



BIR Form No. <h1 style="margin:0;">2316</h1> September 2021(ENCS)	<h2 style="margin:0;">Certificate of Compensation Payment/Tax Withheld</h2> <p style="font-size: small; margin:0;">For Compensation Payment With or Without Tax Withheld</p>	<p style="font-size: x-small; margin:0;">2316 9/21ENCS</p>
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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) 01 01 To (MM/DD) 12 31		
Part I - Employee Information			
3 TIN 6 2 2 - 8 3 7 - 6 9 1 - 0 0 0 0	29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) 0.00		
4 Employee's Name (Last Name, First Name, Middle Name) Lias, Lynie Rose, G	5 RDO Code 081		
6 Registered Address Barangay Apas IT Park Cebu City	6A ZIP Code 6000		
6B Local Home Address 	6C ZIP Code 		
6D Foreign Address 	30 Holiday Pay (MWE) 		
7 Date of Birth (MM/DD/YYYY) 05 11 1999	8 Contact Number 09071703318		
9 Statutory Minimum Wage rate per day 	31 Overtime Pay (MWE) 		
10 Statutory Minimum Wage rate per month 	32 Night Shift Differential (MWE) 		
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	33 Hazard Pay (MWE) 		
Part II - Employer Information (Present)			
12 TIN 007 - 876 - 982 - 00000	34 13th Month Pay and Other Benefits (maximum of P90,000) 4,023.75		
13 Employer's Name GREATENGLISH CORPORATION	35 De Minimis Benefits 5,800.00		
14 Registered Address 7TH FLOOR SKYRISE 4B CEBUITT PARK APAS CEBU CITY CEBU	36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 1,391.20		
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	37 Salaries and Other Forms of Compensation 0.00		
Part III - Employer Information (Previous)			
16 TIN 	38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 11,214.95		
17 Employer's Name 	B. TAXABLE COMPENSATION INCOME REGULAR		
18 Registered Address 	14A ZIP Code 6000	39 Basic Salary 66,244.26	
Part IVA - Summary		40 Representation 	
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 77,459.21	20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 11,214.95	41 Transportation 	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 66,244.26	22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00	42 Cost of Living Allowance (COLA) 	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 66,244.26	24 Tax Due 0.00	43 Fixed Housing Allowance 	
25 Amount of Taxes Withheld 25A Present Employer 0.00	25B Previous Employer, if applicable 0.00	44 Others (specify) 	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00	27 5% Tax Credit (PERA Act of 2008) 0.00	44A 0.00	
28 Total Taxes Withheld (Sum of Items 26 and 27) 0.00	45 Commission 	44B 	
46 Profit Sharing 	47 Fees Including Director's Fees 	SUPPLEMENTARY	
48 Taxable 13th Month Benefits 0.00	49 Hazard Pay 	50 Overtime Pay 	51 Others (specify)
51A 	51B 	52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 66,244.26	52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 66,244.26

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 "D" (R.A. No. 10173) for legitimate and lawful purposes.

53 NAOMI ASAI Present Employer/Authorized Agent Signature over Printed Name	Date Signed
54 Lynie Rose G Lias Employee Signature over Printed Name	Date Signed
CTC/Valid ID No. of Employee 06-4457174-6	Place of Issue Cebu City
Date Issued 	Amount paid, if CTC

To be accomplished under substituted filing

55 NAOMI ASAI 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 Lynie Rose G Lias Employee Signature over Printed Name	

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