

For BIR BCS/
Use Only Item:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No. <h1 style="margin: 0;">2316</h1> January 2018 (ENCS)	<h2 style="margin: 0;">Certificate of Compensation Payment/Tax Withheld</h2> <p style="font-size: small; margin: 0;">For Compensation Payment With or Without Tax Withheld</p>	<p style="font-size: x-small; margin: 0;">2316 01/18ENCS</p>
--	--	--

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

1 For the Year (YYYY) 2 0 2 2	2 For the Period From (MM/DD) 0 2 1 8 To (MM/DD) 0 7 0 7
Part I - Employee Information	
3 TIN 7 7 9 - 0 3 3 - 1 8 9 -	27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)
4 Employee's Name (Last Name, First Name, Middle Name) MONTES, CHRISTOPHER	28 Holiday Pay (MWE)
6 Registered Address 105- A RAMON DUTERTE ST, BANAWA CABAHIT COMPOUND GUADALUPE CEBU CITY	29 Overtime Pay (MWE)
6A ZIP Code 6 0 0 0	30 Night Shift Differential (MWE)
6B Local Home Address 	31 Hazard Pay (MWE)
6C ZIP Code 	32 13th Month Pay and Other Benefits (maximum of P90,000) 4,817.28
6D Foreign Address 	33 De Minimis Benefits 4,577.91
7 Date of Birth (MM/DD/YYYY) 0 9 0 9 1 9 9 9	34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 2,550.00
8 Contact Number 6 3 9 2 3 1 2 9 3 9 3 1	35 Salaries and Other Forms of Compensation -
9 Statutory Minimum Wage rate per day 	36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 11,945.19
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	37 Basic Salary 47,936.77
Part II - Employer Information (Present)	
12 TIN 2 4 4 - 9 6 3 - 8 7 6 - 0 0 0	38 Representation
13 Employer's Name QUALFON PHILIPPINES, INC.	39 Transportation
14 Registered Address Skyrise 3, Qualfon Bldg., IT Park, Apas, Cebu City	40 Cost of Living Allowance (COLA)
14A ZIP Code 6 0 0 0	41 Fixed Housing Allowance
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	42 Others (specify)
Part III - Employer Information (Previous)	
16 TIN 	42A
17 Employer's Name 	42B
18 Registered Address 	SUPPLEMENTARY
18A ZIP Code 	43 Commission
Part IVA - Summary	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 59,881.96	44 Profit Sharing
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 11,945.19	45 Fees Including Director's Fees
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 47,936.77	46 Taxable 13th Month Benefits -
22 Add: Taxable Compensation Income from Previous Employer, if applicable 	47 Hazard Pay
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 47,936.77	48 Overtime Pay
24 Tax Due -	49 Others (specify)
25 Amount of Taxes Withheld	49A
25A Present Employer 	49B
25B Previous Employer, if applicable 	50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 47,936.77
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 METHYL D. TAER Present Employer/Authorized Agent Signature over Printed Name	Date Signed 0 7 1 5 2 0 2 2
CONFORME: 52 MONTES, CHRISTOPHER Employee Signature over Printed Name	Date Signed
CTC/Valid ID No. of Employee Place of Issue 	Date Issued Amount paid, if CTC

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 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.
53 METHYL D. TAER Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	54 MONTES, CHRISTOPHER Employee Signature over Printed Name

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)