



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) **2020**

2 For the Period From (MM/DD) **01 01** To (MM/DD) **12 31**

Part I - Employee Information

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

3 TIN **762 298 342 0000**

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

4 Employee's Name (Last Name, First Name, Middle Name) **SATUITA, RENTH KRISTEL M**

27 Basic Salary (including the exempt P250,000 & of the Statutory Minimum Wage of the MWE) **0.00**

5 RDO Code **083**

28 Holiday Pay (MWE) **0.00**

6 Registered Address

29 Overtime Pay (MWE) **0.00**

6A Zip Code

30 Night Shift Differential (MWE) **0.00**

6B Local Home Address

31 Hazard Pay (MWE) **0.00**

6C Zip Code

32 13th Month Pay and Other Benefits (maximum of P90,000) **10,000.00**

6D Foreign Address

33 De Minimis Benefits **0.00**

6E Zip Code

34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only) **0.00**

7 Date of Birth (MM/DD/YYYY)

35 Salaries & Other Forms of Compensation **120,000.00**

8 Telephone Number

36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) **130,000.00**

9 Statutory Minimum Wage rate per day **385.00**

B. TAXABLE COMPENSATION INCOME REGULAR

10 Statutory Minimum Wage rate per month **10,000.00**

37 Basic Salary **0.00**

11 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

38 Representation

Part II - Employer Information (Present)

39 Transportation

12 Taxpayer **213 945 321 0000**

40 Cost of Living Allowance (COLA)

13 Employer's Name **MOTHER MARYS CHILDREN SCHOOL INC**

41 Fixed Housing Allowance

14 Registered Address **1024 DAPDAP POBLACION III CARCAR CITY CEBU**

42 Others (Specify)

14A Zip Code **6019**

42A **0.00**

15 Type of Employer Main Employer Secondary Employer

42B

Part III - Employer Information (Previous)

SUPPLEMENTARY

16 TIN

43 Commission

17 Employer's Name

44 Profit Sharing

18 Registered Address

45 Fees Including Director's Fees

Part IVA - Summary

46 Taxable 13th Month Pay Benefits **0.00**

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) **130,000.00**

47 Hazard Pay

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) **130,000.00**

48 Overtime Pay

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) **0.00**

49 Others (Specify)

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

49A

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **0.00**

49B

24 Tax Due **0.00**

50 Total Taxable Compensation Income (Sum of Items 37 and 49B) **0.00**

25 Amount of Taxes Withheld

25A Present Employer **0.00**

25B Previous Employer **0.00**

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **0.00**

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I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by 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 **MERLEA A CABALQUINTO**
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

CONFORME:
52 **RENTH KRISTEL M SATUITA**
Employee Signature Over Printed Name

Date Signed **01 22 2021**

CTC/Valid ID No. **06-4248602-4** Place of Issue

Date of Issue

Amount Paid, if CTC

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C which has been filed with the Bureau of Internal Revenue.
53 **MERLEA A CABALQUINTO**
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 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. 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 the Internal Revenue Regulations (RR) No. 3-2002, as amended.
54 **RENTH KRISTEL M SATUITA**
Employee Signature Over Printed Name