



Certificate of Compensation Payment/Tax Withheld



BIR Form No.
2316

January 2018 (BNCS)

For Compensation Payment With or Without Tax Withheld

2316 01/18 BNCS

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

1 For the Year (YYYY)	2022	2 For the Period From (MM/DD)	03/14	To (MM/DD)	12/31
Part I - Employee Information			Part IV-B Details of Compensation Income & Tax Withheld from Present Employer		
3 TIN	331 - 785 - 229 - 000	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
4 Employee's Name (Last Name, First Name, Middle Name)		5 RDO Code		Amount	
Ipil, Krystel, Canencia		044		27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	
6 Registered Address		6A ZIP Code		28 Holiday Pay (MWE)	
Relocation Site Purok Mainuswagon				29 Overtime Pay (MWE)	
6B Local Home Address		6C ZIP Code		30 Night Shift Differential (MWE)	
Brgy. Lag-asan				31 Hazard Pay (MWE)	
Bago City				32 13th Month Pay and Other Benefits (maximum of P90,000)	
6101 Negros Occidental				19,158.12	
6D Foreign Address		6E ZIP Code		33 De Minimis Benefits	
Philippines				18,161.24	
7 Date of Birth (MM/DD/YYYY)		8 Contact Number		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	
3/6/1998				10,290.00	
9 Statutory Minimum Wage rate per day				35 Salaries and Other Forms of Compensation	
10 Statutory Minimum Wage rate per month				-	
11 <input type="checkbox"/> Minimum Wage Farmer (MWF) 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)	
				47,609.36	
Part II - Employer Information (Present)					
12 TIN	008 - 399 - 094 - 000	B. TAXABLE COMPENSATION INCOME REGULAR			
13 Employer's Name		14 Registered Address		14A ZIP Code	
UBIQUITY GLOBAL SERVICES PHILIPPINES INC.		10/F Bench Tower, 30Th Street Corner Rizal Drive, Bonifacio		1630	
		Global City Taguig			
15 Type of Employer		15A Main Employer		15B Secondary Employer	
<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Part III - Employer Information (Previous)					
16 TIN	- - - - -	17 Employer's Name		18 Registered Address	
				18A ZIP Code	
Part VA - Summary					
19 Gross Compensation Income from Present Employer (Sum of Items 30 and 50)		172,798.01		43 Commission	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 30)		47,609.36		44 Profit Sharing	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)		125,188.65		45 Fees Including Director's Fees	
22 Add: Taxable Compensation Income from Previous Employer, if applicable				46 Taxable 13th Month Benefits	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)		125,188.65		-	
24 Tax Due		-		47 Hazard Pay	
25 Amount of Taxes Withheld				48 Overtime Pay	
25A Present Employer		-		49 Others (specify)	
25B Previous Employer, if applicable		-		49A	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)		-		49B	
				50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	
				125,188.65	

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>Mary Rose Gonzales</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed <input type="text"/>
CONFORME: 52 <u>Ipil, Krystel, Canencia</u> Employee Signature over Printed Name	Date Signed <input type="text"/>
CTC/Valid ID No. <input type="text"/> Place of <input type="text"/> of Employee Issue	Date Issued <input type="text"/> Amount paid, if CTC <input type="text"/>

<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>Mary Rose Gonzales</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 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.</p> <p>54 <u>Ipil, Krystel, Canencia</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)