



BIR Form No. 2316 January 2018 (ENCS)

Certificate of Compensation Payment/Tax Withheld



2316 01/18ENCS

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

1 For the Year (YYYY) 2023 2 For the Period From (MM/DD) 01 01 To (MM/DD) 02 17

Part I - Employee Information 3 Taxpayer Identification No. 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 whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present) 12 Taxpayer Identification No. 13 Employer's Name 14 Registered Address 14A Zip code 14B main employer secondary employer

Part III - Employer Information (Previous) 16 Taxpayer Identification No. 17 Employer's Name 18 Registered Address 20A Zip code

Part IVA - Summary 19 Gross Compensation Income from Present Employer(Sum of Items 36 and 50) 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 22 Add: Taxable Compensation Income from Previous Employer, if applicable 23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 24 Tax Due 25 Amount of taxes Withheld 25A Present Employer 25B Previous Employer, if applicable 26 Total Amount of Taxes Withheld As Adjusted (Sum of Items 25A and 25B)

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer Amount A. NON-TAXABLE/EXEMPT COMPENSATION INCOME 27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 28 Holiday Pay (MWE) 29 Overtime Pay (MWE) 30 Night Shift Differential (MWE) 31 Hazard Pay (MWE) 32 13th Month Pay and Other Benefits (maximum of P90,000) 33 Deminimis Benefits 34 SSS, GSIS, PHIC & Pag-ibig Contributions & Union Dues (Employee Share only) 35 Salaries & Other Forms of Compensation 36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) B. TAXABLE COMPENSATION INCOME REGULAR 37 Basic Salary 38 Representation 39 Transportation 40 Cost of Living Allowance 41 Fixed Housing Allowance 42 Others (Specify) 42A 42B SUPPLEMENTARY 43 Commission 44 Profit Sharing 45 Fees Including Director's Fees 46 Taxable 13th Month Pay and Other Benefits 47 Hazard Pay 48 Overtime Pay 49 Others (Specify) 49A 49B 50 Total Taxable Compensation Income (Sum of Items 37 to 49B)

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and to the best of 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 Present Employer/Authorized Agent Signature Over Printed Name Date Signed 52 Employee Signature Over Printed Name Date Signed Amount Paid CTC No. Place of Issue Date of Issue of Employee

To be accomplished under substituted filing 53 Present Employer/Authorized Agent Signature Over Printed Name (Head of Accounting/Human Resources or Authorized Representative) 54 Employee Signature Over Printed Name