



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>3</b> TIN <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="5"/> - <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> - <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="4"/> - <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) <input type="text" value="Satur, Joanna Life Casinas"/> <b>5</b> RDO Code <input type="text" value="5"/> <input type="text" value="0"/></p> <p><b>6</b> Registered Address <input type="text"/> <b>6A</b> ZIP Code <input type="text"/></p> <p><b>6B</b> Local Home Address <input type="text"/> <b>6C</b> ZIP Code <input type="text"/></p> <p><b>6D</b> Foreign Address <input type="text"/></p> <p><b>7</b> Date of Birth (MM/DD/YYYY) <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="5"/> <b>8</b> Contact Number <input type="text"/></p> <p><b>9</b> Statutory Minimum Wage rate per day <input type="text"/></p> <p><b>10</b> Statutory Minimum Wage rate per month <input type="text"/></p> <p><b>11</b> <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p><b>12</b> TIN <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="1"/> - <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="8"/> - <input type="text" value="0"/> <input type="text" value="7"/> <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"/> <input type="text" value="0"/></p> <p><b>13</b> Employer's Name <input type="text" value="S.P. Madrid &amp; Associates"/></p> <p><b>14</b> Registered Address <input type="text"/> <b>14A</b> ZIP Code <input type="text"/></p> <p><b>15</b> Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p><b>16</b> TIN <input type="text"/></p> <p><b>17</b> Employer's Name <input type="text"/></p> <p><b>18</b> Registered Address <input type="text"/> <b>18A</b> ZIP Code <input type="text"/></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="8"/> <input type="text" value="3"/> <input type="text" value="1"/></p> <p><b>Part IV-B Details of Compensation Income &amp; 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 style="text-align: right;">0.00</td></tr> <tr><td><b>28</b> Holiday Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td><b>29</b> Overtime Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td><b>30</b> Night Shift Differential (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td><b>31</b> Hazard Pay (MWE)</td><td style="text-align: right;">0.00</td></tr> <tr><td><b>32</b> 13th Month Pay and Other Benefits (maximum of P90,000)</td><td style="text-align: right;">6,955.45</td></tr> <tr><td><b>33</b> De Minimis Benefits</td><td style="text-align: right;">0.00</td></tr> <tr><td><b>34</b> SSS, GSIS, PHIC &amp; PAG-IBIG Contributions and Union Dues (Employee share only)</td><td style="text-align: right;">7,110.40</td></tr> <tr><td><b>35</b> Salaries and Other Forms of Compensation</td><td style="text-align: right;">0.00</td></tr> <tr><td><b>36</b> Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)</td><td style="text-align: right;">14,065.85</td></tr> </tbody> </table> <p><b>B. TAXABLE COMPENSATION INCOME REGULAR</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td><b>37</b> Basic Salary</td><td style="text-align: right;">76,860.00</td></tr> <tr><td><b>38</b> Representation</td><td style="text-align: right;">0.00</td></tr> <tr><td><b>39</b> Transportation</td><td style="text-align: right;">0.00</td></tr> <tr><td><b>40</b> Cost of Living Allowance (COLA)</td><td style="text-align: right;">0.00</td></tr> <tr><td><b>41</b> Fixed Housing Allowance</td><td style="text-align: right;">0.00</td></tr> <tr><td><b>42</b> Others (specify)</td><td style="text-align: right;">0.00</td></tr> <tr><td><b>42A</b> <input type="text"/></td><td style="text-align: right;">0.00</td></tr> <tr><td><b>42B</b> <input type="text"/></td><td style="text-align: right;">0.00</td></tr> </tbody> </table> <p><b>SUPPLEMENTARY</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td><b>43</b> Commission</td><td style="text-align: right;">7,892.13</td></tr> <tr><td><b>44</b> Profit Sharing</td><td style="text-align: right;">0.00</td></tr> <tr><td><b>45</b> Fees Including Director's Fees</td><td style="text-align: right;">0.00</td></tr> <tr><td><b>46</b> Taxable 13th Month Benefits</td><td style="text-align: right;">0.00</td></tr> <tr><td><b>47</b> Hazard Pay</td><td style="text-align: right;">0.00</td></tr> <tr><td><b>48</b> Overtime Pay</td><td style="text-align: right;">8,124.20</td></tr> <tr><td><b>49</b> Others (specify)</td><td style="text-align: right;">0.00</td></tr> <tr><td><b>49A</b> <input type="text"/></td><td style="text-align: right;">0.00</td></tr> <tr><td><b>49B</b> <input type="text"/></td><td style="text-align: right;">0.00</td></tr> <tr><td><b>50</b> Total Taxable Compensation Income (Sum of Items 37 to 49B)</td><td style="text-align: right;">92,876.32</td></tr> </tbody> </table>	Amount	Amount	<b>27</b> Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	0.00	<b>28</b> Holiday Pay (MWE)	0.00	<b>29</b> Overtime Pay (MWE)	0.00	<b>30</b> Night Shift Differential (MWE)	0.00	<b>31</b> Hazard Pay (MWE)	0.00	<b>32</b> 13th Month Pay and Other Benefits (maximum of P90,000)	6,955.45	<b>33</b> De Minimis Benefits	0.00	<b>34</b> SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	7,110.40	<b>35</b> Salaries and Other Forms of Compensation	0.00	<b>36</b> Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	14,065.85	<b>37</b> Basic Salary	76,860.00	<b>38</b> Representation	0.00	<b>39</b> Transportation	0.00	<b>40</b> Cost of Living Allowance (COLA)	0.00	<b>41</b> Fixed Housing Allowance	0.00	<b>42</b> Others (specify)	0.00	<b>42A</b> <input type="text"/>	0.00	<b>42B</b> <input type="text"/>	0.00	<b>43</b> Commission	7,892.13	<b>44</b> Profit Sharing	0.00	<b>45</b> Fees Including Director's Fees	0.00	<b>46</b> Taxable 13th Month Benefits	0.00	<b>47</b> Hazard Pay	0.00	<b>48</b> Overtime Pay	8,124.20	<b>49</b> Others (specify)	0.00	<b>49A</b> <input type="text"/>	0.00	<b>49B</b> <input type="text"/>	0.00	<b>50</b> Total Taxable Compensation Income (Sum of Items 37 to 49B)	92,876.32
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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>Alvarez, Bonna Leah Coniato</u> Present Employer/Authorized Agent Signature over Printed Name</p> <p><b>52</b> <u>Satur, Joanna Life Casinas</u> Employee Signature over Printed Name</p> <p>CTC/Valid ID No. <input type="text"/> Place of Issue <input type="text"/></p>	<p>Date Signed <input type="text"/></p> <p>Date Signed <input type="text"/></p> <p>Date Signed <input type="text"/> Amount paid, if CTC <input type="text"/></p>
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<p><b>53</b> <u>Alvarez, Bonna Leah Coniato</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)</p>	<p><b>54</b> <u>Satur, Joanna Life Casinas</u> Employee Signature over Printed Name</p>
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\*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)