Place of Issue

Date Issued

Amount paid, if CTC

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 (BIR Form No. 1700), since I received purely compensation income from only one employer in the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); and that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return. Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the 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