

INSTRUCTIONS: Please fill out the form legibly in block letters using a ballpoint pen. Check if appropriate boxes. Please do not leave any items unanswered. Indicate "NA" if not applicable. You may use extra sheet if needed. Submit Accomplished form to the Public Employment Service Office (PESO) Manager or Officer in your city/municipality.

I. ESTABLISHMENT DETAILS

Business Name: 333

Trade Name: 33

Acronym/Abbreviation: 33

- Main Office
 Branch

Tax Identifier Number:

Employer Type

- | | |
|--|--|
| <input type="checkbox"/> Public | <input type="checkbox"/> Private |
| <input type="checkbox"/> National Government Agency | <input type="checkbox"/> Direct Hire |
| <input type="checkbox"/> Local Government Unit | <input type="checkbox"/> Local Recruitment Agency |
| <input type="checkbox"/> Government-Owned and Controlled Corporation | <input type="checkbox"/> Overseas Recruitment Agency |
| <input type="checkbox"/> State/Local University or College | <input type="checkbox"/> D.O. 174 |

Total Work Force: Micro (1-9) Small (10-99) Medium (100-999) Large (200 and up)

Line of Business/Industry (check BIR 2303):

Street/Village:

Barangay:

Municipal/City:

Province:

II. ESTABLISHMENT CONTACT DETAILS

Name of Owner/President (Full Name):

Contact Person (Full Name):

Position:

Telephone Number:

Mobile Number:

Fax Number:

Email Address:

hello

hi



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)	2 For the Period From (MM/DD) _____ To (MM/DD) _____
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Part I - Employee Information

3 TIN	-	-	-	-
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4 Employee's Name (Last Name, First Name, Middle Name)	5 RDO Code
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6 Registered Address	6A ZIP Code
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6B Local Home Address	6C ZIP Code
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6D Foreign Address

7 Date of Birth (MM/DD/YYYY)	8 Contact Number
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9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month
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11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present)

12 TIN	-	-	-	-
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13 Employer's Name

14 Registered Address	14A ZIP Code
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15 Type of Employer	<input type="checkbox"/> Main Employer	<input type="checkbox"/> Secondary Employer
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Part III - Employer Information (Previous)

16 TIN	-	-	-	-
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17 Employer's Name

18 Registered Address	18A ZIP Code
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Part IV A - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)
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21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)
--

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)
--

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 _____
Present Employer/Authorized Agent Signature over Printed Name

CONFORME:

52 _____
Employee Signature over Printed Name

CTC/Valid ID No. _____ Place of
Issue _____

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 _____
Employee Signature over Printed Name

Date Signed _____

Date Signed _____

Date Issued _____

Amount paid, if CTC _____

Date Signed _____

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