For BIR Use Only

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Republic of the Philippines Department fo Finance Bureau of Internal Revenue



Item: BIR Form No. **Certificate of Compensation** 2316 Payment/Tax Withheld September 2021 (ENCS) For Compensation Payment With or Without Tax Withheld

ill in all applicable spaces. Mark all appropriate boxes with an "X".				
1 F	or the Year 2 0 2 5	2	For the Period 0 1 0 1 0 5 0 2	
	(YYYY)	ı	From (MM/DD) To (MM/DD)	
	Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 T	IN 3 2 9 _ 0 6 3 _ 7 6 8 _ 0 0 0 0 0	A.	NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount	
1 E	mployee's Name (Last Name, First Name, Middle Name) 5 RDO Code Ariola,Socrates,Cuaresma	29	Basic Salary (including the exempt P250,000 & below) 0.00 or the Statutory Minimum Wage of the MWE	
- R	degistered Address 6A ZIP Code	30	Holiday Pay (MWE)	
, ,,	egistered Address Un Zin Code			
PD	Local Hama Address			
)B	Local Home Address 6C ZIP Code		Night Shift Differential (MWE)	
		၂၁၁	B Hazard Pay (MWE) 0.00	
3D	Foreign Address	34	13th Month Pay and Other Benefits 31,322.61 (maximum of P90,000)	
7 D	late of Birth (MM/DD/YYYY) 8 Contact Number	35	De Minimis Benefits 35,356.10	
	0 9 1 5 1 9 9 4	36	S SSS, GSIS, PHIC & PAG-IBIG Contributions 19,258.91	
9 s	tatutory Minimum Wage rate per day 0.0000		and Union Dues (Employee share only)	
	Statutory Minimum Wage rate per month 0.0000	37	Salaries and Other forms of Compensation 0.00	
11	Minimum Wage Earner (MWE) whose compensation is exempt from	38	Total Non-Taxable/Exempt Compensation 85,937.62	
	withholding tax and not subject to income tax		Income (Sum of Items 29 to 37)	
	Part II - Employer Information (Present)			
12	TIN 0 0 0 8 4 5 5 4 3 0 0 0 0	В.	TAXABLE COMPENSATION INCOME REGULAR	
	Employer's Name	1	Basic Salary 360,786.54	
	Accenture Inc.	39	July 200,700.54	
14	Registered Address 14A ZIP Code	40	Representation 0.00	
	7F,ROBINSONS CYBERGATE 1 PIONEER ST,BARANGKA ILAYA MANDALUYONG  1 5 5 0	11	Transportation 0.00	
15	Type of Employer  Main Employer  Secondary Employer	"	Transportation 0.00	
	Part III - Employer Information (Previous)	42	Cost of Living Allowance (COLA)	
16	TIN I I I I I I I I I I I I I I I I I I	43	Fixed Housing Allowance 0.00	
17 [	Employer's Name	-	Others (specify)	
			44A 0.00	
18	Registered Address 18A ZIP Code	•	44B 0.00	
	1.0g(sto) 50 7 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Part IVA - Summary		SUPPLEMENTARY	
19	Gross Compensation Income from Present Employer 471,657.05	45	Commission 0.00	
	(Sum of Items 38 and 52)	46	Profit Sharing 0.00	
	Less: Total Non-Taxable/Exempt Compensation 85,937.62			
	Income from Present Employer (From Item 38)	47	Fees Including Director's fee 0.00	
21	Taxable Compensation Income from Present 385,719.43 Employer (Item 19 Less Item 20) (From Item 52)			
22	Add: Taxable Compensation Income from previous 0.00	48	Taxable 13th Month Benefits 0.00	
	Employer, if applicable	49	Hazard Pay 0.00	
	Gross Taxable Compensation Income 385,719.43		,	
	(Sum of Items 21 and 22) Tax Due 20 357 91	50	Overtime Pay 0.00	
	Tax Due 20,357.91 Amount of Taxes Withheld	E4	Others (cnecify)	
	25A Present Employer 20,357.91	31	Others (specify)  51 A 24,932.89	
	25B Previous Employer, if applicable 0.00		51 B 0.00	
26	Total Amount of Taxes Withheld as adjusted 20,357.91	52	? Total Taxable Compensation Income 385,719.43	
	(Sum of Items 25A and 25B)	52	(Sum of Items 39 to 51B)	
	5% of Tax Credit ( PERA Act of 2008)		(Guill of Refile 30 to 61D)	
	Total Taxes Withheld 20,357.91 (Sum of Items 26 and 27)			
		me/u	us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the	
	ational Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, f 2012 (R.A. No. 10173) for legitimate and lawful purposes.	I/we	give my/our consent to the processing of my/our information as contemplated under the *Data Privacy Act	
	Stanladi			
:	Sheryll T.Bautista	_ D	Date Signed         0   5   3   0   2   0   2   5	
3O+	NFORME: Present Employer/Authorized Agent Signature over Printed Name			
	54 Ariola,Socrates,Cuaresma	D	Date Signed	
	Employee Signature over Printed Name	-	Amount Paid, if CTC	
	Valid ID No. 0124834741 Place of	D	Date Issued	
of Er	ilpioyee issue			
To be accomplished under substituted filing  I declare, under the penalities of perjury that the information herein stated are reported under  I declare, under the penalities of perjury that I am qualified under substituted filling of Jacobse Tay Peturo (RIP)				
IR F	R Form No.1604-C which has been filed with the Bureau of Internal Revenue. Form No.1700), since I received purely compensation income from only one employer in the Philippines of the			
	ļo	calen	ndar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the	
			Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIF 1 No.2316 shall serve the same purpose as if BIR Form No.1700 has been filed pursuant to the provisions of	

(Head of Accounting/Human Resource or Authorized Representative) \*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)

Revenue Regulations (RR) No. 3-2002, as amended.

Employee Signature over Printed Name

Present Employer / Authorized Agent Signature over Printed Name