



BIR Form No.
2316
January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**
For Compensation Payment With or Without Tax Withheld



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

1 For the Year (YYYY) <input type="text" value="2022"/>	2 For the Period From (MM/DD) <input type="text" value="01/01"/>	To (MM/DD) <input type="text" value="11/30"/>
Part I - Employee Information		
3 TIN <input type="text" value="324-604-823"/>	Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
4 Employee's Name (Last Name, First Name, Middle Name) <input type="text" value="BARRIENTOS, CATHLEEN ALA"/>	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
5 RDO Code <input type="text"/>	Amount	
6 Registered Address <input type="text" value="LUZ"/>	27 Basic Salary (including the except P250,000 & below) or the Statutory Minimum Wage of the MWE <input type="text" value="138,741.44"/>	
6A ZIP Code <input type="text"/>	28 Holiday Pay (MWE) <input type="text" value="0.00"/>	
6B Local Home Address <input type="text" value="LUZ"/>	29 Overtime Pay (MWE) <input type="text" value="0.00"/>	
6C ZIP Code <input type="text"/>	30 Night Shift Differential (MWE) <input type="text" value="0.00"/>	
6D Foreign Address <input type="text"/>	31 Hazard Pay (MWE) <input type="text" value="0.00"/>	
7 Date of Birth (MM/DD/YYYY) <input type="text" value="09/03/1996"/>	32 13th Month Pay and Other Benefits (maximum of P90,000) <input type="text" value="67,565.85"/>	
8 Contact Number <input type="text"/>	33 De Minimis Benefits <input type="text" value="29,049.74"/>	
9 Statutory Minimum Wage rate per day <input type="text" value="0.00"/>	34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <input type="text" value="12,968.35"/>	
10 Statutory Minimum Wage rate per month <input type="text" value="0.00"/>	35 Salaries and Other Forms of Compensation <input type="text" value="0.00"/>	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <input type="text" value="248,325.38"/>	
Part II - Employer Information (Present)		
12 TIN <input type="text" value="242049924"/>	B. TAXABLE COMPENSATION INCOME REGULAR	
13 Employer's Name <input type="text" value="AND1 IONOS PHILIPPINES INC"/>	37 Basic Salary <input type="text" value="0.00"/>	
14 Registered Address <input type="text" value="15TH AND 16TH R I3 BUILDING IT PARK LAHUG"/>	38 Representation <input type="text" value="0.00"/>	
14A ZIP Code <input type="text" value="6000"/>	39 Transportation <input type="text" value="0.00"/>	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	40 Cost of Living Allowance (COLA) <input type="text" value="0.00"/>	
Part III - Employer Information (Previous)		
16 TIN <input type="text"/>	41 Fixed Housing Allowance <input type="text" value="0.00"/>	
17 Employer's Name <input type="text"/>	42 Others (specify)	
18 Registered Address <input type="text"/>	42A <input type="text" value="REST DAY /HOLIDAY PREMIUM"/> <input type="text" value="12,417.93"/>	
18A ZIP Code <input type="text"/>	42B <input type="text" value="NIGHT DIFFERENTIAL"/> <input type="text" value="11,278.98"/>	
Part IV A - Summary		
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <input type="text" value="279,504.00"/>	43 Commission <input type="text" value="0.00"/>	
20 Less : Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <input type="text" value="248,325.38"/>	44 Profit Sharing <input type="text" value="0.00"/>	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <input type="text" value="31,178.62"/>	45 Fees Including Director's Fees <input type="text" value="0.00"/>	
22 Add: Taxable Compensation Income from Previous Employer, if applicable <input type="text" value="0.00"/>	46 Taxable 13th Month Benefits <input type="text" value="2,820.82"/>	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <input type="text" value="31,178.62"/>	47 Hazard Pay <input type="text" value="0.00"/>	
24 Tax Due <input type="text" value="0.00"/>	48 Overtime Pay <input type="text" value="4,660.89"/>	
25 Amount of Taxes Withheld	49 Others (specify)	
25A Present Employer <input type="text" value="0.00"/>	49A <input type="text"/> <input type="text" value="0.00"/>	
25B Previous Employer, if applicable <input type="text" value="0.00"/>	49B <input type="text"/> <input type="text" value="0.00"/>	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <input type="text" value="0.00"/>	50 Total Taxable Compensation Income (Sum of Items 37 to 49B) <input type="text" value="31,178.62"/>	

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 <u>ANA JUANITA DELLOSA</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed <input type="text"/>
52 <u>CATHLEEN BARRIENTOS</u> Employee Signature over Printed Name	Date Signed <input type="text"/>
CTC/Valid ID No. of Employee <input type="text"/> Place of Issue <input type="text"/>	Date Signed <input type="text"/> Date Signed <input type="text"/>

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. 1604-C which has been filed with the Bureau of Internal Revenue.</p> <p>53 <u>ANA JUANITA DELLOSA</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 Return (BIR Form No. 1700), since I receive 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.</p> <p>54 <u>CATHLEEN BARRIENTOS</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)