



BIR Form No.

2316

September 2021(ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 9/21ENCS

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

<p>1 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>Part I - Employee Information</p> <p>3 TIN <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="6"/> - <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="9"/> - <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="2"/> -</p> <p>4 Employee's Name (Last Name, First Name, Middle Name) <input type="text" value="DINGLASA, ANASTACIO SANTOS"/> 5 RDO Code <input type="text"/></p> <p>6 Registered Address <input type="text"/> 6A ZIP Code <input type="text"/></p> <p>6B Local Home Address <input type="text"/> 6C ZIP Code <input type="text"/></p> <p>6D Foreign Address <input type="text"/></p> <p>7 Date of Birth (MM/DD/YYYY) <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> 8 Contact Number <input type="text"/></p> <p>9 Statutory Minimum Wage rate per day <input type="text"/></p> <p>10 Statutory Minimum Wage rate per month <input type="text"/></p> <p>11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p>Part II - Employer Information (Present)</p> <p>12 TIN <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> - <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="8"/> - <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="3"/> - <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/></p> <p>13 Employer's Name <input type="text" value="Integrated Call Center Solutions (Philippines), Inc"/></p> <p>14 Registered Address <input type="text" value="183 EDSA corner Ortigas Ave., Wack Wack, Greenhills, City of Mandaluyong"/> 14A ZIP Code <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>Part III - Employer Information (Previous)</p> <p>16 TIN <input type="text"/></p> <p>17 Employer's Name <input type="text"/></p> <p>18 Registered Address <input type="text"/> 18A ZIP Code <input type="text"/></p> <p>Part IVA - Summary</p> <p>19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) <input type="text" value="37,786.09"/></p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <input type="text" value="5,202.81"/></p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <input type="text" value="32,583.28"/></p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable <input type="text" value="0.00"/></p> <p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <input type="text" value="32,583.28"/></p> <p>24 Tax Due <input type="text" value="0.00"/></p> <p>25 Amount of Taxes Withheld</p> <p>25A Present Employer <input type="text" value="0.00"/></p> <p>25B Previous Employer, if applicable <input type="text" value="0.00"/></p> <p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <input type="text" value="0.00"/></p> <p>27 5% Tax Credit (PERA Act of 2008) <input type="text" value="0.00"/></p> <p>28 Total Taxes Withheld (Sum of Items 26 and 27) <input type="text" value="0.00"/></p>	<p>2 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="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="1"/></p> <p>Part IV-B Details of Compensation Income & Tax Withheld from Present Employer</p> <p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</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>29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>30 Holiday Pay (MWE)</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>31 Overtime Pay (MWE)</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>32 Night Shift Differential (MWE)</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>33 Hazard Pay (MWE)</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>34 13th Month Pay and Other Benefits (maximum of P90,000)</td> <td><input type="text" value="1,131.67"/></td> </tr> <tr> <td>35 De Minimis Benefits</td> <td><input type="text" value="1,421.52"/></td> </tr> <tr> <td>36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)</td> <td><input type="text" value="2,649.62"/></td> </tr> <tr> <td>37 Salaries and Other Forms of Compensation</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)</td> <td><input type="text" value="5,202.81"/></td> </tr> </tbody> </table> <p>B. TAXABLE COMPENSATION INCOME REGULAR</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>39 Basic Salary</td> <td><input type="text" value="29,037.07"/></td> </tr> <tr> <td>40 Representation</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>41 Transportation</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>42 Cost of Living Allowance (COLA)</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>43 Fixed Housing Allowance</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>44 Others (specify)</td> <td></td> </tr> <tr> <td>44A <input type="text"/></td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>44B <input type="text"/></td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td colspan="2" style="text-align:center;">SUPPLEMENTARY</td> </tr> <tr> <td>45 Commission</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>46 Profit Sharing</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>47 Fees Including Director's Fees</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>48 Taxable 13th Month Benefits</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>49 Hazard Pay</td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>50 Overtime Pay</td> <td><input type="text" value="1,826.22"/></td> </tr> <tr> <td>51 Others (specify)</td> <td></td> </tr> <tr> <td>51A <input type="text"/></td> <td><input type="text" value="1,719.99"/></td> </tr> <tr> <td>51B <input type="text"/></td> <td><input type="text" value="0.00"/></td> </tr> <tr> <td>52 Total Taxable Compensation Income (Sum of Items 39 to 51B)</td> <td><input type="text" value="32,583.28"/></td> </tr> </tbody> </table>	Amount	Amount	29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	<input type="text" value="0.00"/>	30 Holiday Pay (MWE)	<input type="text" value="0.00"/>	31 Overtime Pay (MWE)	<input type="text" value="0.00"/>	32 Night Shift Differential (MWE)	<input type="text" value="0.00"/>	33 Hazard Pay (MWE)	<input type="text" value="0.00"/>	34 13th Month Pay and Other Benefits (maximum of P90,000)	<input type="text" value="1,131.67"/>	35 De Minimis Benefits	<input type="text" value="1,421.52"/>	36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	<input type="text" value="2,649.62"/>	37 Salaries and Other Forms of Compensation	<input type="text" value="0.00"/>	38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	<input type="text" value="5,202.81"/>	39 Basic Salary	<input type="text" value="29,037.07"/>	40 Representation	<input type="text" value="0.00"/>	41 Transportation	<input type="text" value="0.00"/>	42 Cost of Living Allowance (COLA)	<input type="text" value="0.00"/>	43 Fixed Housing Allowance	<input type="text" value="0.00"/>	44 Others (specify)		44A <input type="text"/>	<input type="text" value="0.00"/>	44B <input type="text"/>	<input type="text" value="0.00"/>	SUPPLEMENTARY		45 Commission	<input type="text" value="0.00"/>	46 Profit Sharing	<input type="text" value="0.00"/>	47 Fees Including Director's Fees	<input type="text" value="0.00"/>	48 Taxable 13th Month Benefits	<input type="text" value="0.00"/>	49 Hazard Pay	<input type="text" value="0.00"/>	50 Overtime Pay	<input type="text" value="1,826.22"/>	51 Others (specify)		51A <input type="text"/>	<input type="text" value="1,719.99"/>	51B <input type="text"/>	<input type="text" value="0.00"/>	52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	<input type="text" value="32,583.28"/>
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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.

53 Ubias, Bency Clarck Johnson
Present Employer/Authorized Agent Signature over Printed Name

Date Signed

CONFORME:
54 DINGLASA, ANASTACIO SANTOS
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.

55 Ubias, Bency Clarck Johnson
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 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.

56 DINGLASA, ANASTACIO SANTOS
Employee Signature over Printed Name