



BIR Form No. 2316

Certificate of Compensation Payment/Tax Withheld



2316 01/18ENC5

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

1 For the Year (YYYY) 2 0 2 3 2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 0 1 1 2

3 TIN 6 0 7 - 8 1 9 - 7 0 3 - 0 0 0 0 Part I - Employee Information Part IV-B Details of Compensation Income & Tax Withheld from Present Employer

4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code 6 Registered Address 6A ZIP Code 6B Local Home Address 6C ZIP Code 6D Foreign Address

7 Date of Birth (MM/DD/YYYY) 8 Contact Number 9 Statutory Minimum Wage rate per day 10 Statutory Minimum Wage rate per month 11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

12 TIN 2 2 7 - 2 9 4 - 4 1 5 - 0 0 0 0 Part II - Employer Information (Present)

13 Employer's Name 14 Registered Address 14A ZIP Code 15 Type of Employer X Main Employer Secondary Employer

16 TIN Part III - Employer Information (Previous)

17 Employer's Name 18 Registered Address 18A ZIP Code

Table with 2 columns: Description and Amount. Rows include Gross Compensation Income from Present Employer (15,392.48), Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (3,142.69), Taxable Compensation Income from Present Employer (12,249.79), Add: Taxable Compensation Income from Previous Employer (0.00), Gross Taxable Compensation Income (12,249.79), Tax Due (0.00), Amount of Taxes Withheld (0.00), Total Taxable Compensation Income (12,249.79).

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.

51 EDENREY RAMOS Present Employer/Authorized Agent Signature over Printed Name Date Signed

52 Baguio Kynaeh Justine Sulib Employee Signature over Printed Name Date Signed Amount paid, if CTC

CTC/Valid ID No. of Employee Place of Issue Date Issued

53 EDENREY RAMOS Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)

54 Baguio Kynaeh Justine Sulib Employee Signature over Printed Name

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