



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".

<p><b>1</b> For the Year (YYYY) <input type="text" value="2"/><input type="text" value="0"/><input type="text" value="2"/><input type="text" value="2"/></p> <p><b>Part I - Employee Information</b></p> <p><b>3</b> TIN <input type="text" value="0"/><input type="text" value="0"/><input type="text" value="0"/><input type="text" value="0"/><input type="text" value="0"/><input type="text" value="0"/></p> <p><b>4</b> Employee's Name (Last Name, First Name, Middle Name) <b>5</b> RDO Code  <input type="text" value="MARTIN, KIRSTEN BERGAVERA"/> <input type="text" value=""/></p> <p><b>6</b> Registered Address <b>6A</b> ZIP Code  <input type="text" value="YAKAL ST. CAPITOL SITE CEBU CITY"/> <input type="text" value=""/></p> <p><b>6B</b> Local Home Address <b>6C</b> ZIP Code  <input type="text" value=""/> <input type="text" value=""/></p> <p><b>6D</b> Foreign Address  <input type="text" value=""/></p> <p><b>7</b> Date of Birth (MM/DD/YYYY) <b>8</b> Contact Number  <input type="text" value="0"/><input type="text" value="6"/><input type="text" value="3"/><input type="text" value="0"/><input type="text" value="1"/><input type="text" value="9"/><input type="text" value="9"/><input type="text" value="8"/> <input type="text" value=""/></p> <p><b>9</b> Statutory Minimum Wage rate per day <input type="text" value="404.00"/></p> <p><b>10</b> Statutory Minimum Wage rate per month <input type="text" value="8,888.00"/></p> <p><b>11</b> <input checked="" type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p><b>Part II - Employer Information (Present)</b></p> <p><b>12</b> TIN <input type="text" value="2"/><input type="text" value="5"/><input type="text" value="0"/><input type="text" value="0"/><input type="text" value="3"/><input type="text" value="6"/><input type="text" value="9"/><input type="text" value="0"/><input type="text" value="0"/><input type="text" value="9"/><input type="text" value="0"/><input type="text" value="0"/><input type="text" value="0"/><input type="text" value="0"/></p> <p><b>13</b> Employer's Name  <input type="text" value="SSG APAC, INC."/></p> <p><b>14</b> Registered Address <b>14A</b> Zip Code  <input type="text" value="14F The Peak Tower 107 LP Leviste St Makati City"/> <input type="text" value=""/></p> <p><b>15</b> Type of Employer <input type="checkbox"/> Main Employer <input checked="" type="checkbox"/> Secondary Employer</p> <p><b>Part III - Employer Information (Previous)</b></p> <p><b>16</b> TIN <input type="text" value="0"/><input type="text" value="0"/><input type="text" value="0"/><input type="text" value="0"/><input type="text" value="0"/><input type="text" value="0"/></p> <p><b>17</b> Employer's Name  <input type="text" value=""/></p> <p><b>18</b> Registered Address <b>18A</b> Zip Code  <input type="text" value=""/> <input type="text" value=""/></p> <p><b>Part IV A - Summary</b></p> <p><b>19</b> Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <input type="text" value="68,350.34"/></p> <p><b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <input type="text" value="68,350.34"/></p> <p><b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <input type="text" value="0.00"/></p> <p><b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable <input type="text" value="0.00"/></p> <p><b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22) <input type="text" value="0.00"/></p> <p><b>24</b> Tax Due <input type="text" value="0.00"/></p> <p><b>25</b> Amount of Taxes Withheld  <b>25A</b> Present Employer <input type="text" value="0.00"/>  <b>25B</b> Previous Employer <input type="text" value="0.00"/></p> <p><b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <input type="text" value="0.00"/></p>	<p><b>2</b> For the Period From (MM/DD) <input type="text" value="0"/><input type="text" value="1"/><input type="text" value="0"/><input type="text" value="1"/> To (MM/DD) <input type="text" value="0"/><input type="text" value="6"/><input type="text" value="2"/><input type="text" value="7"/></p> <p><b>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</b></p> <p><b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Amount</th> <th style="width:20%;">Amount</th> </tr> </thead> <tbody> <tr><td><b>27</b> Basic Salary (including the exempt P250,000 &amp; below or the Statutory Minimum Wage of the MWE)</td><td><input type="text" value="50,806.37"/></td></tr> <tr><td><b>28</b> Holiday Pay (MWE)</td><td><input type="text" value="0.00"/></td></tr> <tr><td><b>29</b> Overtime Pay (MWE)</td><td><input type="text" value="3,891.73"/></td></tr> <tr><td><b>30</b> Night Shift Differential (MWE)</td><td><input type="text" value="0.00"/></td></tr> <tr><td><b>31</b> Hazard Pay (MWE)</td><td><input type="text" value="80.80"/></td></tr> <tr><td><b>32</b> 13th Month Pay and Other Benefits (maximum of P90,000)</td><td><input type="text" value="4,153.94"/></td></tr> <tr><td><b>33</b> De Minimis Benefits</td><td><input type="text" value="5,850.00"/></td></tr> <tr><td><b>34</b> SSS, GSIS, PHIC &amp; Pag-IBIG Contributions and Union Dues (Employee share only)</td><td><input type="text" value="3,567.50"/></td></tr> <tr><td><b>35</b> Salaries &amp; Other Forms of Compensation</td><td><input type="text" value="0.00"/></td></tr> <tr><td><b>36</b> Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)</td><td><input type="text" value="68,350.34"/></td></tr> </tbody> </table> <p><b>B. 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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.

<p><b>51</b> <u>MARICEL D. RIMANDO</u> Present Employer / Authorized Agent Signature Over Printed Name</p> <p><b>CONFORME:</b></p> <p><b>52</b> <u>KIRSTEN B. MARTIN</u> Employee Signature Over Printed Name</p> <p>CTC/Valid ID No. of Employee <input type="text"/> Place of Issue <input type="text"/></p>	<p>Date Signed <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p>Date Signed <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p>Date Issued <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p style="text-align: right;">Amount paid, if CTC <input type="text" value=""/></p>
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**To be accomplished under substituted filing**

<p>I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.</p> <p><b>53</b> <u>MARICEL D. RIMANDO</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)</p>	<p>I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns (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. 1604CF 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 had been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.</p> <p><b>54</b> <u>KIRSTEN B. MARTIN</u> Employee Signature Over Printed Name</p>
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