



BIR Form No. <h1 style="margin:0;">2316</h1> September 2021 (ENCS)	<h2 style="margin:0;">Certificate of Compensation Payment/Tax Withheld</h2> For Compensation Payment With or Without Tax Withheld	2316 9/21ENCS
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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	
Part I - Employee Information		
3 TIN T I N - i n - P r c -	Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code Soy, Cresilda, Bitas 0 4 4	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount	
6 Registered Address 6A Zip Code Purok 3, Ambuan 6 3 4 3	29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) 0.00	
6B Local Home Address 6C Zip Code	30 Holiday Pay (MWE) 0.00	
6D Foreign Address	31 Overtime Pay (MWE) 0.00	
7 Date of Birth (MM/DD/YYYY) 8 Contact Number 0 1 1 5 1 9 9 3	32 Night Shift Differential (MWE) 0.00	
9 Statutory Minimum Wage rate per day	33 Hazard Pay (MWE) 0.00	
10 Statutory Minimum Wage rate per month	34 13th Month Pay and Other Benefits (maximum of P90,000) 0.00	
11 <input type="checkbox"/> Minimum Wage Earner(MWE) whose compensation is exempt from withholding tax and not subject to income tax	35 De Minimis Benefits 2,428.35	
Part II - Employer Information (Present)		
12 TIN 0 0 8 - 9 9 0 - 5 4 3 - 0 0 0	36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 862.50	
13 Employer's Name LIZARDBEAR TASKING INC.	37 Salaries and Other Forms of Compensation 504.60	
14 Registered Address 14A Zip Code 17th-19th FLR, 24/7 Bldg., 24th St. & 7TH Ave., Taguig City 1 6 3 4	38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 3,795.45	
15 Type of Employee <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	B. TAXABLE COMPENSATION INCOME REGULAR	
Part III - Employer Information (Previous)		
16 TIN	39 Basic Salary 5,131.74	
17 Employer's Name	40 Representation 0.00	
18 Registered Address 18A Zip Code	41 Transportation 0.00	
Part IVA - Summary		
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 13,198.43	42 Cost of Living Allowance (COLA) 0.00	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 3,795.45	43 Fixed Housing Allowance 0.00	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 9,402.98	44 Others (Specify)	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00	44A OtherInc 4,000.00	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 9,402.98	44B 0.00	
24 Tax Due 0.00	SUPPLEMENTARY	
25 Amount of Taxes Withheld	45 Commission 0.00	
25A Present Employer 0.00	46 Profit Sharing 0.00	
25B Previous Employer, if applicable 0.00	47 Fees Including Director's Fees 0.00	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00	48 Taxable 13th Month Benefits 0.00	
27 5% Tax Credit (PERA Act of 2008) 0.00	49 Hazard Pay 0.00	
28 Total Taxes Withheld (Sum of Item 26 and 27) 0.00	50 Overtime Pay 505.76	
51 Others (Specify)		
51A NS Diff 619.43		
51B -853.95		
52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 9,402.98		

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 <u>JENNIFER NEPOMUCENO</u> Present Employer/ Authorized Agent Signature over Printed Name	Date Signed 0 2 1 5 2 0 2 3
CONFORME: 54 <u>Soy, Cresilda, Bitas</u> Employee Signature over Printed Name	Date Signed
C/Valid ID No. Place of of Employee issue	Date of Issue Amount Paid, if CTC

To be accomplished under substituted filing

55 _____ 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 had been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.
56 _____ Employee Signature over Printed Name	

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